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**SOME DATA CONCERNING MAXILLARY-FACIAL ASYMMETRY  
STUDY TAKING INTO ACCOUNT DIFFERENT TYPOLOGICAL  
ASPECTS BY LITERARY AND OWN DATA**

**SARTIPI H. N.**

*The 3<sup>rd</sup>-Year student at Post-Graduating Study Faculty  
by Speciality «Dentistry»  
Hamedan University of Medical Sciences  
Hamedan, Iran*

**TKACHENKO E. V.**

*Physiology Chair Assistant, Cand. Med. Sci.  
HSEEU «Ukrainian Medical Stomatological Academy»  
Poltava, Ukraine*

**ABU ALHIDJA Y.**

*The 2<sup>nd</sup>-Year Student of Medical Faculty  
HSEEU «Ukrainian Medical Stomatological Academy»  
Poltava, Ukraine*

**KHALAFALLA A. M.**

*The 4<sup>th</sup>-Year Student at Dental Faculty  
HSEEU «Ukrainian Medical Stomatological Academy»  
Poltava, Ukraine*

**ALMAGRI A. H.**

*The 5<sup>th</sup>-Year Student at Dental Faculty  
Folk Medicine National University  
Dnepr city, Ukraine*

**AMINOV A.**

*The 2<sup>nd</sup>-Year Student of Medical Faculty  
HSEEU «Ukrainian Medical Stomatological Academy»  
Poltava, Ukraine*

Asymmetry ethnic aspect is presented in the work of Iranian dentists [8, p. 185-188]. Hyperplasia of the coronoid process of the mandible is a rare developmental anomaly and may be unilateral or bilateral creating face asymmetry. Synkinesis (thus asymmetry) and inconsistency of facial muscles could be treated

with educational exercise therapy. EMG biofeedback is a suitable tool for this exercise therapy [12, p. 251-256].

There were received the data about teeth peculiarities in different ethnic groups in Iran [5, p. 477-484; 6, p. 58-62].

Maxillary-facial asymmetry and its individual profile in a complex with ethno-age typological aspect can be illustrated by following works of the scientists from Iraq: on craniometric asymmetry assessment in the 18-35-aged people [14, p. 60-65], there is condylar asymmetries active assessment (between temporal-mandibular joints) at treatment in the patients with partial edentulism [13, p.12-23]. Many children with mixed biting have got intra-arch asymmetries that is more serious and is observed more often in transversal plane than in anterior-posterior [10, p.131-138], some – hair lip nasal deformation [4, p. 212-219; 11, p. 325-225.].

Dentists from Iraq emphasize that normal occlusion at face skeletal asymmetry in 100% of the examined was found to be reliably more expressed in the right-handers than in the left-handers. Skeleton asymmetry was expressed more in men than in women both dexters and sinisters. Main facial area on the left was non-reliably bigger than the right one in the dexters. Major facial area in the sinisters was found to be reliably bigger on the right than on the left but only in the examined group women. Biting force both in the dexters and in the sinisters was higher in the examined group men than in the women, with a reliable difference in the dexters and highly-reliable difference in the sinisters. Face sizes had a tendency to be bigger in the men than in the women. Skeleton asymmetry was present even at clinically symmetric faces with the teeth and normal occlusion and there was a high correlation with sinistrality. Biting force did not depend on sinistrality with molars significantly higher biting power in the men than in the women [3, p. 190-200]. Intercondylar distances as Iraqi dentists demonstrated in the rest (arbitrary) as well as at movements in the examined men were significantly higher than in the women. It reflects more developed asymmetry in the first ones concerning rotation condylar axes location in both genders [15, p. 11-17]. Doctors from Iraq compared face right and left halves, studied chin shifts to the right and to the left, assessed interrelationships between middle line of face and teeth, maxilla and mandible as well as face and teeth gender peculiarities [9, p. 94-98]. The boys from Iraq have hair lip bigger rate comparatively to the girls [7, p. 1-4]. These work reflect maxillary-facial area asymmetry together with its individual profile and ethno-age typological aspect.

Maxillary-facial area asymmetry was also studied together with its individual profile and ethno-gender-age aspect. We present here also the works of the dentists from Iraq. Buccal corridor width is less at normal smile than gingival smile line in the adult guys and girls 18-25 years by age [2, p. 91-97]. Buccal corridor is wider in the guys than in the girls, on normal smile line and wider in the girls on smile gingival line. There was a reliable difference on right and left buccal corridor between genders on normal smile line at its absence on smile gingival line. This work described right-left asymmetry. But there exists also a description of superior-inferior asymmetry in ethno-gender-age typological aspect received accordingly to the results of face soft tissues cephalometric study by the scientists from Iraq [1, p. 160-166].

The object of our investigations performed at Normal Physiology Chair was 15 Iranian students of UMMA – 5 real sinisters, 5 – real dexters and 5 – ambidexters. The term «real» meant that both parents were left-handed in the first case and right-handed in the second case.

Our work aim was to assess face harmony after 2 right/left face halves uniting in one and the same person taking into account the investigated person individual profile.

As the results showed bigger harmony was at 2 right face halves uniting in sinisters and 2 left face halves – in dexters. Such a harmony and difference was not so expressed in ambidexes.

May be, our results can be explained by the fact that right hemisphere and right face half are more dominant in sinisters (and face left half, correspondingly, is less developed and the one that gives bigger tenderness and harmony). For dexters – on the contrary. For ambidexes – the results received probably depend on individual profile peculiarities (correlation between right-typed and left-typed indexes).

Probably, our work will have importance in Maxillary-facial and Plastic Surgery, Orthopedy (Prosthetic Dentistry), Orthodonty as well as in Cosmetology, Neurology, Psychology and Physiology.

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