

**Tkachenko E. V.**

Candidate of Medical Sciences, Assistant

**Khalafalla Ahmed**

Student

*Ukrainian Medical Stomatological Academy  
Poltava, Ukraine*

## **LEADING EXTREMITY INFLUENCE ON MANDIBULAR FRACTURES DISTRIBUTION IN HSEEU «UMSA» UKRAINIAN STUDENTS**

Ethnic aspect is described together with superior-inferior asymmetry in part in the work about pharyngeal airways usage at different orthognathic procedures [3, p. 110–118], constructs for mandibular vascularization [14, p. 1028–1032], pH influence on composite materials [21, p. 9–13], overdenture retaining by symphyseal single implant [15, p. 4–8]. Also there exists an evaluation of the accuracy of computer-guided mandibular fracture reduction [7, p. 1587–1591]. Chewing efficiency and electromyographic activity of masseter muscle with three designs of implant-supported mandibular overdentures was assessed and compared by Egyptian dentists in Mansoura university [12, p. 742–748]. We met two works about comparison between three-dimensional and standard miniplates in the mandibular angle fractures management [6, p. 316–321; 4, p. 708–716]. On the contrary, one work is dedicated to one miniplate comparison with two in the fixation of isolated fractures of the mandibular angle [2, p. 690–698].

Ethnic aspect is described also with right-left asymmetry of maxillary-facial area as a whole and oral cavity asymmetry in part. Egyptian dentists performed management of bilateral ankylosis [10, p. 96–103], condyles replacement with costochondral grafts at temporomandibular joint unilateral and bilateral ankylosis [17, p. 118–122], unilateral temporomandibular ankylosis [9, p. 109–115].

The bilateral sagittal split osteotomy, one of the main orthognathic surgery procedures used for managing skeletal mandibular excess, deficiency or asymmetry as well as for good recovery of the maximal incisival opening is paid attention in Egypt [1, p. 195–203]. Although vertical and antero-posterior positions of condyle are assessed also together with the medio-lateral one that is why three asymmetries are evaluated in this work. Methods for unilateral man-

dibular angle fractures postoperative complications minimization are also in the focus of the Egyptian dentists [5, p. 2197–2211].

Asymmetry is described often in ethnic-gender typological aspect. According to the work [16, p. 5–8] of Egyptian and Saudi dentists the implant retained overdenture with the median lingualized occlusal scheme may be recognized as being acceptable according to the general implant success rates and criteria in males. We met a work about marginal bone loss adjacent to conventional and immediate loaded two implants supporting a ball-retained mandibular overdenture in men and women [13, p. 496–503].

Asymmetry is also described in a complex of ethno-age typological aspect. We met a work about marginal bone resorption at mandible implanting in 59,6-year-old edentulous patients [11, p. 608–618]. There is an investigation touching bimaxillary surgery of longstanding unilateral temporomandibular joint ankylosis (appearing in childhood) in the adults and in children [8, p. 12–18].

Asymmetry can be reflected together with ethno-gender-age aspect. Egyptian and Saudi dentists proposed simultaneous maxillary-mandibular distraction osteogenesis in 18-year-old men and women to correct facial asymmetry in patients with hemifacial microsomia and those with facial deformity after temporomandibular joint ankylosis [20, p. 471–477; 19, p. 471–477]. Egyptian dentists performed intraoral distraction osteogenesis for the correction of facial deformities following temporomandibular joint ankylosis in men and women aged 14–35 (mean 19) [18, p. 399–406].

Our examination object was 21 student from UMSA dental faculty with mandibular angular fracture hospitalizing in Poltava Regional Hospital.

As the results demonstrated right-handers had right-sided mandibular fractures, left-handers – left-handed while ambidexters – on the middle line.

Our results suggested that dominant extremity influences on pathologic process side in the dental patients in part with mandibular angular fractures.

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