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### **NATIONALITY AND HANDEDNESS INFLUENCE ON THE IRANIAN AND EGYPTIAN STUDENTS OCCLUSION TYPE**

Interest to handedness study in Iran can be demonstrated by the work the results of which shows that most left-handed undergraduate students started counting fingers with their left hands the right-handed ones – with their right hands [25, 47-56]. Tehranian neurologists research showed valuable difference absence in right hemispheric language dominance in left-handed 22-29-year-old men and women by transcranial Doppler ultrasonography [32, 637-642]. Tehranian scientists found an association between lateral dominance, birth season and gender [7, 90-92], determined that the transfer strength between left hand to right is bigger than in opposite direction while no valuable differences are in velocity in 10-11-year-old school children [2, 266-277]. EEG of left-handed children suffering from Dawn syndrome under resting state and while listening to a story were different between each other and comparatively to the healthy children the same state EEG waves according to the results of the scientists from Mashhad [14, 135-152]. Handedness in children affects on lateralization of emotional processing, and patterns of emotional processing lateralization are different in left- and right-handed individuals [26, 23-34], comparing right-handed and left-handed cases in both sex groups did not show any significant difference in school readiness assessment in Qazvin in Iran [21, 77-82]. There is a work about handedness and gender effect on auditory attention in young adults of 18 and 30 years [13, 1-10] showing no gender effect on the results with described possibility to change brain laterality while transcranial magnetic stimulation using [10, 70-76]. The boys and the left-handed have a weaker performance compared to the girls and the right-handed; the variants of gender and handedness, however, do not have mutual action on affecting cognitive flexibility [11, 83-89].

Iranian dentists studied occlusions much. For instance, they compared tooth size discrepancy in Class II malocclusion patients with normal occlusion and found no gender differences [24, 151-155], determined mandibular third molar positions in various vertical skeletal malocclusions with finding significant correlation between the retromolar space and various vertical skeletal malocclusions in girls and boys

[8, 58-62], means to help in malocclusions proper diagnosis and treatment [18, 183-188; 27, 9-15], studied dentoalveolar malocclusions prevalence at temporomandibular disorders in Ahvaz, temporomandibular disorders bigger distribution in women, mainly in the 20-30-year-old [19, 100-107], skeletal and dentoalveolar features in patients with deep overbite [9, 629-638], proposed a novel approach in treatment of open bite in 12-year-old boy at slight Class II occlusion type [30, 29-32], R-appliance in boys and girls at Class II division I malocclusions [16, 354-358; 28, 17-22; 31, 634-638], only in girls [17, 11-14], treated malocclusions Class III in the 10-year-old boy [29, 69-73], proposed tongue appliance on the maxilla in Class III malocclusion [15, 11-14]. As it has been demonstrated in Shiraz maxillary second molars erupt earlier in maxillary Class II malocclusion patients, and the mandibular second molars erupt later in mandibular Class II malocclusion compared to other malocclusions in 10-year-old boys and girls [20, 263-270].

We did not meet the works about left-handers study in Egypt but found the ones about malocclusions: mini-implants for Class II correction in 10-12-year-old patients [5, 213-225], relationship between dental crowding, skeletal base length, and dentofacial measurements [22, 281-287], prevalence and distribution of dental anomalies in orthodontic patients (with practically equal distribution in men and women) [23, 52-59], stability and relapse after orthodontic treatment of deep bites [4, 522-530], deep overbite malocclusion underlying components analysis [6, 473-480], Class II Division 1 malocclusion treatment in 9-11-year-old girls with Jumper Twin Block [12, 51-56], chin cup application at Class III malocclusions in growing men and women [1, 957-962]. Egyptians possess narrower arc forms, with less distributed square arcs than the North Americans whites at malocclusions of the Ist-IIIrd Classes [3, 245-252].

As for our results orthognathic occlusion was dominant in the Iranian and Egyptian students. 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.

Our work proved again necessity of theory and practice interconnection.

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### **КОМОРБІДНІ ПОЗАПЕЧІНКОВІ УРАЖЕННЯ ІНШИХ ОРГАНІВ ТА СИСТЕМ У ХВОРИХ НА ЦИРОЗ ПЕЧІНКИ: ХАРАКТЕРИСТИКА; РЕЗУЛЬТАТИ ВИОКРЕМЛЕННЯ З-ПОМІЖ НИХ СИНТРОПІЧНИХ ТА ЗАЛЕЖНОСТІ ЇХ ЧАСТОТИ ВІД СТУПЕНЯ ТЯЖКОСТІ ПОРТАЛЬНОЇ ГІПЕРТЕНЗІЇ**

Актуальність. Цироз печінки (ЦП) – хронічне дифузне прогресуюче захворювання печінки, яке проявляється структурною перебудовою її паренхіми у вигляді вузликів трансформації і фіброзу, внаслідок некрозу гепатоцитів, появою шунтів між портальною і центральними венами в обхід гепатоцитів з виникненням печінкової недостатності та портальної гіпертензії (ПГ) [2, 45–51], ключового патогенетичного чинника виникнення та наростання тяжкості коморбідних синтропічних уражень, які у більшості випадків стають причиною смерті хворого [1, 73–77, 5, 208–220]. Тому, актуальним є вивчення не лише ЦП з провідним синдромом ПГ та низки його синтропічних коморбідних уражень інших органів та систем, а й залежності їх частоти від ступеня тяжкості ПГ, що дозволить у лікувальний комплекс ввести етіотропні та/або патогенетично обґрунтовані засоби для лікування ступеня ПГ, а також попередити його наростання тяжкості, яке до сьогоднішнього дня залишається не вивченим.

Мета роботи. Встановити характер і частоту позапечінкових коморбідних уражень органів та систем у хворих на цироз печінки, виокремити з поміж них си-