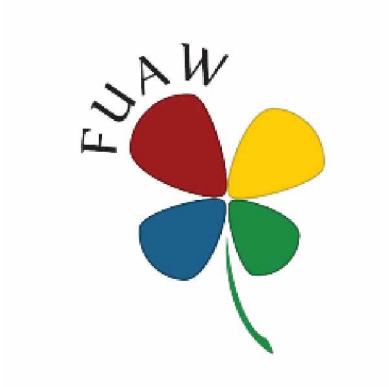

Z. Gloger Wolomin International and Regional Cooperation University

International Multidisciplinary Conference

SCIENCE AND TECHNOLOGY OF THE PRESENT TIME: PRIORITY DEVELOPMENT DIRECTIONS OF UKRAINE AND POLAND

19–20 October

Volume 2

Wolomin,
Republic of Poland
2018

International Multidisciplinary Conference «Science and Technology of the Present Time: Priority Development Directions of Ukraine and Poland» Wolomin, Republic of Poland, 19–20 October 2018. Volume 2. Wolomin: Izdevnieciba «Baltija Publishing», 2018. 196 pages.

Chief editor – prof. nadzw. dr Janusz Kowalski

ISBN 978-9934-571-5

PUBLIC ADMINISTRATION

MEDICAL SCIENCES

NATURAL SCIENCES

ни, наличие инфекций, хронические воспалительные заболевания, а также гормональный дисбаланс. Поэтому физико-химические и морфо-функциональные параметры эякулята с возрастом тоже меняются, появляется агглютинация сперматозоидов, оказывается большое количество эритроцитов и лейкоцитов, что может свидетельствовать о воспалительных явлениях предстательной железы.

Литература:

1. Heinemann L. A. J. Aging males' symptoms: AMS scale – a standardized instrument for the practice. Journal of Endocrinological Investigation. 2005. № 28. P. 34-38.

2. Калініченко С. Ю., Тішова Ю. А., Ворслов Л. О. Віковий андрогенний дефіцит у чоловіків: питання термінології та сучасні підходи до вибору методу замісної гормональної терапії. Урологія. 2006. № 6. С. 28-34.

3. Резніченко Н. Ю., Дюдюн А. Д. Особливості гормонального статусу у чоловіків різних вікових груп і можливості їх корекції. Урологія. 2014. № 3(18). С. 12-16.

4. Jingdong S. Transcriptional regulation of the human prostatic acid phosphatase gene. Tissue-specific and androgen–dependent regulation of the promoter constructs in cell lines and transgenic mice. University Hospital of Oulu, 2012. P. 66.

IMPROVING THE ORTHOPEDIC TREATMENT QUALITY OF PATIENTS WITH COMPLETE ADENTIA

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By results of clinical and experimental researches which are directed on improvement of the quality of function of cutting, chewing of pationts with adentia, many original researches were improved. They allow preventing, determining and eliminating of the defects of constructions at the phases of their making. The clinical approbations of these researches showed the expediency of their application

for the restoration of function of cutting food, chewing, quality of direct speech and esthetic norms of the face. As a resultthe improvement of the quality of patients treatment with edentulous jaws.

In full adentia treatment in patients up 44 age is 15 – 46% [1, 3, c. 4; 6, c. 5]. Medical and social rehabilitation of patients with edentulous jaws is not exactly in good level in orthopedic treatment [2, c. 4; 5, 7, 10, c. 5].

Many authors try to improve of clinical-laboratory stages of making the complete removable dentures to increase the quality of patient's treatment [4; 8; 9; 11, c. 5].

The purpose of our work is to improve the quality of the prosthetics of patients with edentulous jaws in stages of the manufacture of complete removable dentures.

To achieve the goal, we have been studying in patients with edentulous jaws (EJ), which are orientated in the three-dimensional coordinates of the occlusal surface in the oral cavity in relation to the alveolar processes and the atrium of oral cavity.

Material and methods. Under our studies, there were 97 patients with complete absence of teeth on the upper and lower jaws aged 57-68 years and older. Of the total number of patients, 16 people had new complete removable dentures which they haven't used due to their poor fixation and stabilization.

The height of the lower third of the face at the physiological rest of the mandible was performed using a caliper, the length of the lips and the height of the alveolar process in the area of the lips and the height of the space between the tops of the alveolar processes of the lower and upper jaw with the help of an ordinary line with millimeter calibration.

The height of the lower third of the face at the physiological rest of the mandible was determined by the anatomical-functional method using basis– tray and wax rollers.

On the tricky block, a projection of closing the upper and lower lip was noted with the help of pins from the wire d-0,6 mm, which were deepened into the tricky block. After that, using a tricky block on individual tray, the gypsum models of the jaws were fixed in the articulator. As the result the start of measurements was made of the length of the lips of the mucobuccal fold, which was the same as the edge of the individual basis-tray. The continue to the line on the tight block, which was the same as the bending of the edges of the lips. So, they got the overall length of both upper and lower lip.

Results of the investigation. We measured the area between the tops of the crest of the alveolar processes of the upper and lower jaw which were at physiological rest, and the lower jaw in the vertical, transversal, sagital sides, and also measured the length of the upper and lower lip, that is, they carried out the labiumometry. We measured the length of the upper and lower lip relative to their entire length, which starts from the transitional convolution to its edge in relation to the height of the alveolar process.

Based on the above measurement and the types of lip lengths, we propose the following working classification:

The first type– middle lip 1st and 2nd stages (49 patients);

The second type – short lips 1st and 2nd grades (28 patients);

The third type – long 1st and 2nd stages (20 patients).

Description of the length of the lips and the criteria for their evaluation during measurement are next:

The first type – middle lip. Half the length of the lips that begins with the mucobuccal fold reaches the top of the alveolar process, and their other half is above the alveolar process.

First degree: half of the lips (½ of the entire length), which begins with the mucobuccal fold, increases to 2 mm. and is at the level of the apex of the alveolar process (29 patients).

Second degree: half of the lips (½ of the total length starting from the transient convolution decreases to 2 mm and is at the level of the top of the alveolar process (20 patients).

The second type – short lip. Most of the length of the lips, from the transient convolution to the top of the alveolar process, and its second half is over the alveolar process.

First degree: half of the lip (½ of length), which begins with the mucobuccal fold, increases to 5 mm. and is at the level of the top of the alveolar process (17 patients).

Second degree: the edge of the labium is almost at the level of the top of the alveolar process (in cases of hypertrophy of the alveolar process, or atrophy of the muscles forming the lips (11 patients).

The third type – long lip. The part of labium with a smaller length, which begins from the transitional convolution reaches the top, is at the level of the alveolar process, and another is above the alveolar process.

First degree: half of the lip (½ of the entire length), which begins with the mucobuccal fold, increases to 5 mm. and is at the level of the top of the alveolar process, and above it there is a part of the lip with a longer length (16 patients).

Second degree: the part of the length of lip, which is at the level of the top of the alveolar process, decreases to several mm, or coincides completely with the mucobuccal fold (in cases of significant or complete atrophy of the alveolar process (4 patients).

Observations of measurements of the length of the upper and lower lip, in relation to the alveolar process in the area where the lips begin and between the alveolar space make it possible to determine the orientation of the opening of the alveolar process for the opening of the mouth. Due to this, the conditions for constructing the occlusive curve of artificial teeth were created, which provides sufficient fixation and stabilization of the dentures, which increases their functional efficiency.

Conclusion. Based on the above, it can be concluded that the study of the length of the lips that form the cleft of the mouth opening, the height of the alveolar process in the area of the lips of the edentulous jaws, which are located at the physiological rest of the mandible, makes it possible to make occlusal rollers on individual trays in three dimensional measurements – in sagittal, transversal and vertical side, taking into account the individual features specified in the classification proposed by us.

At first, with the help of occlusal rollers, the central occlusion of edentulous jaws was determined by a functional method and then received a functional impression at a closed mouth under the force of pressure forming chewing muscles. In this case, there is an opportunity to simulate chewing movements of the mandible.

In our opinion, it is important that, when while constructing occlusal rollers in the articulator, full information is provided on the location of the mouth and its relationship with the alveolar process, as well as the spatial orientation of the edentulous jaws, which is carried out with the help of labiometry. Due to this method it is possible to more precisely orient the occlusive surface in the oral space first, in determining the central occlusion of edentulous jaws, and then in the formulation of teeth, which greatly improves the stabilization of removable dentures on the edentulous jaws.

References:

1. Voronov A. P. Orthopedic treatment of patients with complete adetia. Moscow: MED press-inform. 2006: 320. 812 British Medical Bulletin.

2. Grunnert I. The patient with edentulous-what to do? New in stomatology. 2013; 2: 4–9.

3. Zotov V.M. Repeated prosthetic care in patients with complete adentia in the upper and lower jaw and severe atrophy of the alveolar process of the mandible. Sovremennaya ortopedicheskaya stomatologiya. 2005; 3: 35-36.

4. Markov B.P. Methods for fixation of dentures in toothless jaws. An informative review. Sovremennaya ortopedicheskaya stomatologiya. 2005; 3: 40-48.

5. Melnichuk N.V. Assessment and prospects of entropic characteristics in restoration of speech articulation in administration of complete removable dentures. Valeologiya, Zdorovye, Bolezn, Vyzdorovleniye. 2013; 4: 35-41.

6. Rozhko M.M. Stomatologiya. Kiev: Meditsina. 2013. Book 1: 872. British Medical Bulletin 813.

7. Trezubov V.N. Preparation of tissues of denture-bearing area before orthopedic treatment of patients with complete adontia, accompanied by severe atrophy of alveolar part of the jaws. Institute stomatologii. 2009. Vol. 2; 43: 30-31.

8. Savvidi K.G. Methods of repeated prosthetic care of toothless jaws in elderly and senile patients with unfavorable clinical conditions of denture-bearing area. Institut stomatologii. 2008. Vol. 4; 41: 34-35.

9. Savvidi K.G. Peculiarities of repeated prosthetic care with complete removable dentures in movable alveolar ridge. Stomatologiya. 2009; 5: 54.

10. Functionally oriented prosthetic care in complete secondary adontia. Markov A.A., Mukhlayev S.Yu., Ten V.L., Bocharov V.S. Tikhookeanskiy meditsinskiy zhurnal. 2013; 1: 91.

11. Tamer Abou-Elsaad. Effect of Palatal Surface Contouring Techniques on the Swallowing Function of // Tamer Abou-Elsaad, Ahmad Habib, Mohamed Elkhodary [et al.] // Life Science Journal. – 2010. – Vol. 7, Issue 4. – P. 114-118.

The project was implemented with the support of

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for Ukrainian and European
Scientific Cooperation

The Center for Ukrainian-European Scientific Cooperation is a non-governmental organization, which was established in 2010 with a view to ensuring the development of international science and education in Ukraine by organizing different scientific events for Ukrainian academic community.

The priority guidelines of the centre for ukrainian-european scientific cooperation

1. International scientific events in the EU

Assistance to Ukrainian scientists in participating in international scientific events that take place within the territory of the EU countries, in particular, participation in academic conferences and internships, elaboration of collective monographs.

2. Scientific analytical research

Implementation of scientific analytical research aimed at studying best practices of higher education establishments, research institutions, and subjects of public administration in the sphere of education and science of the EU countries towards the organization of educational process and scientific activities, as well as the state certification of academic staff.

3. International institutions study visits

The organisation of institutional visits for domestic students, postgraduates, young lecturers and scientists to international and European institutes, government authorities of the European Union countries.

4. International scientific events in Ukraine with the involvement of EU speakers

The organisation of academic conferences, trainings, workshops, and round tables in picturesque Ukrainian cities for domestic scholars with the involvement of leading scholars, coaches, government leaders of domestic and neighbouring EU countries as main speakers.

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International Multidisciplinary Conference «Science and Technology of the Present Time: Priority Development Directions of Ukraine and Poland» Wolomin, Republic of Poland.

19–20 October 2018

Izdevnieciba «Baltija Publishing»
Lacplesa iela 41A, Riga, LV-1011

Iespiests SIA «Izdevnieciba «Baltija Publishing»
Parakstīts iespiešanai: 2018. gada 20. novembris
Tirāža 100 eks.