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конференції з міжнародною участю
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«Полтавські дні громадського здоров'я»: VII Всеукраїнська науково-практична конференція з міжнародною участю. (2023; Полтава).

Матеріали VII Всеукраїнської науково-практичної конференції з міжнародною участю «Полтавські дні громадського здоров'я», 26 травня 2023 року. [Текст] / ПДМУ; [ред.кол.: В. М. Ждан, В. П., Лисак, І. А., Голованова та ін.]. – Полтава, 2023. – 133 с.

Матеріали Всеукраїнської науково-практичної конференції з міжнародною участю «Полтавські дні громадського здоров'я» містять в собі наукові праці з питань організаційних, правових, клінічних аспектів діяльності системи громадського здоров'я та системи охорони здоров'я в Україні в мирний час та під час військового стану, роботі фахівців різних спеціальностей, питанням покращення організації системи громадського здоров'я та галузі охорони здоров'я та оптимізації роботи лікувальних закладів у період реформування

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never-ending war in Ukraine as well as loss of everything back home are the main factors, which are the major contributors of decline in overall health.

The division of the German Red Cross in Bonn, in addition to ordinary refugees from Ukraine, accepts a contingent of people under the medical evacuation program, including Ukrainian soldiers after being wounded. The most common reason for seeking medical help was high blood pressure (arterial crisis). In some cases, especially in people over 65 years of age, there was a need for urgent inpatient treatment.

Conclusion.

Arterial hypertension in Ukrainian refugees is one of the pathologies that requires significant potential financial, human and logistical costs for the healthcare system of the receiving countries.

Evaluating the disease burdens experienced by the displaced individuals is crucial for informing global public health efforts and providing humanitarian aid.

Key words: Ukrainian refugees, war, arterial hypertension, impacts on receiving countries:

DENTAL SPLINTING AS AN IMPORTANT PART OF COMPLEX TREATMENT OF PERIODONTAL PATHOLOGY

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Actuality. The treatment of periodontal diseases is considered to be the complex one, and to contain not only the therapeutic and surgical methods of treatment but also the various types of splinting of mobile teeth of the patient suffering from the periodontal pathology.

Aim of research. We have compared the results of splinting of the mobile front teeth of maxilla with the help of Interlig system and made by cable-stayed splinting in the patients who complained with mobility of the upper front teeth in one year, in two years, and in three years after the prosthodontic treatment.

Materials and methods of research. The research was carried out on 16 patients, and they were 27 – 36 years old. The patients' diagnosis was the chronic local periodontitis, the 1st degree. In the first group the splinting of mobile upper front teeth was fulfilled in 8 patients with the help of Interlig by indirect method. In the second group of the patients containing 16 persons having the mobility of their teeth in one and the same area as the patients of the first group had we made splinting by means of single strand thread having the reinforcing effect. In the first group we fixed mobile teeth in the desired position using the composite material in the contact points on the lateral dental surfaces. Then we obtained the impressions by Alginate impression material e.g. Ypeen, and we poured the patients' master casts with the help of super Plaster of Paris. After that we studied all the master casts in the dental surveyor in order to paint the borders of the future dental splint. We put a thin layer of translucent hybrid composite resin on the master cast in the area of the dental contact points, and moistened Interlig by unfilled binder adhesive. Then we placed the splinting material into necessary dental areas of the patient's master cast, and we pressed it through the composite layer to touch the mobile teeth tightly. After that we eliminated the excess of composite material, and cured the splint step by step in both sides. Later we put the layer of composite resin moderately filled on the splint, and we made modeling of the future splint making its surface even and smooth. Then we eliminated the excess of the composite from the lateral dental surfaces, and made curing of the smooth layer. Later a dental technician made the complete, and total curing of the splint in the dental oven (10 min, +120). After curing we replaced the splint from the master cast, and made the dental splint's finishing. Then we put a primer and a thin layer of the filled hybrid semi-translucent composite material, and put the splint curing it during it layer by layer. In the second group of patients we used the special aramid thread in order to fix the mobile upper teeth of the front area together. Firstly, we prepared the necessary teeth in such a way that we made the special horizontal grooves on the palatal as well as labial surfaces of the teeth by a bur, and those grooves reached along the whole dental surfaces to contain the stretched aramid thread in order to

support and to fix mobile teeth. The splinting thread should cover each tooth in the patient's dentition alternatively from the palatal and from the labial side. The threads intersect in the interdental areas, and they form the figure of eight. With the help of gripping and twisting the free ends, a sufficient thread tension was maintained. Then we etched the interdental areas involving the nodes by acid, and then we treated the areas with an adhesive, and filled them by a composite material of a fluid consistency, and we cut off the ends of the threads. Then we filled the grooves, and made masking the aramid threads with the help of composite cement. Later we made finishing of the dental splint.

Results of research and their discussion. Our studies found that gum disease due to poor oral hygiene was observed in 3 patients who worn splints made by Interlig during one year, and in one patient who used the cable-stayed splinting during the same period of time. Two years later we observed gingivitis in 1 patient who used Interlig, and in 1 patient who worn the cable-stayed splint. Three years later the gum's inflammation appeared in 3 patients who used the dental splint made by Interlig, and in 4 patients who used the cable-stayed splint. We did not observe any breakage or peeling of the splinting structures in the both groups of patients, and in any observation periods.

Conclusions. The above results allow us to conclude about the optimal choice of Interlig system as well as cable-stayed dental splint for a long-term temporary mobile teeth splinting in the complex treatment of the chronic localized periodontitis of the first degree.