

epiconus and the diaconus. In the second case, it was formed by the connection of the distal crest of the epiconus and the central crest of the diaconus. There is an additional cusp of Carabelli on the boundary between the lingual and medial surfaces of the crown on the upper molars on the lateral surface of the eoconus. During the study, it was found that this formation can vary considerably according to the degree of its development. In this case, the crown may change its shape due to the increase of the vestibule-palatine crown size. In the least developed form, it is represented by an insignificant enamel swelling, separated by one or two grooves. With a more pronounced form, this formation has a distinct apex, which is from the surface of the eoconus by the arc-shaped groove. The strongly pronounced cusp of Carabelli almost reaches the height of the chewing surface and corresponds to the size of the main tubers on the chewing surface. It should be noted, that the presence of the cusp of Carabelli was observed on the upper molars of males. Moreover, we have noted the cusp of Carabelli on the first and second molars of the upper jaw in some cases.

We have noted that the cusp of Carabelli is almost invisible on the upper molars of females. This fact is due to the predominance of reduction processes in female teeth. At the same time, the simplicity of the crown structure is due to the reduction of the mesio-distal diameter of the crowns that belong to the group of teeth under consideration in relation to the vestibule-palatine diameter through the reduction of the palatal-distal tuberculum.

Conclusions. As a result of the study, the main odontometric and odontoglyphic characteristics of the chewing surface structure of male and female first molars were determined. We consider it expedient to take into account the above characteristics of the chewing surface of molars of the upper and lower jaws of male and female for the creation of qualitative orthopedic constructions that would fully restore the masticatory function.

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THE LEVEL OF PHYSICAL PAIN IN STROKE PATIENTS BEFORE AND AFTER PROSTHETICS WITH PARTIAL REMOVABLE PROSTHESES

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It is known that the consequences of a stroke are disruption of the neuromuscular system, including in the maxillofacial region. Motor and sensory disorders are noted on the side opposite to the lesion. With partial adentia in this category of patients, there may be a failure in the coordinated work of the right and left sides of the muscular apparatus of the maxillofacial region. In turn, attention is drawn to the presence of physical pain when chewing, since the presence of defects in the dentition not only makes it impossible to fully chew, causes discomfort, but also contributes to the appearance of pain. Given the general somatic pathology, the degree of physical pain differs from that in somatically healthy patients.

Purpose. To analyze the level of physical pain in patients with acute cerebrovascular accident before and after orthopedic treatment and compare with the same indicator in patients without general somatic pathology.

Materials and methods. The study involved 25 people with complicated course of stroke with neurological deficit by hemitype, who made up the study group, and 20 people without somatic pathology - a comparison group, aged 40 to 65 years. According to clinical indications, all patients received partial removable plate prostheses with an acrylic base and containing bent metal clasps. The index of physical pain was determined before and after orthopedic treatment by questioning patients with the OHIP-49 questionnaire.

Results. The degree of physical pain in patients with complicated course of acute cerebrovascular accident according by hemitype before the start of orthopedic treatment was 27.7 points, and on the 30th day after prosthetics with partial removable plate prostheses, this indicator improved to the level of 15.07 points.

When comparing this indicator with the group of patients without somatic pathology, this indicator was 23.92 points before treatment and decreased to 12.04 points 30 days after the application of the orthopedic structure.

The level of physical pain significantly decreased in both groups, but in patients with complicated course of acute cerebrovascular accident according by hemitype, it was 3.03 points worse when comparing the value with the comparison group.

Conclusions. Complete replacement of dentition defects reduces the degree of physical pain when chewing, but the presence of a serious general somatic pathology significantly affects this indicator, which is confirmed by the research data.