(збільшення вмісту опіоїду в ПМ та МБГ і зменшення – в ПОД), що може бути наслідком неодночасного функціонального дозрівання й включення в нейроендокринні процеси нейропептидних механізмів різних структур а також різної чутливості структур мозку до дії стероїдних гормонів – порушення рівня яких вважають основною причиною виникнення пренатального стрес-синдрому.

Уведення Т-активіну по-різному впливає на стан β-ендорфінергічних систем досліджених структур мозку - у контрольних тварин в ПОД та МК вміст опіоїду знижується, а в МБГ має місце його підвищення. Модифікуючий вплив пренатального стресу полягав у відсутності реакції опіоїдергічних систем ПОД та МБГ, при збереженні її в МК.

Отже, пренатальний стрес порушує характер двобічних зв'язків між серотонінергічними системами лімбіко-гіпоталамічних структур та призводить до функціональної інактивації в системах вилочкова залоза – перегородка мозку та вилочкова залоза – мигдалеподібний комплекс. Введення Т-активіну контрольним тваринам знижує вміст β-ендорфіну в преоптичній ділянці й мигдалеподібному комплексі та підвищує - в медіобазальному гіпоталамусі, а у тварин із синдромом пренатального стресу вплив препарату обмежується зниженням цього показника в ядрах мигдалика, що свідчить про модифікуючий вплив пренатального стресу на імунонейропептидні взаємовідносини.

СЕКЦІЯ 15
ОСНОВНІ НАПРЯМКИ РОЗВИТКУ СТОМАТОЛОГІЇ

Bambuliak A.V.

CLINICAL ASPECT OF TREATMENT DEFECTS EQUIVALENTS OF BONE TISSUES BASED ON MMC-AT

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Bone tissue is one of the most commonly transplantable and inferior to blood components only. The "gold standard" is still considered to be an autologous bone transplant, but this method has some drawbacks associated with additional surgery. The alternative is the use of allogeneic bone, but in this case there is a risk of immunological rejection of the donor bone and the possibility of infection of the recipient area. A promising area for the replacement of volumetric bone defects is the creation of bioimplants based on synthetic biocompatible materials impregnated with growth factors that stimulate bone remodeling, or the placement of stem (multipotent) cells. Most often, mesenchymal multipotent stromal cells are used for placement.

The aim of the study is to find out the level of expression of BGP, Col 1, VEGF genes as indicators of bone repair and mineralization by replacement of bone defects with bone tissue equivalents based on multipotent mesenchymal stromal cells from adipose tissue. The experiment was conducted on the Wistar line rats, weighing 200-250 grams, which were divided into VI groups. A bone defect model was formed in the parietal section of the skull of rats. The formed defect was filled in by the harvested material. Reverse transcription PCR (OG-PCR) was used to quantify mRNA expression for the BGP-bone marker gla protein; VEGF (vascular endothelial growth factor) and Col 1 (type 1 collagen). Total RNA was isolated from bone tissue by a standard phenol-chloroform-guanidinisothiocyanate method using a set of RNA-Extra reagents to isolate RNA from blood, tissues, cell cultures in several steps according to the manufacturer's recommendations.

The highest number of copies of the BGP gene, at 90 days of observations, was determined in experimental animals of the II and III experimental groups (6,280 ± 0,70 and 6,380 ± 0,72, respectively), the number of which did not differ in statistical significance from the data in the animals of the control group, $p>0.05$. However, in animals of IV, V and VI groups the number of copies of BGP-gene was 1.5, 1.4 and 1.6 times smaller in relation to the data in intact rats, p0.05, and did not differ in statistical significance, p1 - p4>0.05. After 3 months of studies determined the decrease in the activity of the production of the gene Col 1. It was noted that the value of the parameter studied in all study groups was equal to the data in intact animals of group I, p0,05 and

among themselves, p1 - p4 p0,05, and ranged from the lowest values in group VI rats - 5,192 ± 0,74, and maximum values in group II animals - 6,200 ± 0,88. After 90 days of experimental studies, the high activity of VEGF gene production in experimental animals, which was equal to the data in control rats, p0,05 was investigated. The maximum activity of VEGF gene production was determined in animals of groups IV, II and VI and ranged from 1,200 ± 0,21 copies in group VI to 1,260 ± 0,22 copies in group IV.

Thus, according to molecular genetic analysis of the number of cDNA copies encoding BGP, Col 1 and VEGF genes, the most positive changes that contributed to bone repair, mineralization, and complete closure of the defect were observed with the replacement of bone defects in IVa VI specimens.

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THE NOSOLOGICAL STRUCTURE AND CLINICAL FEATURES OF PERIODONTAL DISEASES IN PATIENTS WITH CHRONIC TONSILLITIS

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Chronic generalized periodontitis and chronic tonsillitis are the most common inflammatory-destructive diseases of the oral cavity and oropharyngeal area. High levels of gingivitis and periodontitis are observed to the same extent in adult patients (aged 35-44 years - 65-98.5%), and in adolescents and young individuals aged 15-19 years - 55-89%. Layering of other diseases of bacterial and viral etiology have a significant impact on the development and complicated course of the pathological process in the periodontium.

Aim is to study the nosological forms, prevalence and clinical features of periodontal tissue diseases on the background of chronic tonsillitis.

The study involved dental examination and index evaluations of 180 patients (18-44-years old) at the base of Chernivtsi municipal clinical hospital #1. After the screening examination we formed two study groups: Group I (chronic tonsillitis + periodontal diseases (CT + PD)) - 140 subjects; Group II (chronic tonsillitis (CT)) - 40 patients.

As a result of examination of 180 subjects with chronic tonsillitis of the I and II study groups, aged 18 to 59 years, it was found that periodontal tissue lesions were detected in 140 individuals (77.70 ± 3.08%, p <0.01). The frequency of intact periodontium was diagnosed in 3.5 times fewer subjects - 22.10 ± 3.08%. It was noted that according to WHO criteria, the prevalence of periodontal disease was high and ranged from 79.31 ± 3.76% in the younger age group (18-44 years) to 75.38 ± 5.34% in the age range of 45 - 59 years, p> 0.05. Prevalence of inflammatory periodontal diseases such as gingivitis, localized periodontitis was 14.83 ± 2.06% of the examined. The initial forms of generalized periodontitis (GP) were diagnosed in 38.56 ± 3.93% of subjects. Developed forms of GP were diagnosed in 46,61 ± 3,93% of patients.

Clinical condition of periodontal tissues in individuals of groups I and II with inflammatory periodontal diseases (gingivits, localized periodontitis) was characterized by the same symptom complex of the disease. Patients complained about bleeding gums while eating and brushing their teeth, bad taste and bad breath. On objective examination, we determined edema and hyperemia of the gingival margin and interdental papillae, bleeding from the tops of the papillae, the presence of dental plaque.

It was found that the presence of chronic tonsillitis and periodontal lesions mutually aggravate the course of the disease, which is emphasized by more pronounced subjective and objective symptoms of both chronic tonsillitis and inflammatory - dystrophic periodontal diseases, which is probably due to the accumulating effect of pathogenetic factors of oropharyngeal diseases.