

different planes to reinforce carcass deviation, demonstrated defects lower in several times. This optimized design allows us to reach high anatomic and functional and aesthetics and functional effectiveness of prosthetic correction.

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CLINICAL-ORIENTED TECHNOLOGIES IN ENSURING QUALITY CARE FOR PROSTHETIC CORRECTION WITH PLASTIC BRIDGE DENTURES

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Key words: plastic bridge dentures, compliant materials, impression material, disbiosis, oral fluid.

Bridge dentures are often used for dental restoration of small dentition defects. Firstly, it is a fixed structure, and secondly, bridge dentures, having a small size, and being almost deprived of contact with the mucous membrane, except for the gingival margin, are well tolerated by patients, and adaptation to them is quick. Thirdly, bridge dentures maximally restore functional properties.

The purpose of the research was to study the efficiency of advanced treatment of patients with bridge dentures, supplemented with compliant complexes of the “material-design” type.

Objects and methods. Two groups of patients with plastic bridge dentures were formed according to the applied innovations at the clinical laboratory stage. In this case, the alternative compliant complexes of dental materials were applied for each of the groups. To evaluate the clinical efficacy, we defined the evident effects of the changes of rates of homeostasis and oral microenvironment, which differs in the effect of the treatment with the use of materials with different levels of compliant systems.

Results and Discussion. Importantly, positive changes in oral hygiene can be achieved only by application of dental materials with enhanced compliancy, used for plastic bridge denture making, revealed by the increasing capacity of bicarbonate buffer and lowering of oral fluid viscosity. A comparative analysis of changes in oral hygiene, gums and periodontal tissue of patients with plastic bridge dentures from comparison groups before and after the treatment showed a reliable ($p < 0.05$) improvement of patients oral biotope after the treatment with high-compliant dental material, used for plastic crowns making. In this way, the relative level of activity of microbial enzyme urease decreased in Group AB₁ from (3.348 ± 0.113) units to (2.253 ± 0.119) units, whereas in the comparison group no significant changes were registered. The analysis of the oral disbiosis index revealed the absence of influence of the compliancy level onto the oral microbiocenosis in plastic bridges prosthodontics. This can be explained, on the one hand, by the absence of the reliable increase of the lysozyme level in Group AB₂ (before: (81.89 ± 1.18) mkg/cm³, after: (81.91 ± 1.85) mkg/cm³), and on the other hand by the significant number of dental elements, being restored among patients from Group AB₁. Notably, the reliable and significant changes in improvement of state of oral hygiene have been detected among patients from Group AB₁ after treatment (before: (1.143 ± 0.068) uts; after: (0.669 ± 0.057) uts), whereas in patients from Group AB₂ no changes have been registered before: (1.097 ± 0.071) uts; after: (0.967 ± 0.072) uts). Furthermore, a reliable ($p < 0.05$) improvement of periodontal tissues state has been registered with lowering of P. Silness – H. Loe index from (0.455 ± 0.023) uts to (0.384 ± 0.031) uts, in contrast to the group of comparison, where no significant changes were noted during the stages of treatment (before: $(10,382 \pm 0,058)$ uts, after: (0.386 ± 0.051) uts, > 0.05).

Conclusions. Consequently, it is obvious that the study of the efficiency of the advanced treatment of patients with plastic bridge dentures, supplemented with compliant complexes of the “material-design” type significantly improves the working quality of a prosthetist, revealed by the achievement of positive changes in the oral hygiene.

Perspectives of further research will encompass the follow selection of dental materials with high compliancy of the “material-design” type. The analysis of such materials is crucial for a prosthetist, since it enhances the quality of service provided, positively influencing the patient’s quality of life.

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CLINICAL MEDICINE

THE STUDY OF ENDOTHELIAL FUNCTION IN PATIENTS WITH CORONARY HEART DISEASE DURING INTERVENTIONAL PROCEDURES

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Key words: coronary heart disease, interventional procedures complication, endothelial dysfunction.

The work is aimed to the study of endothelial function in patients with coronary heart disease (CHD) during interventional procedures.

The study included 100 patients (test group – 78 patients, the control group – 22 patients).

The test group included patients with coronary heart disease aged 58 to 72 years (52 men and 26 women) who underwent diagnostic and therapeutic interventional procedures due to this pathology. The control group was represented by apparently healthy blood donors between the ages of 25 to 37 years (12 men and 10 women).

At the admission to the hospital all patients of the main group had III - IV fc by NYHA: 46 patients (58,97%) – III fc by NYHA, 32 patients (41,03%) – IV fc of NYHA. Canadian angina classification of these patients were distributed as follows: II fc – 43 patients (55,1%), fc III – 35 patients (44,9%)

Besides routine clinical indicators at admission, the patients' target examination included determining endothelial function (nitrate levels in plasma and red blood cells, the L-arginine, the number of desquamated endothelial (DE) in the blood plasma).