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**ABSTRACT
BOOK**





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pocket due to the pressure on surrounding tissues. Increased retention of plaque, violation of hygiene in enamel globules and additional tubercles contribute to the development of focal demineralization of enamel and destructive forms of caries in problem teeth. Thus, early diagnostics of enamel formations enables choosing an adequate method of prevention and treatment of inflammatory periodontal and caries diseases in order to prevent the progression of the pathological process.

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CLINICAL EVALUATION OF USING THE FIXATION CREAM FOR REMOVABLE DENTURES

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Introduction. One of the actual problems in orthopedic dentistry is to increase the functional efficiency of removable dentures and to prevent atrophic changes in the supporting tissues of the prosthetic area by improving the methods of prosthetic production. In clinical practice, removable dentures are made with rigid or double-layered basis. Therefore, there was a need to use adhesive materials to enhance the fixation of complete removable dentures from the first days of treatment, which would solve the problem of fixation and correlation of the basis with the tissues of prosthetic area in the process of adaptation and long-term use. The purpose of the study was to determine the degree of atrophy of alveolar processes and the mucous membrane, to identify an adverse factor for fixation and stabilization of dentures using the fixing adhesive cream "Stomafix 1".

Materials and methods. We examined 66 patients aged 45 to 75. Patients had complaints of chewing and speech disturbances, cosmetic defects, and the inability to use previously manufactured dentures. These patients did not use adhesive materials to improve the fixation of complete removable dentures.

Results. A total of 66 patients (43 women and 23 men) with complete adentia were studied. On the upper and lower jaws, the 2nd class Supply, $(53.6 \pm 9.4)\%$ and $(58.3 \pm 9.1)\%$, was predominated. Class 4 was in the lower jaw $(29.2 \pm 9.3)\%$. The indices of atrophy of the alveolar process of the toothless upper jaws: height of the Schroeder, the vast majority $(46.4 \pm 9.4)\%$ were of type III, less the II type $(14.3 \pm 6.6)\%$. Adentia lower jaws were classified with Keller's classification, the majority of type III $(45.8 \pm 9.2)\%$ and II $(25.0 \pm 7.8)\%$. The I and IV was respectively $(16.7 \pm 6.7)\%$ and $(12.5 \pm 5.8)\%$. In cases of alveolar process atrophy in treated patients, the decision to use fixating cream "Stomafix 1" was substantiated by taking into account the degree of expressiveness of bone formations as maxillo-sublingual line, bone protuberances, exostoses, thoracic and tuberculus of the upper jaw.

Conclusion. Based on mentioned studies, it can be said that:

- this distribution makes it possible to reliably relate clinical situations to relative types;



- distribution of the types of adentia jaws according to the classifications resulted the need to compensate for significant atrophy of the bone of the alveolar process due to the use of the cream for fixation;
- according to the research, it is possible to increase chewing efficiency and prevention of further atrophy in the clinic of orthopedic dentistry.

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APPLICATION OF PHOTON-MAGNETIC MATRIX IN COMPLEX TREATMENT OF AN ACUTE ODONTOGENIC PURULENT PERIOSTITIS

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Introduction. The using of laser and magnetotherapy in the complex treatment of inflammatory diseases of the maxillofacial region takes an important place, along with surgical and medicamentous treatment. In the Scientific and Production Medical and Biological Corporation "Laser and Health" of the Kharkiv National University of V.N. Karazin developed a therapeutic and prophylactic apparatus in which the treatment of two physical phenomenon is combined - light and a magnetic field - the photon-magnetic matrix (PMM) "Barva-flex". The aim of our investigation is the evaluation the effect of PMM in the complex treatment of acute purulent periostitis of the jaws.

Materials and methods. We observed 26 children aged 5-10 years with a diagnosis of acute odontogenic purulent periostitis of the lower or upper jaw, which were divided into 2 groups of 13 people. The period from the start of the disease is 1-1.5 days. After a clinical examination, the patients were assessed the salivary lysozyme level by the method of V.G. Dorofeychuk at 1, 3, 7 days of treatment. The activity of lysozyme was determined on a PV spectrophotometer 1251 C (Belarus). Patients of the 1st control group were treated according to the protocol- removal of the temporary tooth, periostotomy and drainage of the wound, the appointment of non-steroidal anti-inflammatory drugs (NSAIDs), sulfonamide preparations or antibiotics, rinsing of the oral cavity with stomatidine. Patients of the 2nd group after removal of the causative tooth from the first day of treatment were assigned to PMM irradiation by a contact method for 7 days for 20 minutes along with removal of the causative temporary tooth, administration of NSAIDs, rinsing of the oral cavity with stomatidine. Periodontomy was not performed.

Results. Clinically in children of the 2nd group, a pronounced positive dynamics was already observed on the second day: signs of inflammation and discomfort in the area of the socket of the removed tooth and periosteum, pain, intoxication, body temperature were normalized. Objective indicators of the improvement of the clinical state were the lysozyme activity indices: in patients of