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TO THE QUESTION ABOUT MAXILLARY-FACIAL AREA ASYMMETRY THORETICAL DATA AND APPLIED SIGNIFICANCE STUDY IN VARIOUS COUNTRIES

Maxillary-facial area asymmetry is in the scientists focus in the Earth many areas with emphasizing the theoretical data and applied significance on the questions variety concerning it. Such asymmetry touches oral cavity different structures: face [8, p. 471-476; 13, p. 491-499], salivary glands [2, c. 103-105; 31, p. 198-201] in part at neuroblastoma and Horner's syndrome [32, p. 225-226; 34, p. 489-490], jaws [6, p. 221-227; 30, p. 153-156; 39, p. 458-468], teeth in part enamel [17, p. 124-137], dentin [1, p. 57-58].

Maxillary-facial area asymmetry is described taking into account different typological aspects: age (salivary glands hemostatic indices asymmetry in different-aged people) [3, c.5-8]; gender – there differences in men and women concerning to 3D facial asymmetry) [14, p.39-45], there is a connection between estrogens levels and jaw condylar process growth in part the one of temporal-mandibular joint [4, p.1096-1100] in part at osteoarthritis [20, p. 165-169], at condylar process hyperplasy [26, p. 72-76]; gender-age (in young healthy people, women and men) [12, p. 663-669], ethno-gender-age – face asymmetry assessment in Turkish boys and girls [41, p.436-441], in Caucasian men [7, p. 137-143]; ethno-age (in Mexican children) [23, p. 526-537]. In part, anomalies ectopic localizations are described particularly of Carabelli's tubercle in Italy [5, p. 517-524], maxillary second molar with 3 mesiobuccal canals in Turkey [25, p. 43-46], maxillary molar with four roots and four buccal canals in India [33, p. 80-84] maxillary first molar with unusual morphology in Turkey [9, p. 62-65] thus while superior-inferior asymmetry and individual variations emphasizing. These works represent ethnic typological aspect successful reflection. Different people and cultures prefer their own "facial asymmetry level» [22, p. 313-317; 28, p. 611-625]. It is considered that faces recognition in the representatives of own and side race differs [24, p. 1065-1085].

As a whole it is considered that people with attractive faces live longer [15, p. 351-356]. Both face halves absolute asymmetry is very very seldom [10, p. 297-299]. Face abundant asymmetry represents a problem that needs in a medical correction [38, p. 339-345]. Average asymmetry is thought as a face esthetic harmony [19, p. 136-142]. It was estimated that patients bigger amount is among the Asians than among the European suffering from abundant face asymmetry [40, p. 341-351]. This work represents powerful illustration of asymmetry study in ethnic typological aspect. Face asymmetry is used for assessing the human identification [21, p. 138-159], attractiveness and health [29, p. 31-46] even at genetic level [18, p. 417-429]. One can differentiate face innate asymmetries, developmental asymmetries, appearing during growth, the ones of unclear ethiology as well as the acquired asymmetries [27, p. 349-351].

In conclusion, we would like to mention that there is a new direction in a science nowadays – individual brain analyses with face fMRI localizer creating [37, p. 66]. Neuroimaging is also among directions in priority nowadays in theoretical and applied medicine [16, p. 69-80]. Creating the best possible facial esthetic must be among dentist tasks in priority. Superior-inferior asymmetry disturbance can have congenital nature [11, p. 386-389]. Face asymmetry assessment can be important in a different-branched dentist practice by opinion of specialists from the Earth various areas. There is a catalogue of anomalies and traits in different countries and even their parts and populations in part in southern China [36, p. 185-194], Taiwan [35, p. 523-530].

Thus, maxillary-facial area asymmetry, in part the face one, indeed is rather important theoretical and applied direction in medicine, particularly in dentistry, with new methods and new possibilities.

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