

aesthetic appearance. Percussion of teeth, reaction to cold was painless. In the comparison group at 6 and 12 months, a high strength of the material and an anticaries effect were also observed [4].

Conclusion: Thus, the conducted study showed that the use of the material "Ketac Molar Easymix" (3M, ESPE) in childhood is not expensive and due to its properties has good long-term results, it is recommended for wide clinical practice. The use of "Ketac Molar Easymix" (3M, ESPE) glass-ionomer for sealing temporary and permanent teeth in children can significantly reduce the cost of treatment while maintaining the quality of the seals at the level of the best imported analogues, which is especially important in modern socio-economic conditions.

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ANALYSIS OF THE EFFECTIVENESS OF IMMUNOMODULATING ANTISEPTICS "MIRAMISTIN" IN COMPLEX TREATMENT OF PERIODONTAL DISEASES

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Relevance: Currently, it has been proven that the microbial factor plays an important role in the development of periodontal diseases. It is obvious that the mechanical removal of plaque is not enough to control its re-deposition and the manifestation of pathogenic properties. It is necessary to direct the formation of plaque with the maintenance of normal microbial composition by stimulating the natural protective systems of the oral cavity and suppressing the vital activity of pathogenic bacteria with the help of drugs [1,2].

Among the means of antimicrobial action used in dental practice, includes a broad spectrum antiseptic "Miramistin" ("Darnitsa", Ukraine).

Objective: To analyze the effectiveness of the use of immunomodulatory antiseptic "Miramistin" ("Darnitsa", Ukraine) in the complex treatment of periodontal disease.

Materials and methods: From among those who applied for dental care at the USC KNMU, 31 people were selected, the average age was 41.8 (18 women, 13 men) with a diagnosis of chronic generalized periodontitis (CGP) primary, 1, 2 severity degree without concomitant pathology. The diagnosis of CGP was established according to the classification of periodontal tissue diseases (Danilevsky, 1994). Treatment of HP was performed according to an individual plan, in which all patients included rational oral hygiene, antiseptic treatment of periodontal tissues, removal of mineralized and non-mineralized dental deposits, elimination of local irritants and premature contacts. According to indications, depulping of teeth, closed curettage of periodontal pockets, removal of defective teeth, selective grinding and splinting of mobile teeth and finger massage were performed [5].

The treatment plan of the patient was made individually depending on the severity of periodontitis. For the local anti-inflammatory therapy, the drug Miramistin ("Darnitsa", Ukraine) was used.

In order to relieve inflammatory manifestations in periodontal tissues, achieve immunomodulating and membrane-stabilizing effect, improve reparative regeneration and gum barrier function, increase the effectiveness of treatment, increase periods of remission, as well as avoid additional allergization, 0,5% ointment Miramistin was used in all patients ("Darnitsa", Ukraine) [3, 4]. Miramistin was applied to the near-toothed tissues under individual caps. Manipulations were performed daily. The number of sessions depended on the severity and effectiveness of the treatment of CGP and ranged from 7 to 13 procedures.

Results: The evaluation of the effectiveness of the treatment was carried out after 1 and 3 months. Patient complaints were absent in 65% of cases. It was noted the absence of pain in the gums in 70%. Gingival bleeding was absent in 30% of patients. Indicators GI, PMA, SBI were lower than the primary survey in 65%. In other cases, the gum is pale pink in color, tight to the dental tissues.

Conclusions: The conducted clinical studies have shown that complex treatment of chronic generalized periodontitis with the use of immunomodulating antiseptic "Miramistin" ("Darnitsa", Ukraine) provides more stable remission and prolongs its terms.

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ДО ПИТАННЯ ДІАГНОСТИКИ УСКЛАДНЕНЬ ХРОНІЧНОГО ГРАНУЛЮЮЧОГО ПЕРІОДОНТИТУ

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Одним з ускладнень хронічного гранулюючого періодонтиту є підшкірна гранульома. Вона виникає при розповсюдженні хронічного гранулюючого осередку під окістя та в м'які тканини, що оточують щелепи – під слизову оболонку і підшкірну клітковину. Хоча більш звичним для лікаря-стоматолога при діагностиці хронічного гранулюючого періодонтиту є розміщення устя нориці на яснах в ділянці проекції верхівки причинного зубу.