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the patients' selection excluded: oral antibiotics and antiseptics during the last three months, pregnancy, the presence of systemic diseases influencing the results of a clinical study. The treatment protocol of the Ith (control) group included: supra-gingival scaling, sub-gingival irrigation of H₂O₂ 3% and CHX 0.2%, sub-gingival scaling and smoothing of the root surface (SRP), application of CHX gel 0.5% - 5 min. The treatment protocol in the IIrd (study) group included: supra-gingival scaling, sub-gingival irrigation of H₂O₂ 3% and CHX 0.2%, SRP, a three-time laser irrigation (diode laser Epic - 10, 940 μm, BIOLASE®, USA) of periodontal pockets (uninitiated light, Ø 300 μm, 1W/CW), soft tissues laser curettage of periodontal pockets (initiated light guide Ø 300 μm, 2W/CW), application of CHX gel 0.5% - 5 min. All patients were given the standard recommendations for oral care and CHX 0.12% mouthwash for two weeks. In six weeks the periodontal card was filled in repeatedly.

Results: When analyzing the results received in 6 weeks after the treatment, we observed a similar positive dynamics of indicators PI, BOP and PPD in two groups. The results of indicators of PI did not significantly differ between the two groups, but the indices of BOP and PPD in the second group were considerably better with the statistical confidence ($p < 0.001$).

Conclusions: The use of the diode laser 940 μm in the integrated treatment of patients with CGP of moderate severity is an effective and clinically reasonable method. Further study of distant results of treatment will allow comparing the duration of remission in these groups.

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REMOVAL DEFECT to STABILIZATIONS FULL WITHDRAWABLE PROSTHETIC DEVICE

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Introduction. Exactly origin base-alveolar (BA) of the effect and breaks the stabilization a prosthetic device, vastly worsens the rehabilitation broken function nibbles, chewing, swallowing, diction, as well as recovering the aesthetic rates of the smile and person. The Results of the studies anatomist-topographical particularities of the prosthetic field (PP) beside sick with full edentulous (the STEP), observation for fixation and stabilization full withdrawable prosthetic device (PSP) show that most often defect concerning their fixation and stabilizations are defined under such conditions: under unaccustomed unsatisfactory anatomist-topographical conditions PP; at discrepancy of the orientation prosthetic planes prosthetic device to surfaces PP beside borders of the lips, during central and эксцентричеськоро of the correlations; under unsatisfactory congruence relief of the internal surfaces base PSP and PP, which appear during functional occlusions.

Aim. The Determination of the reasons destabilization PSP during functional occlusions and removal defect to their stabilizations on PP jaws.

Material and methods. In the second visit the clinic beside sick got the worker prints PP jaws by means of the individual impression spoon-base with restored on them occlusive platen. With their help defined the central correlation of the jaws sick. Beside that sick, in which was noted destabilizationPSP during functional occlusions, instead of the

2W/CW), administration of local and general anti-inflammatory therapy, and splinting, if necessary. Patients in the group B were additionally administered 1500 mg of glucosamine sulfate (DONA «Rottapharm», Italy) once a day for 1 month to stimulate the reparative processes in the connective tissues of periodontal complex. The similar plan of treatment was repeated in both groups in 6 months. The indicators of hygiene and periodontal indices at baseline and in 6 and in 12 months after initiating the treatment were studied. The efficacy of treatment of all patients was evaluated in accordance with: the plaque index (PI), the bleeding index (BOP), the index of the depth of periodontal pockets (PD).

Results: In 6 months, in the group A the PI index decreased by 1,9 (46%), the index BOP – by 2,4 (59%), the DPP index – by 1,5 (32%). The results in the group B: the index PI decreased by 2,4 (50%), the BOP index – by 2,8 (64%), the DPP index – by 1,6 (36%).

In one year in the group A the PI index decreased by 2,3 (57%), the BOP index – by 3,9 (97%), the DPP index – by 1,6 (37%). In the group B the PI index decreased by 2,4 (58%), the BOP index – by 6,7 (98%), the DPP index – by 1,6 (39%).

Conclusions: In six months after starting the treatment in both groups, we observed the similar positive dynamics of clinical signs of inhibition of the inflammatory process showing the lack of hyperemia, edema, exudate release and reduction of tooth mobility. However, more positive dynamics was observed in patients from the group B, who had greater amount of periodontal pockets with the depth up to 3,5 mm; the BOP and PI indices were lower in this group. The further study of drugs stimulating the healing process is the matter of both scientific and practical interests. We consider that it is expedient and advisable to carry out a supplementary research of biochemical and immunological parameters of oral fluid to get additional results.

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THE USE OF DIODE LASER 940 μm IN TREATMENT OF PATIENTS WITH SEVERE CHRONIC GENERALIZED PERIODONTITIS, PRELIMINARY CLINICAL STUDY

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Introduction: The process of regeneration of periodontal tissues depends on the level of biologically active substances, microcirculation, and others. The more active metabolism is, the lower the levels of inflammatory mediators are, and the more balanced self-regulation is observed, the higher the rate of regeneration is. The use of laser technologies in case of periodontitis finds its justified application, both in the period of rehabilitation, and in the phase of supportive treatment in order to increase the duration of remission of the disease, and also helps to reduce the volume and terms of invasive procedures on the periodontal tissues with the lowest risk of complications due to its evident bactericidal, coagulative, anti-edematous, anti-inflammatory action of the laser beam.

Aim: To study the influence of the diode laser 940 μm on clinical parameters of periodontal pocket depth (PPD) and the degree of papilla bleeding (BOP) while treating the patients with chronic generalized periodontitis (CGP) of moderate severity.

Materials and methods: 16 patients (aged 35-45) with CGP of moderate severity participated in the study. A periodontal card was filled in before managing; it embraced the patients' selection by local criteria: index PI (O'leary, 1972) <25%, BOP (Ainamo, Bay, 1975) > 40%, the average depth of periodontal pockets (PPD) 3-5 mm. General criteria of

USING THE Er:YAG LASER IN COMBINATION WITH PHOTODYNAMIC THERAPY FOR TREATMENT OF PERIIMPLANTITIS	255
Bilobrov R., Sydorova O., Kopitko M.	256
CLINICAL AND TECHNOLOGICAL ASSESSMENT OF THE QUALITY OF THE ASHLESS PLASTIC INSERTION PRODUCTION	256
Cherepynska Y.A., Volkova O.S., Dolya E.I.	257
APPLICATION OF GLUCOSAMINE SULFATE IN THE PHASE OF NON SURGICAL TREATMENT OF PATIENTS WITH CHRONIC GENERALIZED PERIODONTITIS	257
Cherepynskaya Y.A., Volkovitska T.A.	258
THE USE OF DIODE LASER 940 μm IN TREATMENT OF PATIENTS WITH SESERE CHRINIC GENERALIZED PERIODONTITIS, PRELIMINARY CLINICAL STUDY	258
El Mohdi Asmae	259
REMOVAL DEFECT to STABILIZATIONS FULL WITHDRAWABLE PROSTHETIC DEVICE	259
German S.A.	260
LOCALIZATION AND STRUCTURE OF DENTITION DEFECTS IN PATIENTS OF UDC KHNMU	260
Goienko O., Cherepinska U., Volkova O.	261
SELECTED ASPECTS ON THE RELATIONSHIP BETWEEN PERIODONTITIS AND CARDIOVASCULAR DISEASES	261
Hassan Mirza Ali	262
PECULIARITIES OF ENDODONTIC TREATMENT OF THE FIRST PERMANENT MOLARS WITH COMPLEX ROOT CANALS ANATOMY IN PEDIATRIC DENTISTRY	262
Humairi Zainulabdeen Salih, Philipp Messias	262
THE ADDITIONAL ITEMS FOR HOME ORAL HYGIENE IN PREVENTION OF CARIES IN CHILDREN	262
Husam Ismael Mahmood¹, Jasim Balasim Oliwei¹, Shejiri Mben.S¹, Mohsin Mohammed Hussien¹, Garmash Ye.K.², Paliy E.V¹	263
THE RESULTS OF PROPHYLACTIC AGENTS IN PATIENTS WITH HYPERSENSITIVITY OF DENTAL HARD TISSUES	263
Husam Ismael Mahmood¹, Razzac Miss Usma¹, Garmash Ye.K.², Salenko D.E², Paliy E.N¹	264
COMPARATIVE ANALISIS OF THE BIOCHEMICAL AND MICROBIOLOGICAL STUDIÉS ON THE EFFECT OF LOW-INTENSITY LIGHT AT PERIODONTAL DISEASES TREATMENT	264
Jasim Balasim Oliwei, Abdul-hadi Ahmed Maad, Paliy O.V.	265
CLINICAL CASE IN THE PRACTICE OF DENTISTRY	265
Kliuchka Ye.O.	266
RESEARCH ANALYSIS OF PARODONTAL PATHOLOGY PROBLEM IN ADOLESCENT GIRLS WITH MENSTRUAL DYSFUNCTION	266
Kryvenko L., Oleinik N.	267
PATHOLOGICAL CHANGES OF ORAL MUCOSA AND LIPS IN CHILDREN WITH ALLERGIC PATHOLOGY	267
Kurov A.M.	267
AN EVALUATION OF THE EFFICIENCY OF TEMPORARY FILLING IN TEETH UNDER MASTICATION LOAD IN TERMS OF 2 WEEKS	267
Mikulinska-Rudich Y.N., Mys V.O.	268
EXPERIENCE OF APPLICATION OF NANOCOMPOSITE MATERIAL IN LOCAL ENAMEL HYPOPLASIA	268



Rak A.V., Yakovleva D.U.....	269
EXPERIENCE IN THE TREATMENT OF THE UPPER JAW FIBROUS OSTEODYSPLASIAE.....	269
Sedha Amir.....	270
COMPARATIVE ANALYSIS OF THE PREVALENCE OF MALOCCLUSION AMONG FOREIGN STUDENTS, NATIVES OF DIFFERENT COUNTRIES.....	270
Steblyanko A., Tischenko A., Kishkan A., Guryeva A.....	271
HYGIENIC ASSESSMENT OF MOUTH AND TONGUES AMONG STUDENTS.....	271
Steblyanko A.A., Hudik A.K., Svidlo O.A.....	272
PRIMARY SURGICAL TREATMENT OF TRAUMATIC INJURIES IN THE MAXILLOFACIAL AREA.....	272
Tarawneh Amir Shaker, Cherepynska Y. A.....	273
COMPARATIVE MICROSCOPIC EFFICIENCY OF THE MECHANICAL DESTRUCTION OF THE BIOFILM, AN EXPERIMENTAL STUDY.....	273
Tishchenko O.....	274
COMPARATIVE EVALUATION OF THE POSITION THIRD MANDIBULAR MOLARS WITH DIFFERENT X-RAY METHODS.....	274
Vasylenko O., Zeinab Hammoud.....	275
EFFICIENCY OF G-FILE IN GLIDE PATH OF ROOT CANAL TREATMENT.....	275
Volchenko N.V.....	276
CONDITION OF ORAL HYGIENE AND QUESTIONNAIRE IN CHILDREN WHO ARE TAUGHT ACCORDING TO DIFFERENT SCHOOL CURRICULA.....	276
Volkova O.S., Cherepynskaya Y.A., Dolya E.I., Goenko H.N.....	277
CHANGES IN THE ATROPHY DEGREE OF THE ALVEOLAR PROCESS OF RAT'S LOWER JAW UNDER THE INFLUENCE OF ALIMENTARY SUPPLEMENTS.....	277
Volkovitska T.A., Cherepynskaya Y.A.....	278
COMBINED USE OF ERBIUM (ER: YAG) AND NEODYMIUM (ND: YAG) LASERS AT THE SURGICAL STAGE OF CHRONIC PERIODONTITIS TREATMENT.....	278
Voloshan A.A.....	279
SPARING TECHNIQUE OF SURGICAL TREATMENT OF PATIENTS WITH AMELOBLASTOMAS OF THE JAWS.....	279
Yakovleva D., Doly E., Bugaeva E., Volkova O.S., Cherepynskaya J.A.....	280
ENDEMIC FLUOROSIS IN CONDITIONS OF CHUGUIV DISTRICT'S.....	280
KHARKIV REGION.....	280
Yarova A., Kopitko M.....	281
REFINEMENT METHODS OF THE PROVISIONAL CROWNS APPLICATION FOR THE PURPOSE OF THE REDUCTOIN EFFECT OF THE RESIDUAL MONOMER.....	281
Yeliseyeva O.V.....	281
EFFECTIVENESS EVALUATION OF COMPREHENSIVE TREATMENT OF PATIENTS WITH CHRONIC GENERALIZED PERIODONTITIS ASSOCIATED WITH ORAL LICHEN PLANUS BY MONITORING LOCAL IMMUNITY INDICES.....	281
Zeinab Hammoud.....	282
PLATELETS RICH FIBRIN: A NEW APPROACH FOR PERIODONTAL REGENERATION.....	282
Zhdanova N.....	283
JUSTIFICATION OF APPLYING OF MATERIALS FOR TEMPORARY OBTURATION IN THE TREATMENT OF CHRONIC APICAL GRANULOMATOUS PERIODONTITIS	283
Zotov D. E.....	284