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**CHARACTERISTICS OF CYTOKINE STATUS AND METHODS OF ITS CORRECTION
IN PATIENTS WITH CHRONIC GENERALIZED CATARRAL GINGIVITIS**

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Catarrhal gingivitis is one of the most common pathologies of periodontal tissues in young people, as evidenced by numerous epidemiological studies by local and foreign authors.

The immune mechanisms involved in the formation of clinical variants of generalized catarrhal gingivitis have been insufficiently studied. That is why it is important to study the features of local immunity, which would clarify the pathogenesis of chronic generalized catarrhal gingivitis.

In this regard, the aim of our study is to analyse the results of the study of the cytokine system before and after complex therapy in patients with chronic generalized catarrhal gingivitis. The study involved 33 patients with chronic generalized catarrhal gingivitis aged from 18 to 30 years. The content of the concentration of IL-1 β , TNF- α , and IL-4 was determined in the oral fluid using sets of reagents “Protein Contour”, “Cytokine” (RF) by solid-phase enzyme-linked immunosorbent assay according to standard methods, according to the manufacturer's instructions.

Analysis of the results of the content of cytokines in the oral fluid revealed statistically significant deviations of the levels of IL-1 β , TNF- α , and IL-4 from the values of the accepted norm in patients with chronic generalized catarrhal gingivitis. However, the identified abnormalities did not indicate an imbalance in the functioning of the cytokine system, as their production in the oral fluid increased or decreased insignificantly and did not exceed the range of generally accepted reference values.

Taking into account all the identified etiological and pathogenesis links of the disease, we have developed and implemented a comprehensive therapy, which involves the use of professional hygiene measures, antibacterial and immuno-corrective agents with a certain sequence.

All patients, at the first stage of treatment, underwent professional hygiene measures in combination with irrigation of the interdental spaces and application of gingival mucosa with chlorhexidine-containing agents. In the second stage of treatment, patients received basic treatment: standard antibacterial therapy with chlorhexidine-containing drugs. Additionally, a probiotic (“Bifidobacterin” 5 doses 2 times a day, for up to 10 days) and an immuno-corrector (“Cycloferon” orally, 300 mg per day, for up to 10 days) were prescribed.

Thus, the complex staged treatment of generalized catarrhal gingivitis provides a positive dynamics of the cytokine profile, leads to the elimination of inflammatory phenomena in the gums after 6-7 visits in 93.3% of patients with chronic disease.

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**OPTIMIZATION OF THE SCHEME OF TREATMENT OF INFLAMMATORY
DISEASES OF PERIODONTAL TISSUES IN WORKERS OF THE PRIMARY
WOODWORKING INDUSTRY**

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Long-term use in medical practice of broad-spectrum antibiotics is accompanied by the formation and spreading of microorganisms with pronounced multiple antibiotic resistance. The arsenal of antibacterial agents used for the prevention, rehabilitation and treatment of inflammatory diseases of the maxillofacial area is quite large, but does not contain highly effective one against microorganisms, which are polyresistant to antibiotics. On the other hand, the prevention and treatment of inflammatory diseases of the maxillofacial area are currently complicated by the great variety of microorganisms with different degrees of sensitivity to antibiotics, located on the anatomical formations of the oral cavity. That is why it is extremely important to choose a solution that has both antiseptic and antiinflammatory properties. Due to the high prevalence of periodontal disease among workers in the woodworking industry and the lack of effectiveness of existing