

ное пломбирование зуба и через 2 недели окончательная реставрация зуба.

3. Пациент К., 1971 г.р. Жалобы на грязно-серый цвет зуба 22.

Зуб ранее лечен по поводу осложнённого кариеса. На рентгенограмме – корневой канал запломбирован на 2/3, неравномерно, в области верхушки корня – кистогранулёма

В первое посещение снята пломба, распломбирован коревой канал, механическая и медикаментозная обработка. В канале был оставлен препарат кальция под временную пломбу на 10 дней. После чего кальций был извлечён из каналов и произведено окончательное пломбирование корневого канала методом латеральной конденсации по вышеописанной методике. Через сутки проведено внутренне отбеливание, этапы которого были повторены дважды до достижения желаемого результата. Через 2 недели окончательная реставрация. Пациенту было рекомендовано обратиться к хирургу-стоматологу для проведения резекции верхушки корня.

В заключение хочу отметить, что данный вид эндоотбеливания зубов может быть использован как альтернативный метод восстановления эстетики зубов, без использования дорогостоящих металлокерамических коронок, виниров и т.п., как более доступный и менее затратный для пациента.

## PREVALENCE AND DIAGNOSTICS ASPECTS OF AKANTOLYTIC PEMPHIGUS IN DENTIST`S PRACTICE

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The level of illness of acantolytic pemphigus is about 1 % in dermatology pathology`s structure.

Relevance and importance of future study of this pathology`s problem is dictated by the hard spreadness of this illness, high people`s disability, mortality, unexpected exacerbations, noncompetence of diagnostics and treatment, and presence of hard complications and side effects from traditional immunosuppressive therapy.

**The goal of investigation** is studying of spreadness and clinic-morphologic forms of pemphigus structure among the population of Poltava region and aspects of cytological diagnostics on the early stages of diseases.

**Objects and methods** of investigation: analysis of medical carts of patients with acantolytic pemphigus, which had treatment on base of regional

dermatologic-venerologic dyspancery and person which came to department of therapeutic stomatology without diagnose are made. Patients had general clinical examination and cytology investigation.

**Results of investigations.** During 2011-12 diagnos pemphigus was put in 19 cases (14-woman and 4 man). 12 cases of pemphigus vulgaris, 3 vegetative, 4 seborej forms were put. In man mostly common present seborej form.

In general structure of pemphigus vulgaris clinic-morphological form is the most common.

There is a trend of this disease to become younger (the average age is 54). Mostly women.

6 women had primary lesion which localized in oral cavity. Patients told about acute start – with appearance of noninflammatory bulls on mucous membrane of chinks, lower lip, soft palate and gums – desquamative gingivitis.

Specific features of bulls lesions are the appearance on visibly non-changed mucous membrane oral cavity and skin, round shape.

Firstly bulls had light liquid, which became yellow after 2-3 days, and then becomes muddy. First hours after bulls appear they become tensed and after that sluggish. After some time they ruptures and appearance erosive surface with fragments of upper layers of the epithelium – positive symptom of Nikolskiy. Typical bulls in oral cavity were not present in all causes. Mechanism of appearance erosions on oral mucosa may be next – in area of lesion epithelium becomes cloudy and easily peeled. In central part appear erosion which extend to the periphery.

Erosions of sttagnant-red color clear or covered with layers of fibrous, a little painful. Attaching of anaerobic microflora leads to the putrid smell.

In our time “gold standart” in diagnosis of pemphigus become imunogistochemical methods, but they are unfortunately not available in Ukraine for wide number of patients because they are expensive. That`s why in our time the basical methods of diagnostic is the dates of objective examinations.

In diagnosis are the main symptoms of Nikolskiy and Asbo-Hansen. The symptoms of Nikolskiy are determined by friction finger intact skin in the area near the area affected by the delay and tweezers for scraps of bladder resulting in a marginal epithelium detachment. Symptom of Asbo-Hansen occurs when the pressure of a finger of a mirror coating on top of the bubble, with its area increases along the periphery by the pressure of the contents of the bubble.

Despite the fact that the symptoms described in the literature both specific rely on them not to be. Asbo-Hansen symptom may occur in non autoimmune diseases. For example in patients with contact dermatitis. Symptom of Nikolskiy is positive in patients with another diseases which have acantolysis – Layel Syndrom and epidemic pemphigus.

In laboratories of Poltava used smear-reprinting methods for identify of acantholytic cells.

All patients on stage of diagnostic has cytological investigations of materials from area of lesion.

Further material was treated according to the manufacturing steps of cytological preparation.

Acantholytic cells are altered cells of prick-cells layer of the epidermis, which are formed as a result of degeneration and acantholysis that are distinctive from normal cells of this layer morphological and tinctorial features.

Morphological features of acantholytic cells are round or oval shape, size a smaller that in normal epithelial cells. This cells characterized of basophilic nucleus and cytoplasm, presence in nucleus of 2-3 big nucleolus and light-blue perinuclear area. Cytoplasm is unevenly painted. Along the periphery of the cell – thickening of color in the form of the intense blue of the rim – a zone of concentration of the dye. Our research shows that the acantholytic cells can form cells symplast that contain multiple cores.

Methods of determining the acantholytic cells is relatively simple and minimally invasive, but not reliable. Since the primary stage at diagnosis and remission phase of the disease to determine the acantholytic cells are very difficult.

Cytogramm of 40% patients on first stage of primary diagnosis don't have Tsank's cells.

**Conclusions.** In our opinion the benchmark in this situation would be that the phenomenon of acantholysis, degenerative changes plasmolemma and vacuolization of the cytoplasm of epithelial cells, which are an intermediate stage of degenerative changes in the formation of Tsank's cells.

In particularly difficult clinical situations, recommend dynamic of three cytological observation and highly specific methods of using lektinogistochemistry.

## РЕГЕНАРАТИВНОЕ ЗНАЧЕНИЕ КООРДИНАТИВНЫХ СОЕДИНЕНИЙ ЦИНКА И ВАНАДИЯ ПРИ ХРОНИЧЕСКОМ ПАРОДОНТИТЕ И ДЕНТАЛЬНОЙ ИМПЛАНТАЦИИ

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В опытах на белых крысах (280 животных) и впоследствии в ряде клинических исследований (57 пациентов) была доказана остеорегенерирующее влияние координативных соединений цинка и ванадия, в особенности аддуктатрифторацеттата цинка с  $\gamma$ -пиколином с общей формулой  $Zn(CF_3CO_2)_2(\gamma Pic)_2$ .