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Реферати

КЛІНІКО-ЛАБОРАТОРНЕ ОБГРУНТУВАННЯ ЗАЛЕЖНОСТІ ЗАПАЛЬНИХ ЗАХВОРЮВАНЬ ПАРОДОНТУ ВІД СТАНУ ГЕПАТОБІЛІАРНОЇ СИСТЕМИ

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У відповідності до існуючих уявлень про патогенез гепато-орального синдрому, в його розвитку вирішальну роль відіграє порушення антимікробної функції печінки. У статті описані результати дослідження стану тканин пародонту у 128 пацієнтів, які включають в себе клінічні спостереження та індексну оцінку (ОНІ-S, РМА, РВІ), а також печінкові маркери у сироватці крові. За допомогою проведених клініко-лабораторних досліджень ми переконалися, що у хворих з гепатобіліарною патологією збільшується ймовірність виникнення запальних захворювань пародонта, а після лікування захворювань печінки, пародонтологічні показники та індекс гігієни значно знижуються. Ці дані свідчать про залежність стану тканин пародонту від стану гепатобіліарної системи.

Ключові слова: Гепатобіліарна патологія, запальні захворювання пародонта, індексна оцінка.

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КЛИНИКО-ЛАБОРАТОРНОЕ ОБОСНОВАНИЕ ЗАВИСИМОСТИ ВОСПАЛИТЕЛЬНЫХ ЗАБОЛЕВАНИЙ ПАРОДОНТА ОТ СОСТОЯНИЯ ГЕПАТОБИЛИАРНОЙ СИСТЕМЫ

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В соответствии с существующим представлениями о патогенезе гепато-орального синдрома, в его развитии решающую роль играет нарушение антимикробной функции печени. В статье описаны результаты исследования состояния тканей пародонта у 128 пациентов, которые включают в себя клинические наблюдения и индексную оценку (ОНИ-S, РМА, РВИ), а также печеночные маркеры в сыворотке крови. С помощью проведенных клинико-лабораторных исследований мы убедились, что у больных с гепатобилиарной патологией увеличивается вероятность возникновения воспалительных заболеваний пародонта, а после лечения заболеваний печени, пародонтологические показатели и индекс гигиены значительно снижаются. Эти данные свидетельствуют о зависимости состояния тканей пародонта от состояния гепатобилиарной системы.

Ключевые слова: Гепатобилиарная патология, воспалительные заболевания пародонта, индексная оценка.

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LINEAR DIFFERENCE COMPUTED TOMOGRAPHY SIZE LARGE MOLAR TEETH IN HEALTHY MEN FROM CENTRAL REGIONS OF UKRAINE

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In 64 practically healthy men aged from 19 to 35 years from the central region of Ukraine, features of the differences in the computed tomographic size of large angular teeth and their roots, depending on the type of person, were determined. The most pronounced differences in the size of large angular teeth are set on the lower jaw for height, crown height, mesio-distal dimensions of the crown and neck, as well as the length of the near and far root of the right and left first and second teeth.

Key words: odontometry, computer tomography, large angular teeth, practically healthy men.

The question of regional features of cephalometric and odontometric indices has been actively studied throughout the world during the last decade [4, 6, 11, 14]. The research is aimed at identifying not only regional features, but also administrative and territorial units, but also natural, historical zones, regions with different types and intensities of anthropogenic pollution. Many studies are aimed at identifying discrepancies

in the studied quantities among various ethnic minorities. The results of some studies have already been successfully implemented in the practice of doctors of various profiles [2, 5, 7, 8], which has a positive impact on the level of dental health of the population, which in turn increases the standard of living of the population.

The purpose of the study is to establish the peculiarities of the computer-tomographic size of large angular teeth and their roots in practically healthy men of the central region of Ukraine with different types of faces.

Material and methods. On the basis of the medical center "Win intermed LTD", 64 somatologically healthy men, in the third generation of inhabitants of the central region of Ukraine (residents from Vinnytsia, Cherkasy, Kirovograd, Poltava and Dnipropetrovsk regions), aged from 19 to 35 years from different administrative regions of Ukraine done a cone-ray computer tomography using the Veraviewepocs-3D dental cone beam tomograph (Morita, Japan). The volume of a three-dimensional image is a cylinder - 8x8 cm, a layer thickness - 0,2/0,125 mm, an irradiation dose - 0,011-0,048 mSv, a voltage and current strength - 60-90kV/2-10mA. The study of a three-dimensional model of bone structure of the tooth-jaw complex was carried out in the i-Dixel One Volume Viewer (Ver.1.5.0, J Morita Mfg. Cor.). Bioethics Committee of National Pirogov Memorial Medical University, Vinnytsya (protocol № 8 dated 10.09.2013) found that the studies fully met ethical and moral-legal requirements in accordance with the order of the Ministry of Health of Ukraine № 281 of 01.11.2000 and do not contradict the basic bioethical norms of the Helsinki Declaration, the Council of Europe Convention Human Rights and Biomedicine (1977).

According to the standard method [12] on cone-ray computer tomograms of large angular teeth of the upper (16 - right first, 17 right second, 26 left first, 27 left second) and lower (36 first left, 37 second left, 46 right first, 47 second right) jaws measurements were made: height of the corresponding tooth (HZ); length of palatine (HRZ1), vestibular of nearest (HRZ2) and distant (HRZ3) roots of large angular teeth of upper jaw; the length of the neighbor's (HRZ4) and distant (HRZ5) roots of the large angular teeth of the mandible; height of the crown of the corresponding tooth (HKZ); vestibular-lingual crown sizes (VO_K) and neck (VO_S) of the corresponding tooth; mesio-distal dimensions of the crown (MD_K) and neck (MD_S) of the corresponding tooth. The cephalometric study consisted of determining the parameters of the cerebral and facial sections of the head with the help of a large sliding compass with a scale in the real size of the Martin system and soft centimeter ribbon. Cephalometric studies were conducted taking into account the generally accepted recommendations and anatomical points [1, 3]. The value of the face index (Garson morphological index) was obtained by the corresponding formula [10]. At the meaning of the indicator by 78.9 men were grouped to very broad face; 79,0-83,9 - wide face; 84.0-87.9 - middle face; 88,0-92,9 - narrow face; 93.0 and more - very narrow face. The following distribution established: with a very wide face - 1; with a wide face - 7; with middle face - 9; with a narrow face - 18; with a very narrow face - 29.

Statistical processing of the obtained results was carried out using the statistical software package "Statistica 6.1" using nonparametric methods. Mean values and their standard deviations were determined. The reliability of the difference between independent quantitative values was determined using the Man-Whitney U-criterion.

Results and its discussion. As a result of our research, we established the percentile scale (25.0 percent and 75.0 percent) of computer-tomographic size of large angular teeth and their roots in practically healthy men of the central region of Ukraine with different types of faces (Table 1, 2). In the analysis of computer-tomographic size of large angular teeth and their roots in men of the central region of Ukraine with different types of faces it is established: on the upper jaw - in men with a narrow face, the height of the crown of the right and left first teeth has a slight tendency to lower values than those with average (6.67 and 7.05%, $p = 0.080$ in both cases) face type; in men with a very narrow type of face, the mesio-distal crown size of the right first tooth tends to be lower than those with a broad (6.07%, $p = 0.069$) and narrow (3.50%, $p = 0.063$) facial types, while the length of the vestibular far root of the right second tooth is significantly lower or tends to lower values than those with broad (16.88%, $p = 0.053$), average (15.61%, $p < 0.05$) and narrow (by 13,91%, $p < 0,05$) face types; on the lower jaw - in men with a broad face type, the height of the right and left first and second left teeth is significantly higher or tends to be higher than those with average (5.61-7.89%, $p < 0.05$, $p = 0.064-0.078$) and very narrow (only the first ones at 4.80 and 5.64%, $p < 0.05$), the height of the crown of the left second tooth is significantly higher or tends to be higher than that of the average (9.25%, $p < 0.05$) and very narrow (10.08%, $p = 0.066$), the mesio-distal size of the crown of the right and left first teeth is significantly greater than or tends to be higher than that of the average (6.43 and 10.36%, $p < 0.05-0.01$), narrow (only the left at 6.67%, $p = 0.057$) and very narrow (only right 2.90%, $p = 0.080$) face, the mesio-distal size of the neck of the right and left first teeth is significantly greater or tends to be higher than that of the representatives with narrow (7.22 and 5.57%, $p < 0.05$, $p = 0.074$) face, and the left second tooth than those with a very narrow face (3.96%, $p = 0.072$), the vestibular-lingual crown size of the left first tooth tends to be

larger than from the representatives with average face (5.86%, $p = 0.05$), the length of the near and far root of the right and left first teeth is significantly higher or has slight tendencies to higher values than those with very narrow (8.94% left, $p < 0.05$ and right on 6.13 and 7.15%, $p = 0.072-0.075$) face, and the length of the far root of the left second tooth is higher than that of the representatives with an average (10.91%, $p < 0.05$) and narrow (by 9.20%, $p = 0.074$) face types; in men with a narrow face type, the height of the crown of the left first and second teeth tends to be higher than that of the subjects with a very narrow (6.22 and 6.66%, $p = 0.063-0.080$) faces; in men with a very narrow type of face the mesio-distal size of the crown of the left first tooth is significantly higher than that of the representatives with an average (7.52%, $p < 0.01$) face.

Table 1
Percentile swing odontometric indices of large angular teeth of the upper jaw in practically healthy men of the central region of Ukraine with different types of faces (mm)

	Indexes				Face type			
	wide		average		narrow		very narrow	
	25,0th perc.	75,0th perc.	25,0th perc.	75,0th perc.	25,0th perc.	75,0th perc.	25,0th perc.	75,0th perc.
17HZ	19,16	23,10	18,95	21,60	20,20	22,38	19,10	21,48
17HRZ1	10,83	15,10	9,950	13,50	11,63	14,40	11,19	13,69
17HRZ2	12,44	13,76	11,30	14,46	10,50	13,75	9,900	14,01
17HRZ3	12,27	16,51	12,30	15,01	12,10	14,67	10,39	13,40
17HKZ	6,300	7,090	6,130	6,650	6,200	7,580	5,310	7,100
17MD_K	9,170	10,26	9,250	9,500	8,600	9,810	8,850	9,450
17MD_S	7,790	8,750	7,600	8,360	7,130	8,300	7,460	8,400
17VO_K	11,10	12,51	11,10	12,35	10,35	12,09	10,86	11,93
17VO_S	5,920	9,340	8,600	9,050	6,420	8,770	7,750	9,230
16HZ	19,57	23,00	18,75	21,60	19,50	22,76	19,55	22,63
16HRZ1	10,80	15,00	12,01	13,34	11,96	14,60	11,86	13,85
16VRZ2	10,32	13,42	10,25	13,25	10,24	14,19	10,21	13,02
16VRZ3	11,13	15,00	12,06	15,50	12,19	15,18	11,23	14,00
16HKZ	6,150	7,390	6,040	6,600	6,250	7,400	5,650	7,360
16MD_K	9,690	11,26	9,350	10,25	9,730	10,59	9,260	10,28
16MD_S	7,670	9,500	7,880	8,350	7,750	8,350	8,180	8,500
16VO_K	9,210	12,09	11,00	11,67	11,10	11,90	10,78	11,94
16VO_S	7,700	11,63	10,25	10,99	10,08	11,27	10,28	10,95
26HZ	19,60	22,68	19,16	22,63	19,58	22,70	19,94	22,01
26HRZ1	10,82	15,01	11,75	13,42	12,05	13,85	11,81	14,00
26VRZ2	10,36	13,90	12,10	12,88	10,53	13,23	10,15	13,43
26VRZ3	12,86	14,96	12,15	15,75	12,16	14,98	12,35	14,29
26HKZ	6,250	7,310	6,000	6,620	6,600	7,380	5,970	7,090
26MD_K	9,720	10,75	9,250	10,15	9,600	10,37	9,250	10,20
26MD_S	7,640	9,100	7,900	8,200	8,000	8,67	7,940	8,480
26VO_K	9,240	12,09	10,98	11,50	10,94	11,90	10,90	11,88
26VO_S	7,680	11,51	10,33	11,08	10,10	10,90	10,28	11,12
27HZ	19,01	23,51	19,16	21,25	20,05	21,75	19,05	22,03
27HRZ1	12,80	15,73	12,19	13,60	11,88	13,60	12,25	14,53
27HRZ2	10,61	13,59	10,64	13,42	10,95	13,61	10,52	13,51
27HRZ3	12,24	16,52	11,25	14,97	12,17	13,84	11,00	13,63
27HKZ	6,310	7,510	5,990	6,600	6,090	7,480	5,550	7,220
27MD_K	9,150	10,34	9,100	9,630	8,510	10,05	8,860	9,670
27MD_S	7,790	8,340	7,500	8,340	7,230	8,250	7,480	8,130
27VO_K	11,04	12,43	11,19	12,09	10,15	11,94	11,06	12,05
27VO_S	10,70	11,75	10,80	11,65	9,940	11,44	10,40	11,72

Unlike the results we have obtained, V. O. Orlovsky [9] in practically healthy men of the central region of Ukraine with different types of face has found the most pronounced differences in the computer-tomographic size of small angular teeth only on the upper jaw - in men with middle face type higher teeth height than those with other types of faces, as well as larger values of palatine and cheek root length in middle-face men than those with a broad and narrow face. Comparing the obtained results with the size of large angular teeth in practically healthy men of Ukraine with different types of faces [13], it should be noted that in the general group most of the differences in the size of the teeth are set on the upper jaw (predominantly mesio-distal dimensions of the crown and neck - greater in men with a broad type of face), but on the lower jaw for height, length of the far root and vestibular-tongue size of crowns of the right and left other teeth (lower values in men with average type of face).

Percentile sweep of odontometric indices of large angular teeth of mandible in practically healthy men of the central region of Ukraine with different types of faces (mm)

	Indexes				Face type			
	wide		average		narrow		very narrow	
	25,0th perc.	75,0th perc.	25,0th perc.	75,0th perc.	25,0th perc.	75,0th perc.	25,0th perc.	75,0th perc.
37HZ	20,70	23,13	19,61	20,85	19,68	22,25	19,66	22,85
37HRZ4	13,95	15,57	13,15	14,10	12,95	15,50	13,35	15,23
37HRZ5	13,79	14,75	11,80	13,24	11,54	14,25	12,61	14,23
37HKZ	6,600	7,600	6,200	7,000	6,230	7,620	5,670	6,960
37MD_K	10,90	11,40	10,50	11,38	10,55	11,25	10,50	11,50
37MD_S	9,850	10,75	9,380	10,75	9,150	10,27	9,600	10,03
37VO_K	10,43	11,28	9,970	10,67	10,32	11,02	10,23	11,50
37VO_S	8,650	10,09	8,240	9,900	8,850	9,900	8,940	10,00
36HZ	22,12	23,16	19,44	22,05	20,50	22,60	20,44	22,10
36HRZ4	15,00	16,00	12,64	15,80	13,45	15,87	13,38	15,41
36HRZ5	14,88	15,51	11,84	14,68	13,13	15,10	12,50	14,85
36HKZ	6,540	7,090	6,250	7,030	6,500	7,520	5,900	7,020
36MD_K	10,98	11,64	10,10	10,38	9,900	11,46	10,55	11,44
36MD_S	9,500	10,34	8,880	9,500	8,730	9,840	9,100	10,06
36VO_K	10,70	11,50	10,17	10,65	10,20	11,28	10,30	11,36
36VO_S	9,300	9,920	8,750	9,840	8,780	9,510	9,030	9,620
46HZ	22,10	23,10	20,18	21,98	20,25	22,60	20,00	22,10
46HRZ4	14,63	16,04	12,32	15,73	13,04	15,88	13,19	15,40
46HRZ5	14,59	15,13	13,38	14,28	13,19	14,93	12,69	14,44
46HKZ	6,480	7,250	6,600	6,870	6,230	7,400	5,880	7,100
46MD_K	10,94	11,61	10,30	11,20	9,860	11,61	10,52	11,47
46MD_S	9,420	10,20	9,380	10,13	8,680	9,600	9,160	9,800
46VO_K	10,75	11,60	10,14	11,01	10,19	11,17	10,26	11,27
46VO_S	9,130	9,640	8,800	9,840	8,890	9,690	9,020	9,700
47HZ	20,61	22,67	19,60	21,10	19,60	22,18	19,42	22,13
47HRZ4	13,87	15,62	13,14	14,13	12,75	14,30	13,30	14,75
47HRZ5	13,63	14,59	11,84	14,20	11,94	14,87	12,27	14,25
47HKZ	6,570	8,010	6,300	6,990	6,250	7,550	5,880	7,630
47MD_K	10,88	11,30	10,48	11,38	10,58	11,25	10,50	11,23
47MD_S	9,790	10,75	9,130	10,13	9,250	10,50	9,480	10,14
47VO_K	10,41	11,26	9,410	10,67	10,28	11,01	10,25	11,26
47VO_S	8,620	9,780	8,500	9,910	8,850	9,770	9,270	10,17

Thus, the obtained results of computer tomographic size of large angular teeth and their roots in practically healthy men of the central region of Ukraine with different types of faces confirm the necessity of individualizing the approach to the patient in dentistry taking into account not only the features of the features of his face but also ethno-territorial affiliation. This approach is the right key, which should ensure the proper quality of dental care delivery to the population.

Conclusion

In practically healthy men of the central region of Ukraine with different types of faces, the most pronounced reliable or tendencies of differences in the computed tomographic size of large angular teeth and their roots are established mainly on the lower jaw - in men with a broader face the higher values of the height of the right and left first and second left teeth, as well as the height of the crown of the left second tooth than those with an average and very narrow face; mesio-distal crown size of the right and left first teeth than those with middle, narrow (only left) and very narrow (only right) face; mesio-distal size of the neck of the right and left first teeth than those with narrow faces, and the left second tooth - than those with a very narrow face; vestibular-lingual size of the crown of the left first tooth than those with middle faces; the length of the near and far root of the right and left first teeth than those with a very narrow face, and the length of the far root of the left second tooth - than those with middle and narrow face types. In men with a narrow face, the height of the crown of the left first and second teeth is greater than that of the representatives with a very narrow face; and in men with a very narrow face the mesio-distal size of the crown of the left first tooth is larger than that of the middle faces.

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Реферати

ВІДМІННОСТІ ЛІНІЙНИХ КОМП'ЮТЕРНО-ТОМОГРАФІЧНИХ РОЗМІРІВ ВЕЛИКИХ КУТНИХ ЗУБІВ У ПРАКТИЧНО ЗДОРОВИХ ЧОЛОВІКІВ ЦЕНТРАЛЬНОГО РЕГІОНУ УКРАЇНИ Шинкарук-Шинкарук-Диковицька М.М., Коцюра О.О., Тепла Т.О., Мельник М.П., Чайка В., Шепітько К.В., Ліхницький О.М.

У 64 практично здорових чоловіків віком від 19 до 35 років із центрального регіону України встановлені особливості відмінностей комп'ютерно-томографічних розмірів великих кутніх зубів та їх коренів в залежності від типу обличчя. Найбільш виражені відмінності розмірів великих кутніх зубів встановлені на нижній щелепі для висоти, висоти коронки, мезіо-дистальних розмірів коронки і шийки, а також довжини ближнього і дальнього кореня правого і лівого перших та лівого другого зубів.

Ключові слова: одонтометрія, комп'ютерна томографія, великі кутні зуби, практично здорові чоловіки.
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ОТЛИЧИЯ ЛИНЕЙНЫХ КОМПЬЮТЕРНО-ТОМОГРАФИЧЕСКИХ РАЗМЕРОВ БОЛЬШИХ КОРЕННЫХ ЗУБОВ У ПРАКТИЧЕСКИ ЗДОРОВЫХ МУЖЧИН ЦЕНТРАЛЬНОГО РЕГИОНА УКРАИНЫ Шинкарук-Диковицкая М. М., Коцюра О. А., Тепла Т. А., Мельник М. П., Чайка В., Шепитько К. В., Лихицкий А. М.

У 64 практически здоровых мужчин в возрасте от 19 до 35 лет из центрального региона Украины установлены особенности отличий компьютерно-томографических размеров больших коренных зубов и их корней в зависимости от типа лица. Наиболее выраженные отличия размеров больших коренных зубов установлены на нижней челюсти для высоты, высоты коронки, мезио-дистальных размеров коронки и шейки, а также длины ближнего и дальнего корня правого и левого первых и левого второго зубов.

Ключевые слова: одонтометрия, компьютерная томография, большие коренные зубы, практически здоровые мужчины.
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DEVELOPMENT OF INADVERTENT INTRAOPERATIVE HYPOTHERMIA: THE POSSIBILITIES OF CLINICAL PROGNOSIS

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Inadvertent intraoperative hypothermia is known to increase the risk of intra- and postoperative complications. Its prediction and subsequent prevention is an acute and clinically meaningful problem. The aim of research is to determine the predictors of inadvertent intraoperative hypothermia development. Ascertaining prospective open-label study of temperature homeostasis in 100 surgical patients has been carried out. During the study, patients were divided into two groups, depending on the presence or absence of inadvertent intraoperative hypothermia. In processing of the study results was indicated the method of normalization of intense values and risk of sign realization by E. N. Shyhan. It was found out the occurrence rate of inadvertent intraoperative hypothermia that makes up 62%, identified its prognostic criteria including time-urgent operations, midline laparotomy, duration of the operation over 60 min, medication with barbiturates, myorelaxants, artificial lung ventilation, female sex, elderly age over 60 years, body mass index below 18.5 kg/m².

Key words: inadvertent intraoperative hypothermia, prognosis.

The paper is a part of RSW "Optimizing the quality of anaesthesia and intensive care patients based on age and gender dimorphism clinical and functional, immune and metabolic changes", state registration number 0114U006326.

Humans are homoiothermic organisms, i.e. they are able to maintain their own stable internal body temperature regardless of external influence. However, anesthesia, even local, results in partial loss of the human body to maintain constant temperature by itself, thus, making it poikilothermic, i.e. when body