MINISTRY OF HEALTH OF UKRAINE
KHARKIV NATIONAL MEDICAL UNIVERSITY

Abstract book

of

8th International Scientific Interdisciplinary Conference

for medical students and young scientists

Kharkiv, May 14th- 15th 2015

anatomical shape of the teeth and achieve the desired aesthetics. The advantage of direct composite restorations is a reasonable cost, speed of manufacture and minimally invasive compared with all-ceramic crowns.

In the course of planning the restoration we have identified mesiodistal tooth size for biomimetic method SV Radlinsky and color of the tooth- A2 in accordance with the scale VITA®. Under the applicative (Benzocaine 20%) and infiltration anesthesia Sol. Ubistesini 4% -1,0 ml held grinding of the affected enamel. Cofferdam fixed using clamp for front teeth. Etching the cavity 15 seconds dentin, enamel for 30 seconds. Washing time 30 sec. Applying adhesive Adper Single Bond 2 (3M ESPE) for 15 seconds, drying air stream reapplication adhesive massaging for 30 seconds, polymerization for 10 seconds. Sealing using adhesive technique by light-curing restoration layered nanocomposite Filtek Ultimate: Filtek Ultimate Flowable A3, the main filling - Filtek Ultimate A2. To simulate light optical effects that are part of the natural tooth used flowable Filtek® Ultimate Flowable shade XW.Finishing was carried out under the supervision of occlusion copy paper 8 microns. Polishing using abrasive discs «Sof-Lex», 3M ESPE (vestibular surface), rubber and silicone heads (palatal surface). Control of the contact surface floss.

Results. After a week and a month after sealing as a result of physical examination found no violation of fit of the composite, good adhesion to the material hypoplastic enamel during the probe along the border seal \ enamel probe slid smoothly without delays, occlusal relationship without violating, preservation of aesthetic properties, the maximum color match composite enamel.

Conclusions. Based on the results of clinical application of nano-filled composite Filtek Ultimate for the restoration of anterior teeth with enamel hypoplasia patchy form, it can be concluded about the good aesthetic properties of the material, ease of use, high strength and duration of the wear resistance of the material, durable marginal seal. A series of follow-up visits will determine the long-term results of treatment.

Rak A.V., Yakovleva D.U.

EXPERIENCE IN THE TREATMENT OF THE UPPER JAW FIBROUS OSTEODYSPLASIAE

Kharkiv National Medical University, Kharkiv, Ukraine
Department of oral and maxillofacial surgery
Scientific supervisor: professor Grygorov S.N.

Introduction. Fibrous osteodysplasia is a malformation of bone tissue, which is connected with stopping, slow down, disorder of the osteogenesis at a certain stage of a skeleton's embryonal development. For the first time the dysplastic origin of this disease was indicated by V. G. Braitsev in 1927. In 1938 Lichtenstein described the specific nosological form and gave it the name "fibrous osteodysplasia". This disease occurs rather rarely and amounts for 7-10% of all the skeleton system pathology. 80% of cases happen in junior and teenage groups and very rarely among adults (Vinogradova T. P., 1961; Kolesov O. O., 1989). The bone lesions of the cerebral and facial divisions of the skull take the second place after tubular bones in the frequency of occurrence.

The aim: to study the peculiarities of diagnosis and treatment of the upper jaw fibrous osteodysplasiae.

Materials and methods. Over the past two years in the clinic of surgical dentistry and maxillofacial surgery KhNMU three patients with the diagnosis of the upper jaw fibrous osteodysplasia were operated. All the patients were men at the age of 19 to 22 years old. The reason for seeing a doctor was complaint about the disorders of the face's configuration. The first clinical manifestations appeared during the period of puberty. The deformation developed gradually within 5-7 years, however the following 1,5-2 years the growth stopped. At the initial examination the face's asymmetry attracts the attention. This is due to a neoformation in the projection of the upper jaw, which comes from the bone tissue. In two cases in the pathological process was involved the maxillary bone, in one case the neoformation occupied malar and maxillary bones. The spiral computed tomography of the midface with the followed sterolithography modeling was made in order to clarify the spread of the neoformation, its size, the relationship with the surrounding organs and tissues. The volume of operative intervention in the study of the obtained models, the opportunity to save teeth in the neoformation area were determined. All the patients were operated: in two cases the pathologically changed bone tissue was radically removed within the healthy one, in one case a partial removal was confined, the correct proportions of the face was restored (the radical intervention was excluded because of the distribution of the neoformation on the fossa ptherigopalatina, skull base).

Results. The growth of the neoformation has not been for a year. In one case there was a complication 3 months after the intervention, the maxillary sinus fistula, which was excised with the further plastic closure of the local tissues.

Conclusion. Taking into consideration the above we recommend to conduct the spiral computed tomography with subsequent sterolithography modeling before surgery for such patients. This will allow you to determine the access and volume of surgical intervention, the defect substitution possibility by implant material.

Sodha Amir

COMPARATIVE ANALYSIS OF THE PREVALENCE OF MALOCCLUSION AMONG FOREIGN STUDENTS, NATIVES OF DIFFERENT COUNTRIES

Kharkiv National Medical University, Kharkiv, Ukraine
Department of pediatric dentistry, pediatric maxillofacial surgery and implantology
Scientific supervisor: assoc. prof. Khmiz T.G

Introduction. Orthodontists have long drawn attention to the fact that there are individual characteristics of the structure of maxillofacial system in people living in different regions. At the same time in the public health literature contains insufficient data about the distinctive traits of the dentition representatives of different racial groups.

The aim of this study was to determine the prevalence of malocclusions among foreign students, natives of different countries, to identify the racial characteristics of the formation of occlusion.

Materials and methods of the study were epidemiological and statistical analysis. In carrying out the work were used the principles and techniques of research on the methodology recommended by the WHO (1997). Clinical examination was carried out according to standard protocol of examination, in accordance with the international statistical classification of diseases and problems related to health (ICD - 10). We considered only the malocclusions that have not undergone orthodontic treatment. Selected