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AGE AND GENDER RELATIONSHIPS OF COMPONENT STRUCTURE OF HUMAN BODY WEIGHT AT THE STAGES OF POSTNATAL ONTOGENESIS: COMPARATIVE ANALYSIS

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The purpose of the research was aimed at comparative study of body-build habits (component structure of body weight) at the stages of ontogenesis of multiple human gender groups.

Materials and Methods. The results of direct anthropometry of individuals, stratified according to characteristic of ontogenetic period, comprised the material for study. Anthropometric study has been carried out according to the V.V. Bunak's diagram. Accumulated results constituted the reference data base, which developed results were the basis for statistical analysis, fragment of which is presented in the paper, as well as in number of innovation developments. Estimation of lipid, muscle and osseous components of the body weight has been presented.

Results and Discussion. Data analysis has shown that gender distinctions in the rate of ontogenetically disharmonic muscle component of body weight are not found; however, the rate of such male individuals in multiple ontogenetic groups accounted for $13,8 \pm 1,3\%$, and varied from $8,9 \pm 2,0\%$ in ontogenetic Group VI to $20,2 \pm 3,8\%$ in ontogenetic Group IX. The rate of ontogenetically disharmonic lipid component of body weight according to analyzed ontogenetic periods varied from $11,0 \pm 1,6\%$ to $30,0 \pm 3,0\%$, comprising on the average $15,4 \pm 1,0\%$. Among the male individuals the lowest rate of body weight disharmony on its lipid component has been revealed in the period of second childhood and accounted for $8,4 \pm 1,8\%$, and the highest one was $33,3 \pm 4,4\%$ in the period of mature age. Among the female individuals the highest rate of body weight disharmony on its lipid component has been revealed in the first period of mature age and accounted for $26,7 \pm 4,1\%$, whereas in the previous ontogenetic period this index was relatively stable and didn't significantly differ, depending on age. The rate of ontogenetically disharmonic osseous component was significantly ($p < 0,01$) higher among the male individuals in the ontogenetic periods VI and VII, whereas in pre-adult age the rate of disharmonic variants among male and female individuals didn't significantly differ. It is noticeable that the high rate of disharmonic osseous component has been revealed among female and male individuals in the first period of mature age ($25,0 \pm 4,0\%$ and $10,5 \pm 2,9\%$, respectively; $p < 0,001$).

Conclusions. The direct anthropometry has revealed the mechanisms of component structure of body weight formation at the stages of postnatal ontogenesis, which became apparent by different rate of disharmonic types, first of all in comparative aspect of ontogenesis of gender groups. The results of generalized development of accumulated

anthropometric data have defined the directions of development of conventional anthropometry methodology, grounded innovation technique, in particular, and provided with estimation of ontogenetically disharmonic body-build by the body weight components. Estimation of ontogenetic disharmony of osseous, muscle and lipid components of body weight is assigned to anatomy, topographic anatomy and other clinical disciplines, and can be used for consideration of specific features of the body-build. The obtained results can be used to explain age differences in the rate of formation of functional disorders, prenosological, as well as nosologically defined pathological conditions as manifestations of general process of growth and development in postnatal ontogenesis.

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**PATHOGENETIC SUBSTANTIATION OF FACIAL SKELETON AND
CERVICAL SPINE INJURES SEVERITY ASSESSMENT**

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Introduction. Facial skeleton and cervical spine injures take a leading place in the structure of hospitalization. This category of individuals is the most dense among the patients of the main hospitals, which varies from 67, 0% to 87, 0% according to research data; mandibular fractures are observed in 60, 0% of patients with facial skeleton injuries (FSI), including 20,2% of patients with fractures of mandibular body. Frequency of mandibular double fractures comes up to 40,0 % due to anatomico-physiological features. At the same time fractures, localized in the area of angle of mandible, are observed in 32, 5% of patients with FSI; this localization is followed by the high frequency of complicated clinical course, constituting 30, 0%.

The purpose of the work was the framed generalization of findings of investigations concerning the problem of enhanced bodily harms severity assessment and complicated clinical course of facial skeleton injures therapy.

Results and Discussion. It has been determined that reliably most frequent complications among patients of specialized hospital at the early post-surgical period are hemorrhages and hematomas ($29,6\pm 4,6\%$), and bone wound abscess ($12,2\pm 3,3\%$); at the late one – slowing-down of facial skeleton bones fragments consolidation constitutes $18,4\pm 3,9\%$, posttraumatic osteomyelitis constitutes $16,3\pm 3,7\%$, occlusal disharmony due to deformity of mandible is observed in $11,2\pm 3,2\%$ of patients and depends on evident risk factors. It has been proved that the prognosis for complicated clinical course development is possible under the integration of the following factors: displacement of facial skeleton bones fragments ($r_{xy}=+0,83$; $p<0,001$), occurrence of periodontium pathology ($r_{xy}=+0,69$; $p<0,01$), nicotine and alcohol addiction ($r_{xy}=+0,64$; $p<0,05$), dentition anomaly ($r_{xy}=+0,76$; $p<0,05$).