

one-digit. So, caries is wider-spread in patients suffering from diabetes mellitus. Also *C. albicans* is in bigger percentage (80%) in parodontal pockets at diabetes than in healthy people (15%). *Streptococcus mutans* needs in dextrans for its adhesion. These chemicals are found in parodontal pockets in big amounts at diabetes mellitus. Lactate acidosis development is a big catastrophe at diabetes mellitus. Lactobacills represent less than 1% of microflora under physiological conditions (together with flagellates and streptococci). But Lactobacills number is increased at diabetes mellitus (sometimes even up to 10-20%).

Ulcer disease is accompanied by covering enforcement. It covers all tongue back localizing mainly in its posterior parts. This covering formation usually is not accompanied by subjective symptoms in the patients. Microbes of this covering are present in bigger amount in parodontal pockets.

Liver participates in all metabolisms in organism in part in carbohydrate one. All liver pathology (including cirrhosis) is accompanied by carbohydrates insufficient digestion. Carbohydrates are accumulated in oral cavity and in part in parodontal pockets thus making alimentary environment for microorganisms. So, there is also distinct link and occurrence percentage correlation between hepatic cirrhosis and tooth decay appearance.

### **TO THE QUESTION TO APHTHS STUDY: SOME PATHOGENETICAL DATA**

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Recidivating aphthosal stomatitis represents one of the most widely-spread diseases on oral mucosa. Different data testify that its distribution is fluctuated from 10 to 40% in different-aged populational groups. The latest 10 years are characterized by expressed tendency to increasing the patients with aphths recidivating form moreover with its hard form.

The investigators biggest amount tell about immune system leading role in this disease development. Nowadays people are tended to have immunodeficiency: because of informational and other stress (especially the chronic one), ecological problems, non-proper feeding, hypokinesia, climate conditions changing, dyschronoses and so on. Non-specific protective mechanism are disordered even in bigger extent and more often than the specific ones. It is more difficult to assess non-specific protective ways work than the specific ones. This disease is developed at chronic tonsillitis, pharyngitis, alimentary tract diseases et al.

Our work aim was to assess specific and non-specific immunological mechanisms role in aphths development. We performed our investigations on the base of immunological laboratory of Poltava immunological center. The investigation object comprised 15 sick people with acute and chronic aphths. We assessed lymphocytes total amount, T-helpers and T-suppressors, B-lymphocytes, serum Ig G and Ig M levels. We took into account the patients anamnesis data: acute and chronic stress, dyschronoses, life style and harmful habits.

The results showed the following. T-lymphocytes total level, T-helpers level was reduced while T-suppressors and B-lymphocytes level was rised up. Immunoglobulin G content was increased while M level was decreased. All these changings were in great correlation with the patients life style.

Thus, aphths prevention must include avoiding the stress conditions (as much as possible), psychological relaxation, optimal regimen of work and rest (for instance,

mental and physical activity alternation), fasting avoiding (it is unfortunately especially actual among modern girls and young women), vitamins and proteins consumption in enough dosage (people must know that vitamins are absorbed worth from artificial medicines than from natural goods and that carbohydrates can decrease vitamins absorption at alimentary tract). Also life style correction and psychological help must be involved at therapy course to such patients.

## TO THE QUESTION ABOUT DIFFERENT PHYSIOLOGICAL AND PATHOLOGICAL STATES INFLUENCE ON GINGIVITIS COURSE

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Insufficient feeding represents bigger danger to dental pathology occurrence than the excessive one. It deals with the fact that it is hard to treat or to prevent the disease in the first case. We will give several examples. Coenzyme Q that can be formed endogenously in an organism and is present in many goods can decrease temperature of inflamed gums and facilitate their repair. Its level decreasing serves as powerful pathogenetical mechanism for parodont diseases occurrence because it represents strong antioxidative effect. Also this chemical plays important role in injured gums pockets for infectioning decrease. Vitamin C helps to support our gums healthy. In part it prevents their bleeding and is considered to be significant anti-gingivitis nutrient. Also vitamin V is recommended for parodont diseases curation. Smoking can provoke or harden vitamin C deficiency. Besides its antioxidative features, vitamin C encourages gingival tissues integrity because of gums tissues strengthening (in part, due to participation in collagen biosynthesis). Cranberries prevent microbial penetration into urinary, alimentary organs as well as to teeth and gums. Calcium and silicon help to support our teeth and jaw bones strong. Folic acid is also gums effective protector – it decreases their inflammation and tendency to bleeding. Vitamin E can repair injured mucosae and works together with vitamin A.

Insulin-independent diabetes mellitus increases risk of acquired gingivitis: gums suffer in 3 times more frequently in the sick than in the healthy. Vessels are thickened at diabetes mellitus. It disturbs nutrients inflow and metabolism products outflow from the tissues and in turn leads to increased gingivitis risk. Carbohydrates are accumulated in plaques and serve as feeding environment for bacteria. Aphths and dryedness in oral cavity are represent also big problem in the sick with diabetes mellitus.

Periodontitis can increase probability to have heart disease. ¼ of the sick with gingivitis undergoes to heart pathology. 91% of people suffering from cardiovascular pathology also possess different-degreed periodontal pathology.

Disorders in oral cavity represent the earliest clinical manifestations in oral cavity. 70% HIV-infected have oral cavity HIV injuries. Gingivitis occurs in 5-10% of HIV-infected. HIV-dependent gingivitis has its distinguishing feature – red marginal limb on gums – so-called gingival erythema. HIV-periodontitis can lead to constant loosening of soft tissues and bones.

50-75% of future mothers are sick with gingivitis during pregnancy.