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THE EGYPTIAN, IRANIAN, IRAQI AND UKRAINIAN STUDENTS OCCLUSION DEPENDENCE ON DOMINANT EXTREMITY AND GENDER

There were received data about teeth peculiarities in different ethnic groups in part in Greece, Nigeria [23, 604–607], Kuwait [12, 390–395], metises is Mexico, white-skinned Americans [24, 418–425], in Brasilia, in Georgian population [13, 22–28], Iraq [5, 142–148; 22, 152–156; 8, 218–228; 10, 130–136; 6, 105–109; 2, 114–119; 11, 251–259], in Kurdish population [21, 51–59; 25, 173–178], in Iran [14, 477–484; 18, 58–62; 19, 309–315]. Some works are dedicated to differences between norm and pathology of occlusion in part in Iraq [9, 1–15].

As we can see teeth differences in different countries is described in connection with human typological aspects.

New assessment methods are in the dentists' attention focus in part in Iraq [1, 108–113; 4, 164–168; 7, 114–118; 27, 35–38]. There exists a work about archeological study of malocclusions in Ancient Sudan and Egypt by the Americans [26, 292–300]. Malocclusions are generally less common among African and Arab children than Europeans. This difference may be due to racial as well as external and environmental factors. Angle CI. III malocclusion is, however, more common among African and Arab children than in Europeans, whereas the opposite is found for Angle CI. II malocclusions. Space conditions are better in African and Arab than in European populations. In the 12-year old Sudanese children the majority of the children had Angle CI. I (normal andmalocclusion), followed by CI. II and CI. III malocclusion. Sagittal, vertical and transversal occlusal anomalies were not common [3, 87–93].

Egyptian, Greek and Swiss scientists studied stability and relapse after orthodontic treatment of deep bite [15, 522–530]. Deep bite components among which a decreased gonial angle was the most contributive could help clinicians design indi-

vidualized mechanotherapies based on underlying cause, rather than being biased toward predetermined mechanics when treating patients with a deep bite malocclusion [16, 473–480].

Ethno-gender-age typological aspect concerns bites as well. The jumper twin block appliance with gradual bite advancement was effective in treatment of developing Class II division 1 malocclusion [20, 51–56].

We met a study the aim of which was to investigate malocclusion prevalence in the primary and early mixed dentition in 35 3–7-year-old girls and boys with complete unilateral cleft lip and palate thus reflecting bites and right-left asymmetry [17, 479–484].

According to our results received the real dexters had only orthognathic and prognathic occlusions. Orthogenic occlusion was dominant in the real sinisters. The hidden sinisters did not have any physiological occlusion types but had biprognathic and deep occlusion in the equal correlation. The unreal sinisters had orthognathic, prognathic and biprognathic occlusions. The ambidexters did not have occlusion physiological types but had a practically equal distribution in opisthognathic and crossing occlusion. Orthognathic occlusion was dominant in the Egyptian, Iranian and Iraqi students while deep occlusion – in the Ukrainian ones. Deep and orthognathic occlusion were dominant in the guys and the progenic one was absent in them. Biprognathic occlusion was insignificantly dominant in the girls while the orthognathic and the deep ones were absent in them.

Thus, such important human typological aspects as interhemispherical asymmetry individual profile and gender influence on physiological and pathological occlusion distribution in Egyptian and Ukrainian students of Higher State Educational establishment of Ukraine «Ukrainian medical stomatological academy».

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HUMAN TYPOLOGICAL ASPECTS AND MAXILLARY-FACIAL AREA ASYMMETRY CONNECTIONS TO MANDIBULAR FRACTURES IN HSEEU «UMSA» UKRAINIAN STUDENTS

Asymmetry is maxillary-facial region feature which is expressed both under physiological and pathological conditions. Some literary data of Turkish dentists [3, 248–254; 8, 188–194] show higher level (approximately in 2 times and the difference is statistically significant) of traumatized permanent incisors among left-handers (13–17-year-old adolescents) than among right-handers. Left-handers had significantly higher risk on dental trauma. Unilateral clefts affinity has been confirmed for the left side, the proportion of left-sided clefts among left-handers are higher than that among right-handers. Another scientific work [5, 297–303] demonstrates handedness influence on ethmoid roof height. The incidence of persons who had a lower ethmoid roof on the right side was significantly greater among right-handers than among left-handers; the incidence of people who had a lower ethmoid roof on the left side was significantly greater among left-handers than among right-handers; and right and left ethmoid roofs were equal in all ambidextrous subjects. It is considered that for the total group and right-handed toothbrushers, buccal plaque and gingivitis was significantly increased on right contralateral teeth. At the same time, no specific pattern for plaque and gingivitis distribution by side was seen for left-handed toothbrushers [13, 23–28]. Data about decay injuries asymmetry have special importance for dentists. Different teeth injury rate is non-equal: maxilla teeth are injured more often with caries than mandible teeth. Incisives and canines are injured significantly more seldom than premolars and molars. It is interesting that maxilla and mandible teeth injury on the right and on the left are symmetrical and