

Міністерство охорони здоров'я України
Харківський національний медичний університет
Кафедра стоматології дитячого віку, дитячої
щелепно-лицевої хірургії та імплантології

СЯЙВО ПОСМІШКИ

Збірник наукових праць
науково-практичної стоматологічної конференції
у рамках конкурсу

(м. Харків - 20 листопада 2015 р.)

Харків

2015

УДК 616.31(062.552)
ББК 56.6
С99

Затверджено вченою радою ХНМУ.
Протокол № 11 від 19 листопада 2015 р.

За редакцією проф. В.М. Лісового

Редакційна колегія: проф. Р.С. Назарян,
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Сяйво посмішки: зб. наук. праць наук.-практ. стомат.
конф. у рамках конкурсу (м. Харків, 20 листоп. 2015 р.) /
за ред. В.М. Лісового; ред.кол.: проф. Р.С. Назарян, Н.В.
Волченко, О.С. Огурцов. – Харків, 2015. – 160с.

Відповідальний за випуск проф. В.В. М'ясоєдов

За підтримки:
Громадської організації «Стоматолог»;
Асоціації приватно практикуючих лікарів-стоматологів
України;
Colgate-Palmolive Ukraine.

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**THE DEPENDENCE OF THE FACTORS THAT DETERMINE THE
QUALITY OF ORTHOPEDIC CONSTRUCTIONS**

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Abstract. The aim of the research was to analyze correlative interconnections between organizational and technological factors that may affect the quality of orthopedic constructions.

Methods and research materials. To study the clinical and technological quality of orthopedic constructions of dentures made from domestic materials, carried out under the integrated program, the following types of prostheses were projected for research: 20329 artificial crowns (plastic – 13304 units; combined, according to Bielkin, Borodyuk, Akhmetov – 7025 units), 15621 bridge dentures (plastic – 9789 units; combined – 5832 units), 23538 plate dentures (partial – 11340 units; complete – 12190 units) and 8903 bugel dentures (with the fixing elements in the form of clasps by Ney system – 7100 units and with lock fixation – 1803 units). The total number of analyzed constructions of dentures – 68391 units; the total number of doctors, orthopedists, dentists - 75 persons, dental technicians – 103 persons.

Results and their discussion. In the primary period of clinical exploitation the staff structure of physicians in dental clinics, particularly staff index (F9: COP=0,727) and proportion of orthopedic dentists of the first qualifying category (F2: KC=0,453) are the determinative factors of construction quality, while in the distant period, qualification of dental technicians is the most influential factor: the proportion of dental technicians without qualification category (F8: COP=0,517). To ensure the quality of the crowns in the primary period, the level of personnel provision of health care

institutions by orthopedic specialists – dentists of the second (and higher) qualification categories (F3: $r_{XY}=-0,325$) and dental technicians of the first qualification category is the most significant factor, and in the distant period, the reversionary relation of average strength with the proportion of dental technicians without category (F6: $r_{XY}=-0,402$) was revealed. The qualification category of the orthopedic dentists, in particular F2 ($r_{XY}=-0,918$), F3 ($r_{XY}=+0,665$), F4 ($r_{XY}=+0,435$) influences significantly on clinical exploitation of bridges in the primary period. Somewhat different principles were revealed for removable plate dentures, namely: F2 ($r_{XY}=-0,378$), F4 ($r_{XY}=-0,513$), F6 ($r_{XY}=-0,256$). It should be noted, that the quality of bugel dentures is determined by the qualification of dental technicians F7 ($r_{XY}=-0,400$), F8 ($r_{XY}=+0,482$) more, than by qualification of the orthopedic specialists – dentists F2 ($r_{XY}=-0,509$). Summarizing the data, it can be concluded that the most significant factor of manufacturing quality of denture orthopedic constructions is the structure of the medical staff and its qualification, as it is demonstrated in correlogram of the interconnection index of technological quality (Fig.2). Thus, regardless of stated factors, clinical exploitation of orthopedic constructions is marked by a decline in their quality, which cannot be explained by staff qualification and requires more detailed study from the point of materials science and technology of dental prosthesis manufacturing.

Conclusions.

1.The quality of artificial crowns in the primary period of clinical exploitation depends on the level of orthopedic specialists – dentists of the second (and higher) qualification categories (F3: $r_{XY}=-0,325$), and provision of tooth-technical laboratories by dental technicians of the first qualification category; in long - term period, the reversionary relation of average power with the proportion of dental technicians without categories (F6: $r_{XY}=-0,402$) and the quality of orthopedic construction was revealed.

2. The qualification of orthopedic specialists, particularly F2 ($r_{XY}=-0,918$), F3 ($r_{XY}=+0,665$), F4 ($r_{XY}=+0,435$) significantly influences on the primary clinical exploitation of the bridges.

3. Both in primary and distant periods of clinical exploitation, the quality of plate dentures depends on the qualification of medical personnel, denture construction and technical equipment of dental laboratory: F2 ($r_{XY}=-0,378$), F4 ($r_{XY}=-0,513$), F6 ($r_{XY}=-0,256$).

4. The quality of bugel dentures is determined by the qualification of dental technicians F7 ($r_{XY}=-0,400$), F8 ($r_{XY}=+0,482$) more, than by qualification of orthopedic dentists F2 ($r_{XY}=-0,509$).

The prospects of further researches of interrelations between the quality of orthopedic constructions in the primary and distant periods of their clinical exploitation are associated with the evaluation of influence of dental materials properties and clinical and technical factors of treatment.

Наукове видання

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Збірник наукових праць
науково-практичної стоматологічної конференції
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Мова – українська, російська, англійська.
Тираж – 100 екз.

Підписано до друку 16.11.2015. Формат 60×84/16.
Папір офсетний. Ум. друк. арк. 6,67. Обл.-вид. арк. 9,6.
Наклад 70 пр. Зам. №16/112015

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057 757-93-82