



# **ABSTRACT BOOK**



**KHARKIV, UKRAINE**  
**MAY 24<sup>th</sup>-26<sup>th</sup>, 2017**

medication scheme of vitamins group B (thiamin, riboflavin, pyridoxine, cyanocobalamin) for the period of one month was effective. To improve the regenerative processes in the nerve endings it is advisable to use vasoactive drugs (nicotinic acid, dipyrindamole, trental). Among the wide spectrum of physiotherapy treatments, the most effective ones are – ultraviolet radiation of the affected half of the face, phonophoresis of lidocaine and nicotinic acid.

**Conclusion:** Traumatic neuropathy remains an important post-operative complications to date, so it is advisable to do proper planning to prevent its development. In case of complications arising it is necessary to use the rational medications.

*Tkachenko I., Shevchuk D., Trunova I.*

### **ASSESSMENT OF MUCOSAL IMMUNITY OF THE ORAL CAVITY IN CHILDREN WITH CYSTIC FIBROSIS**

Kharkiv National Medical University

(Department of Pediatric Dentistry, Pediatric Maxillofacial Surgery and Implantology Department of Microbiology, Virology and Immunology Department)

Research advisor: Prof. Nazaryan R.S., ass. Tkachenko M.V., ass. prof. Kovalenko N.I.  
Kharkiv, Ukraine

**Introduction.** The nature of the pathological changes of the oral cavity tissues and teeth in cystic fibrosis is not described sufficiently in the literature. Further study of the dependence of dental diseases development in children on primary somatic disease is necessary.

**Objective:** Determination of the relationship between the state of microbiota of oral cavity and the level of the local immunity in children with cystic fibrosis.

**Materials and methods.** For achieving the goal 41 children aged 2 to 17 years were examined. The basic group included children with cystic fibrosis (n = 23) who were diagnosed with periodontal and tooth disease, and group of control consisted of their coevals without concomitant somatic pathology and who had not cystic fibrosis (n = 18).

The survey included patients' medical history, clinical examination of the oral cavity, definition of the Green-Vermillion hygiene index and gingivitis index (PMA), urease activity by the reaction of urea to form ammonia and lysozyme by the bacteriological method.

Degree of dysbiosis of oral cavity was determined by enzymatic method after A.P. Levitsky by correlation of the relative activity of urease and lysozyme.

For evaluation of local immunity state the levels of IgA, IgM, IgG and sIgA were determined by ELISA.

**Results of research.** The study found significant increase of urease activity in 2 times and reduction of lysozyme activity almost in 1.5 times in the saliva of children with cystic fibrosis compared with the healthy children. While there were decrease of secretory IgA concentration in 1.3 times and increase of concentrations of other immunoglobulins such as IgA - 2 times, IgG - 1.4 times and IgM - 1.5 times in children with cystic fibrosis compared to the group of control. Disorders of local immunity were accompanied by the growth of oral dysbiosis in 3 times. Most of the sick children were marked unsatisfactory and poor state of oral hygiene due to Green-Vermilliona index,

moderate and severe degree of gingivitis after the papillary-marginally-alveolar index. The maximum violations had been registered in children at the age of 2 to 3.

**Conclusions.** 1. Low level of oral hygiene of children with cystic fibrosis is accompanied by significant increasing of oral cavity dysbiosis degree, which indicates a damage of microbiota caused by first of all decrease of antimicrobial protection. 2. Local immunity suppression of the oral cavity, which is characterized by decreasing activity of lysozyme and content of secretory IgA in saliva is marked in children with cystic fibrosis.

*Tomilina A.*

**CLINICAL ASSESSMENT OF THE QUALITY OF CERAMIC INLAYS DURING ORTHOPEDIC TREATMENT OF PATIENTS WITH DEFECTS OF HARD DENTAL TISSUES**

Kharkiv National Medical University

(Department of Dentistry)

Research advisor: Prof. Iryna Sokolova.

Kharkiv, Ukraine

**Introduction.** Inlay is microprosthesis, which purposes the restoration of the anatomical shape of a tooth by filling a defect in natural crown. Also inlays are used as support elements of bridge prostheses in prosthetic treatment of the small size included defects of dentition.

Scientific novelty of work: experimental determination of the clinical advantages of polishing systems during final cement polishing.

Purpose of the study: increasing the quality of prosthetic treatment of patients with defects of dental hard tissues by quality of ceramic inlays, applied during prosthetic treatment using different polishing systems.

**Materials and methods.** To study the status of hard dental tissues we had examined a comprehensive survey of 33 patients of adult population (16 men and 17 women) belonging to the group of "working age" (19 to 54 years) with caries cavities and defects of hard dental tissues. It was divided into two groups: the first group included 16 patients for final polishing of fixing cement like "tab of the hard tissue of the tooth" using system "Enhance®" (DENTSPLY, USA). The second group included 17 patients for the finish polishing of the fixing cement by burs (SHOFU INC, TF Hybrid™ Kit Points) and polishing toothbrush with Profylaxpaste CCS (CCS, Tunavagen Borlange, Sweden), RD = 40.

Patients were selected by localization of defects on occlusal surface of posterior teeth (premolars and molars to the first class for Black). At all stages of dental procedures in the preparation of cavities and next stages was used a dental microscope Kaps SOM 62 Cold Light.

Preparation was carried by clinical requirements.

**Results of research.** The quality of indirect restorations was carried out after 6, 12 and 24 months. The correlation between inlays and cement after 6 months was rated as "high quality" in 13 patients of the first group (a total of 81.25%) by using "Enhance®" and in 16 patients of the second group (94%) by using polishing burs "SHOFU". The results was: 3 patients (18,75%) with system "Enhance®" restorations

and 4 patients (23,5%) with restorations that have been polished by the polishing system hog "SHOFU", the fixing cement was upper of level of the hard tissues. The level correlation of inlays and level of cement to hard tissues of teeth after 24 months has changed slightly. We can see it in 4 patients of the first group (25%) and 4 patients of the second group (23,5%).

**Conclusions.** Application of finish polishing by various cement systems showed clinical benefit "SHOFU" against "Enhance®".

*Voloshan O.*

## **TREATMENT PATIENTS WITH OROANTRAL FISTULA WITH THE USE OF PRF(PLATELET RICH FIBRIN) MEMBRANES.**

Kharkiv National Medical University

(Department of dental surgery and maxillo-facial surgery)

Research advisor: prof. Ruzin G., PhD Demyanik D.

Kharkiv, Ukraine

**Introduction.** Close anatomical and topographical correlation of the dentition system and breathing organs, in particular-maxillary sinus, potential supposes relative burdening on a background of odontogenic inflammatory processes. One of the most widespread forms of pathological process what dental-surgeon can meet in his practice is the odontogenic maxillary perforative sinusitis. In most cases it could be problem after iatrogenic interference or violation of rehabilitation period by the patient. That makes 21,3 % of general amount of festering-inflammatory processes of maxillo-facial area. In this way the availability of perforation of the lower wall of maxillary sinus raises acute dysfunction of the quality of breathing, abnormal act of eating, considerably make worse quality of life this category of patients. In our opinion -PRF(Platelet Rich Fibrin) membrane is one of the most simple and perspective methods of closing of oroantral fistula .

**Materials and methods.** 25 clinical cases of patients with odontogenic perforative maxillary sinusitis have been analyzed . All patients were treated at the department of oral and maxillofacial surgery in 2016-2017 in Kharkiv Regional Hospital. All patients were underwent clinical, laboratory and radiologic investigations, 3-D CT

. Basic attention in this research we spared tacticians of closing of perforation fistula between a maxillary sinus and cavity of mouth, appearing as a result of extraction of causal tooth. Material that we were use for closing oroantral fistula was a PRF(Platelet Rich Fibrin) a fibrin is enriched by thrombocytes, got preliminary after the fence of own blood of patient and correspondingly centrifuged. PRF membrane was used on occasion in

combination with modern bonegraft materials. The plastic closing of defect with the use of PRF membranes was conducted after relief

inflammatory process in the sinus and after we performed a different kinds of sinusectomy.

**Results of research.** Obtained information about the flowing of rehabilitation period of this category of patients, with the use of methodic of closing perforations of bottom of sinus by PRF technology allows us to prove the positive regeneration effect of this methodology. That method can be use in case of immediate elimination of oroantral

Sytnikova N.....	74
Taha A., Sokolnikova N.....	75
Tatenda Tekere, Tinuola Olajide.....	250
Teslenko A., Kravchenko V.....	228
Teslenko I.....	229
Tikhonova O.....	177
Timoshchuk M.....	199
Tkachenko I., Shevchuk D., Trunova I.....	262
Tkachenko O., Chertkov V.....	261
Tomilina A.....	263
Tregubenko A.....	200
Trehub Y.....	127
Trehub Y., Fundovna O.....	230
Tykhanskyi D., Goryacheva Y.....	163
Udoh Andikan Effiong.....	251
Unaam E.....	76
Urazova L., Vinokurova O., Talakhan A., Reznikova A.....	231
Vasylyev D.....	128
Veera venkata akhil M.....	77
Veera Venkata Akhil M., Ardhi Raj Deepak.....	252
Veera Venkata Akhil Magapu, Abdullah Saad, Shahnawaz Gul.....	178
Volik M., Sahirov V.....	129
Voloshan O.....	264
Voronaya J.....	130
Yakovleva D.....	265
Yanioglo O.....	131
Yanioglo O., Krukovets N., Sokol E.....	23
Yermak O., Sultan Basel.....	78
Yermola A., Anpilov A.....	79
Yevtushenko D., Myroshnychenco D., Pius A.....	131
Yuncova K., Zaroquentsev R.....	24
Yuntsova K.....	201
Yurkina I., Beresneva K.....	25
Zaikina T., Butrimova I., Babich A.....	80

Zaikina T., Pichur G., Bozhko A.....	80
Zakharenkova A., Salo K. ....	81
Zdorikova A., Kirjner M., Lebedynska K. ....	82
Zeinab M.Hammond .....	266
Zelenska K. ....	202
Zhadan J., Sazonova T. ....	133
Zhuravleva M., Ryndina N., Martovytskyi D., Adeleke.....	82
Zienovieva O. ....	134