UNIWERSYTET MEDYCZNY
W LUBLINIE

Medical University of Lublin

Lublin Science and Technology Park S.A.

International research and practice conference

RELEVANT ISSUES OF MODERN MEDICINE: THE EXPERIENCE OF POLAND AND UKRAINE

October 20–21, 2017

Lublin, Republic of Poland
2017

International research and practice conference «Relevant issues of modern medicine: the experience of Poland and Ukraine» : Conference proceedings, October 20–21, 2017. Lublin: Izdevnieciba «Baltija Publishing». 156 pages.

Organising Committee:

• dr inż. Arkadiusz Małek, Dyrektor Działu Rozwoju, Lubelski Park Naukowo Technologiczny S.A.;
• prof., dr hab. n. med. Ryszard Maciejewski, Dziekan I Wydziału Lekarskiego z Oddziałem Stomatologicznym Uniwersytet Mediszny w Lubline;
• prof., dr hab. n. med. Irena Wrońska, Profesor zwyczajny Dziekan Wydziału Nauk o Zdrowiu Uniwersytet Mediszny w Lubline;
• dr. Marzena Furtak-Niczyporuk, professor Uniwersytet Mediszny w Lubline.

ISBN 978-9934-571-04-6

CONTENTS

CLINICAL MEDICINE: EXPERIENCE AND INNOVATIONS

індукованим цукровим діабетом видимих патологічних змін не проявлялось, у здорових тварин прояви запального процесу були відсутні. Зубні відкладення спостерігали частіше у тварин із цукровим діабетом 2 типу.

Висновок. На сьогоднішній день пародонтит, який виникає на тлі цукрового діабету 2 типу потребує поглибленого вивчення, оскільки ускладнення, які виникають при хронічній гіперглікемії призводить до порушення в пародонтальному комплексі. Отже, профілактика патологій в пародонті на тлі цукрового діабету 2 типу є важливим напрямком для наукового вивчення.

Література:

1. Апексева О.А.Роль коррекции общего и местного имунного статуса и биохимических показателей ротовой жидкости в комплексной терапии пародонтита при сахарном диабете: Автореф.дис. канд. наук. – М.,2001 .– 26 с.

2. Герасимюк І. Є. Оцінка стану пародонта у хворих на цукровий діабет за результатами кількісного аналізу ортопантомограм / І. Є. Герасимюк, М. М. Якимець, Л. Я. Федонюк // Вісник морфології. – 2010. – Т. 16, № 4. – С. 85-86.

3. Данилевский Н.Ф. Заболевания пародонта / Н. Ф. Данилевский, А.В. Борисенко. – К.: Здоровье, 2000.– 461 с.

4. Назаренко З. Ю. Сучасний стан питання лікування хронічного генералізованого пародонтиту у хворих на тлі цукрового діабету / З. Ю. Назаренко // Актуальні проблеми сучасної медицини. – 2006. – № 3.

5. Janka H. U. Epidem iology of diabetes mellitus: Prevalence, incidence, pathogenesis, and prognosis / H. U. Janka, D. Michaelis / / Z. Arztl. Fortbild. Qualitatssich. – 2002. – Vol. 96, № 3. – P. 159-165.

THE INFLUENCE OF LYSOZYME CONTAINING DRUGS ON SOFT TISSUES OF THE ORAL CAVITY OF PATIENTS WITH ORAL LICHEN PLANUS TOGETHER WITH DENTAL PATHOLOGY

Yelisieieva O.V.
Phd, Assistant of Dental Department
Kharkiv national medical university
Kharkiv, Ukraine

Prevalence and severity of generalized parodontitis depend especially on the course of diseases affecting the oral mucosa and those ones which are characterized by involvement of the oral mucosa [1, 2, 3]. These diseases include mainly lichen planus. The common pathogenic agent of generalized parodontitis and lichen planus as well as of combination of them is inflammation, as generalized parodontitis is inflammation of parardontium tissue characterized by destruction of perio-

dontium and dental ligamentous apparatus of the alveolar bone and lichen planus is a chronic inflammatory disease of skin and oral mucosa [4, 5].

The purpose is to study processes of lipid peroxidation in the saliva of patients with lichen planus of the skin along with chronic generalized parodontitis.

The object and methods of the research. The study involved three groups of patients:

Group 1was represented by patients with generalized parodontitis associated with typical form of lichen planus of skin (12 individuals).

Group 2 involved patients with chronic generalized parodontitis without comorbidities, lichen planus in particular (19 individuals).

Group 3 was represented by apparently healthy donors (control group) (19 individuals).

Complete examination of parodontium tissue was carried out for all patients. The parodontium condition was estimated on the basis of patients' complaints, dental examination over time with assessment of basic hygienic and parodontal indices.

Unstimulated mixed saliva of patients and control group was used as the material for study of lipid peroxidation processes at organ level. In order to estimate level and character of free-radical oxidation 4 indices were applied: TBA-active products level, activity of catalase, superoxide scavenger and functional index of free-radical oxidation.

The results of the research and their consideration. It has been established that in patients with chronic generalized parodontitis as well as in patients with chronic generalized parodontitis combined with lichen planus increased level of end products of lipid peroxidation processes is observed. However, in patients with lichen planus significantly (1.8 times as much) increased content of TBA-active products indicating more pronounced activation of processes of lipid peroxidation at organ level in these patients is observed. Activity of antioxidant defense enzymes in the saliva of patients is decreased. Dramatic changes are apparent in activity of SOD in patients of both groups under study. The obtained data show decreased resistance to peroxidation at organ level and can be considered as one of mechanisms of affecting of oral cavity tissues. The study that has been carried out proves influence of oxidative stress in pathogenesis of lichen planus and ground the necessity to use antioxidants and antihypoxants in complex therapy.

Taking the obtained data into consideration, complex therapy including systemic treatment of lichen planus and topical treatment of chronic generalized parodontitis was indicated to patients with combined course of lichen planus of typical form and chronic parodontitis of primary and mild degree.

Conclusions. The clinical study has made it possible to establish that complex of medical and preventive measures such as systemic treatment of lichen planus, advanced hygienic care of the oral cavity with the use of Lizomucoid mouthwash, Lacalut aktiv therapeutic toothpaste is rather effective for treatment of chronic generalized parodontitis associated with lichen planus of typical form.

References:

1. Святенко Т.В. Червоний плоский лишай: діагностика та лікування. «Каштан». – Донецк, 2008, 271 с.
2. Findler, M. Images in clinical medicine. Oral lichen planus as a clinical sign of graft-versus-host disease / M. Findler, A.A. Garfunkel // N Engl J Med. 2003 – vol. 349. – N 23. – P. 22-23.
3. Persić S. Oral lesions in patients with lichen planus / Mihić LL, Budimir J, Situm M, Bulatz V, Krolo I. // Acta clinica Croatica. – 2008. – № 47(2). – P. 91-96.
4. Баранник Н.Г. Красный плоский лишай слизистой оболочки полости рта. К вопросу об этиопатогенезе // Вестник стоматологии. – 1995. – № 1. – С. 14-17.
5. Лукиных, Л.М. Перекисное окисление липидов как одно из звеньев патогенеза красного плоского лишая слизистой оболочки полости рта / Лукиных Л.М., Тиунова Н.В. // Нижегородский медицинский журнал. -2008. – № 2, вып. 2. – С. 105-107.

ARTERIAL HYPERTENSION AND DIABETES MELLITUS: THE STUDY OF CARDIOHEMODODYNAMIC AND METABOLIC PARAMETERS

Zlatkina V. V.
Doctor of Medical Sciences,
Professor of Clinical Pharmacology and Internal Medicine Department
Kharkiv National Medical University
Kharkiv, Ukraine

Arterial hypertension (AH) at the turn of the century remains one of the most common diseases not only in our country, but also in the. Hypertension is one of the main risk factors for the development of atherosclerosis, cardiovascular, cerebrovascular and renal complications, as well as mortality from them. Hypertension is found in almost 80% of patients with diabetes (DM) type 2. DM and AH, regardless of what is the primary, mutually reinforce the severity of the course of the disease [1, 2].

The aim of the project is to optimize the diagnosis of arterial hypertension in combination with type 2 diabetes based on the evaluation of cardioghemodynamics, antropometric and carbohydrate metabolism disoders.

Material and methods of research. In accordance with the stated purpose were examined 52 patients. Depending on the type of diabetes type 2, the patients were divided into three groups. The first group of AH included 21 patients with type 2 diabetes. The average age was (55,6±3,2) years. The second group consisted of 21 patients, exclusively from AH. The average age was (57,0±5,3) years. The control group consisted of 10 practically healthy persons (6 men (60%) and 5 women (40%) of the representative age (mean age in men and women respectively: 55,