

**МІНІСТЕРСТВО ОХОРОНИ ЗДОРОВ'Я УКРАЇНИ  
БУКОВИНСЬКИЙ ДЕРЖАВНИЙ МЕДИЧНИЙ УНІВЕРСИТЕТ»**



## **МАТЕРІАЛИ**

**105-ї підсумкової науково-практичної конференції  
з міжнародною участю  
професорсько-викладацького персоналу  
БУКОВИНСЬКОГО ДЕРЖАВНОГО МЕДИЧНОГО УНІВЕРСИТЕТУ  
присвяченої 80-річчю БДМУ  
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Матеріали підсумкової 105-ї науково-практичної конференції з міжнародною участю професорсько-викладацького персоналу Буковинського державного медичного університету, присвяченої 80-річчю БДМУ (м. Чернівці, 05, 07, 12 лютого 2024 р.) – Чернівці: Медуніверситет, 2024. – 477 с. іл.

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У збірнику представлені матеріали 105-ї підсумкової науково-практичної конференції з міжнародною участю професорсько-викладацького персоналу Буковинського державного медичного університету, присвяченої 80-річчю БДМУ (м. Чернівці, 05, 07, 12 лютого 2024 р.) із стилістикою та орфографією у авторській редакції. Публікації присвячені актуальним проблемам фундаментальної, теоретичної та клінічної медицини.

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of abnormalities in the position of individual teeth: in 6-year-olds – 22.22% of cases, in 12-year-olds – 48.99% of those examined, and in 15-year-olds – 54.04%.

**Conclusions.** Thus, a high prevalence of anomalies of the maxillofacial region was established in children of different ages. In this regard, it is necessary to increase the planned examinations of children in organized teams, as well as the implementation of preventive and therapeutic measures, which will reduce the prevalence of not only orthodontic pathology, but also other dental diseases.

**Maksymiv O.O.**

## **ORTHOPAEDIC TREATMENT OF PATIENTS WITH PERIODONTAL TISSUE DISEASES**

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**Introduction.** According to the WHO, periodontal tissue diseases rank 2nd after caries and its complications and account for 94.3% of the total prevalence. Modern scientific research widely presents various methods of their treatment and prevention. One of the symptoms of generalized forms of periodontal tissue diseases is abnormal tooth mobility. Achieving remission without stabilization of mobile teeth is almost impossible.

**The aim of the study.** To conduct a comparative assessment of methods of orthopedic treatment of patients with generalized periodontitis.

**Material and methods.** We treated 26 patients with generalized periodontitis who visited the University Clinic educational and treatment centre, aged 35 to 44 years. The main causes of periodontitis included malocclusion, poor hygiene (subgingival plaque), and improper prosthetics. All patients were divided into two groups. The first group included 12 patients who underwent splinting of mobile teeth using a non-invasive method with fiberglass tape. The second group included 14 patients after therapeutic treatment and prosthetics with metal-ceramic structures.

**Results.** Before orthopedic treatment, all patients with generalized periodontitis underwent therapeutic treatment and anti-inflammatory therapy. In the first group, tooth mobility caused by the pathological process in the periodontal complex was stabilized with the help of a fiberglass band, before which dental plaque was carefully removed and the approximate surfaces were cleaned with abrasive strips (strips). Recommendations were given on oral hygiene after splinting (toothpastes, brushes) with mandatory follow-up in a month and then in 3-6 months. In the second group, after therapeutic treatment and elimination of traumatic factors, metal-ceramic bridges were made with the following recommendations: control after 1, 3 and 6 months after treatment.

**Conclusions.** Thus, different efficacy of treatment of patients with periodontal tissue diseases was determined. When using fixed metal-ceramic prostheses after treatment, patients showed inhibition of bone resorption and stabilization of mobile teeth. At the same time, when splinting with fiberglass tape, the accumulation of dental plaque and splint detachment was detected after 6 months, which had a negative impact on the further development of this pathology.

**Perebyinis P. P.**

## **COMPARATIVE CHARACTERISTICS OF THE TECHNIQUES OF THE ALVEOLAR PROCESS VERTICAL AUGMENTATION**

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**Introduction.** Tooth extraction irrespective of its method, condition of the pathological process on the moment of extraction, mucous phenotype etc., launches irreversible processes in the alveolar complex eventually resulting in a reduced volume of the bone tissue. There is definitely a significant correlation depending on the above factors, but even in case of maximum favorable course, clinicians state a decrease in the initial parameters.

**The aim of the study.** To compare the techniques of the alveolar process restoration in the coronal direction with the aim to achieve an increase of at least 4 mm vertically.

**Materials and methods.** To implement into clinical practice effective and minimally invasive methods to remove complicated dental-alveolar pathology and complicated atrophy which restrict or make it impossible to install dental implants.

**Results.** Anatomists and physiologists describe healing processes in their fundamental works, but in recent years, leading clinicians isolate such anatomical element as «bundle bone». It is 2-3 mm of the alveolar bone in the coronary direction. They are supplied from the vascular network of the dental periodontium. The atrophy of the bundle bone is the key parameter that makes it difficult or impossible to install dental implants into a correct orthopedic position.

The atrophy parameters of the bundle bone range within 2-3.5 mm. They often can be compensated by means of the connective tissue transplant and partial deepening of the dental implant, which is even more favorable from the orthopedic point of view.

Much more complications are found in restoration of post-traumatic defects, defects after multiple extraction, especially with underlying generalized periodontitis etc.

Techniques of horizontal augmentation are rather common in everyday clinical practice, while vertical augmentation in the coronal direction is often a challenge even for experienced surgeons. Vertical augmentation of the maxillary sinus is more used and prognosticated.

The main methods of vertical augmentation are: 1) frame techniques: this method enables to perform horizontal and vertical augmentation simultaneously, and in a number of cases to install a dental implant; nevertheless, it is very “sensitive” to the surgical technique of the operator, and requires correcting surgery on the soft tissues; 2) bone blocks of the laminate type (Curie technique): it is economically reasonable but at the same time, very traumatic since it requires a donor area. The possibility of «extra» augmentation is excluded. It is suitable for complicated defects as the first stage of surgery; 3) segmental osteotomy: this method enables relatively simple restoration of a vertical defect. Exposition risks are absent. The 3<sup>rd</sup> class recession risks are absent. Disadvantages are palatine rotation (on the maxilla), scar formation due to the cutting free mucous membrane involving the muscular component.

**Conclusions.** In spite of considerable risks and technical complexity of the frame membranes, they should be considered as the main and the most complete for vertical augmentation. Restrictions and risks can be avoided by stage-by-stage work. The first stage includes Curie technique, or segmental osteotomy (they do not provide restoration of the horizontal and vertical component with hypercorrection).

**Roshchuk O.I.**

## **PREVALENCE AND FEATURES OF THE COURSE OF PERIODONTAL TISSUE DISEASES IN CHRONIC PANCREATITIS**

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**Introduction.** Numerous studies have established a connection between periodontal tissue diseases (PTD) and general somatic pathology (Hajishengallis G., 2022; Isola G. et al., 2023). However, there are conflicting data regarding the effect of chronic pancreatitis on the periodontal status of such patients, which requires careful analysis.

**The aim of the study.** To study the features of distribution, diagnostic structure and clinical course of PTD in patients with chronic pancreatitis.

**Material and methods.** 49 patients with chronic pancreatitis, aged 32 to 65, who were included to the research group, were examined. The control group consisted of 20 practically healthy people of the appropriate age. The indicators of the prevalence (in %) and intensity of periodontal tissue diseases (communal periodontal index – CPI) were studied, the papillary-marginal-alveolar index (PMA) was calculated, and the depth of periodontal pockets was measured in all patients. The hygienic condition of the oral cavity was assessed using the Green-Vermillion index (OHI-S). The diagnosis of PTD in patients was established according to the classification of