

FACE ASYMMETRIES STUDY AND COMPARISON  
IN THE STUDENTS FROM EGYPT AND IRAQ DEPENDENTLY  
ON THEIR LEADING EXTREMITY AND GENDER

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Egyptian dentists performed management of unilateral temporomandibular ankylosis associated with facial asymmetry in children [9, p. 109-115], in the adults [8, p. 12-18], bilateral ankylosis [10, p. 96-103], modified bimaxillary distraction osteogenesis to correct facial asymmetry taking into account gender-age aspect [17, p. 471-477], condyles replacement with costochondral grafts at temporomandibular joint unilateral and bilateral ankylosis [14, p. 118-122]. Iraqi dentists work are dedicated to craniometric asymmetry [18, p. 60-65], the facial asymmetry and bite force relationship to handedness in the adult of both genders [6, p. 190-200], maxillary dental arch asymmetry in children [13, p. 132-138], facial dimensions and asymmetry in the clinically symmetrical faces with skeletal Class I & Class III malocclusion in the 18-28-year-old adults [3, p. 86-93], primary repair of nasal asymmetry at unilateral cleft lip in babies [7, p. 212-219] and the bilateral ones [15, p. 325-335], as well as cleft palate [11, p. 1-4], treatment of clinically evident skeletal mandibular asymmetry [2, p. 83-88], orthopantomography usage for mandibular asymmetry assessment as an aid in temporomandibular problems diagnosis [5, p. 40-42], specific orthodontic designations, photography usage for dental and facial asymmetry assessment [12, p. 94-98], different condylar index (higher in females) thus condylar asymmetry at bruxism [1, p. 265-274], temporomandibular joint assessment (condylar asymmetry) of Pre and Post Prosthetic Treatment of Partially Edentulous Patient of different ages by radiography method [16, p. 12-23]. The people of Basrah have different racial and ethnic background, there are Semites which are the Arabs and Syrian (Assyrian & Chaldean), Arian, who are the Armenian, Kurdish and Persian, and then there is the mixed group result from interracial marriages. This study [4, p. 29-40] is a cross sectional study with a comparative component of face parameters measurement conducted in Basrah governorate.

The present work aim was to assess face asymmetry expression in guys and girls from Iraq and Egypt from different courses (20 guys and 20 girls from both countries). We assessed face asymmetry from the students from Egypt, then Iraq with further comparison in the representatives from both country, between girls and guys. We used computer modeling methods.

The results showed Egyptian students, mainly guys, biggest asymmetry. We were taking the students faces pictures and then were performing right and left face halves longitudinal and transversal sizes measurements.

Left face halves had bigger longitudinal and transversal dimensions and looked less harmonically at two left halves co-inciding than the right ones in 12 guys from Iraq and 15 guys from Egypt. In part, it can be explained by primary using the left side at mastication and left hand while writing (in part in the guys from Egypt). Probably, examined population of Egyptian students had more left-handers with more ambilateral brain and as the result more asymmetric face halves comparatively to the students from Iraq.

Our work results can be applied in maxillary-facial surgery, reconstructive medicine, neurology, cosmetology in part.

#### Used literature:

1. Al-Ani R. Sh. The Relation of Bruxism with Teeth Attrition and Condylar Asymmetry (Clinical and Radiological Assay) / R. Sh. Al-Ani, L. T. Rejab // Al-Rafidain Dental Journal. – 2011, Iss. 14. – P 265-274.
2. Al-Azzawi Z. Z. Treatment of clinically evident skeletal mandibular asymmetry / Z. Z. Al-Azzawi, A. F. Al-Zubadee, N. H. // Journal of Baghdad college of dentistry. – 2006. – Vol. 18, Iss. 2. – P. 83-88.
3. Al-Bustani A. I. Facial dimensions and asymmetry in clinically symmetrical faces with Skeletal Class I & Class III malocclusion in adult sample aged between 18 and 28 years (digital panoramic study) / A. I. Al-Bustani, H. F. Saloom, A. F. Aljarad // Journal of Baghdad college of dentistry. – 2011 – Vol. 23, Iss. 3. – P. 86-93.
4. Al-Jassim N. H. Anthropometric face in Basrah / N. H. Al-Jassim, Z. F. Fathallah, N. M. Abdullah // Basrah Journal of Surgery. – 2014. – Vol. 20, Iss. 2. – P. 29-40.
5. Al-Rawi N. H. Orthopantomographic assessment of mandibular asymmetry as an aid in diagnosis of temporomandibular problems / N. H. Rawi, A. T. Uthman // Journal of Baghdad college of dentistry. – 2006. – Vol. 18, Iss. 2. – P. 40-42.
6. Ali S. M. The relationship of facial asymmetry and bite force to handedness in Iraqi adult sample / S. M. Ali, H. F. Saloom, H. A. Kadhim // MUSTANSIRIA DENTAL JOURNAL. – 2012, Iss. 2. – P. 190-200.
7. Arayi Z. Y. Primary Repair of Unilateral Cleft Lip Nasal Deformity / Z. Y. Arayi, A. A. M. Nawres // Iraqi postgraduate Medical Journal. – 2009. – Vol. 8, Iss. 3. – P. 212-219.
8. el-Sheikh M. M. Temporomandibular joint ankylosis: the Egyptian experience / M. M. el-Sheikh // Ann R Coll Surg Engl. – 1999. – Vol. 81, N.1. – P. 12-18.
9. El-Sheikh M. M. Management of unilateral temporomandibular ankylosis associated with facial asymmetry / M. M. El-Sheikh, A. M. Medra // Journal of Craniofacial Surgery. – 1997. – Vol. 25, Iss. 3. – P. 109-115.
10. el-Sheikh M. M. Bird face deformity secondary to bilateral temporomandibular joint ankylosis / M. M. el-Sheikh, A. M. Medra, M. H. Warda // J Craniomaxillofac Surg. – 1996. – Vol. 24, Iss. 2. – P. 96-103.

11. Fathallah Z. F. Analytic retrospective study of cleft lip & palate referred to plastic unit in Basrah Teaching Hospital / Z. F. Fathallah // Medical Journal of Basrah University. – 2005. – Vol. 23, Iss. 2. – P. 1-4.
12. Hassan D. A. The reliability of bisecting interpupillary perpendicular line, facial and dental laterality and coincidence in adult normal occlusion Iraqi sample (A photographic, cross-sectional study) / D. A. Hassan, N. H. Ghaib // Journal of Baghdad college of dentistry. – 2012. – Vol. 24, special issue 1. – P. 94-98.
13. Mahmoud J. K. Maxillary dental arch asymmetry in the mixed dentition / J. K. Mahmoud // Medical Journal of Tikrit – 2008. – Vol. 1, Iss. 141. – P. 132-138.
14. Medra A. M. Follow up of mandibular costochondral grafts after release of ankylosis of the temporomandibular joints / A. M. Medra // Br J Oral Maxillofac Surg. – 2005. – Vol. 43, N 2 – P. 118-122
15. Arayi Z. Y. Primary Repair of Unilateral Cleft Lip Nasal Deformity / Z. Y. Arayi, A. A. M. Nawres // Iraqi postgraduate Medical Journal. – 2009. – Vol. 8, Iss. 3. – P. 212-219.
16. Shehab M. M. Temporomandibular Joint Assessment of Pre and Post Prosthetic Treatment of Partially Edentulous Patient (Radiographic Examination) / M. M. Shehab, N. Gh. Jameel, N. A. Hatim // Al-Rafidain Dental Journal. – 2011, Iss. 13. – P. 12-23.
17. Shehata E. A. Modified bimaxillary distraction osteogenesis: a technique to correct facial asymmetry / E. A. Shehata, A. M. Medra // Br J Oral Maxillofac Surg. – 2007. – Vol. 45 N 6 – P. 471-477
18. Taha U. A. Craniometric asymmetry assessment in class I and class II skeletal relationship patients using helical computer tomography sample aged between 18-35 years / U. A. Taha, I. H. Al-Nakib // Journal of Baghdad college of dentistry. – 2013. – Vol. 25, Iss. 4. – P. 60-65

## РЕТРОСПЕКТИВНИЙ АНАЛІЗ МЕТОДІВ ЛІКУВАННЯ ЗАХВОРЮВАНЬ ПАРОДОНТА ПРИ ЦУКРОВОМУ ДІАБЕТИ

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Актуальність. Широке розповсюдження запальних захворювань пародонта та збільшення питомої ваги прогресуючих варіантів перебігу генералізованого пародонтиту у хворих на цукровий діабет ставить проблему діагностики і лікування даної патології в число найбільш актуальних [1, с. 15; 2, с. 35].

Численні дослідження дозволили апробувати нові схеми лікування та профілактики захворювань пародонта, асоційованих з цукровим діабетом.