

lack of time; 2,8% (4 persons) refuse dental preventive and treatment measures and explain this as a fear of dental procedures; 7% (10 people) can not afford quality dental care; 0,7% (1 person) unable to attend dentist because of the lack of such specialists in the region where they live; 22,4% (32 people) visit a dentist once a year; 16% (23 people) regularly have preventive inspection and rehabilitation of oral cavity if necessary at the dentist's at least twice a year.

**Conclusions:** analyzing the methodological literature and research results, we found that the main reason for the growth of the prevalence of dental disease in Ukraine is the refusal of the population of clinical examination. This attitude of people is due to insufficient information provision about the mechanism of dental disease levels increasing and the importance of the scheduled dental help. Quite a large percentage of respondents have a fear of dental procedures. The reason for this phenomenon is stereotyped attitudes to dental equipment, which was formed in the middle of 20th century, when due to insufficient development of the dental industry and anesthetic drugs.

We consider it appropriate to create inform-groups from the number of the students of dental faculties from different medical universities of Ukraine who will inform people about the necessity of dental diseases prevention; to organize routine dental checkups in all educational institutions and at the workplace of ukrainians; to provide medical staff to the areas where is a lack of skilled medical workers. These measures will help to significantly reduce the prevalence of dental diseases among the population which will increase the quality of life and reduce the overall morbidity.

## PARODONTAL DISEASES IN DENTO-MAXILLARY ANOMALIES. ASSESSMENT AND ASPECTS OF THE COMPLEX ORTHODONTIC TREATMENT

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**Introduction:** The emergence of the inflammation and parodontal disease is due to the activity of two complexes: the primary causal complex which includes the dental plaque and the secondary causal complex with its local factors and actions upon the primary causal complex. The dental plaque is the main cause of occurrence of the inflammatory parodontal disease. Local factors with negative influence on parodontal disease are dento-maxillary anomalies, occlusal trauma, form and integration of the labial frenulum, etc. Abnormalities in tooth size, position and shape can cause disorders in gingival architecture, which lead to the development of problem areas with difficulties in self-cleaning and as a result, the progressive accumulation of dental deposits. Also, the dento-maxillary anomalies create overload conditions for the periodontal support, with development of the occlusal trauma and later with an eventual gingival recession.

**The purpose** of the work was to assess the parodontal status in the case of dento-maxillary anomalies and the clinical and paraclinical supervision within a complex orthodontic treatment.

**Materials and methods:** The research involved the examination and treatment of 98 patients with different dento-maxillary anomalies, with an average age of  $13,77 \pm 0,36$  in a range of 8-24 years old. The algorithm for the investigation of patients included exo- and endooral examination, fotostatic test, model biometric study; X-ray examination before and after orthodontic treatment, assessment of the parodontal disease through radiological and endooral clinical examination, by determining the gingival index of Parma, the papillary hemorrhage index of Mühlemann; and assessing of the oral hygiene index (OHI-S).

There were diagnosed parodontal diseases in 77 patients (78, 6%) were diagnosed with dento-maxillary anomalies and 21 patients (21, 4%) were considered parodontally healthy.

The orthodontic treatment was realized using fixed appliances with .022 slot brackets, Straight Wire Technique, Roth prescription, with individual elements for 41 patients (41, 8%) and with removable and functional appliances for 57 patients (58, 2%). The parodontal therapy included topical administration of 0,1% gel BioR, in the first group (of the research), and in the second group (of reference) - parodontal therapy with routine preparations.

**Results:** After a course of active orthodontic treatment the results of the complete healing were different -76,3% for the first group and 66,9% for the patients of the second group. The results varied in dependence of the used orthodontic appliances, 83,1% for the patients with fixed appliances and 62,7% for the patients treated with removable appliances.

**Conclusion:** The complex orthodontic treatment of dento-maxillary anomalies truthfully leads to parodontal healing granting the fixed appliances treatment.

**Key words:** dento-maxillary anomalie, parodontal disease, complex orthodontic treatment.

## REFERENCE INFORMATION ABOUT INFANTILE MELANODONTIE

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**Introduction:** Infantile melanodontie or Beltrami disease represents an alteration of the enamel surface of temporary teeth, which is specific for children beginning with the first 12 months of life. It is manifested by disappearance of enamel, which is dissolved or is detached as slabs. The teeth become fragile and brittle similar with glass and less resistant to damage. It causes practical injuries, aesthetic defect and risk of abscesses. The infantile melanodontie is often confused with nursing bottle caries, which differs by a total destruction of tooth crown and root. At the age of 6 years just a dental "stump" stays, in the form of black blades, which emerge from the gum leaving no orifices. Usually, permanent teeth are not affected, but it could present signs of enamel dysplasia.

**Materials and Methods:** A patient who was consulted at the age of 1 year and 4 months is placed under clinical observations. Further clinical explorations allowed the diagnosis of infantile melanodontie. The conservative treatment is hardly achieved and includes: frequent dental lavage; regular visits to the professional, in order to prevent abscesses: early control and treatment of all injuries, if necessary - the use of antibiotic dressing; attempts to change the oral microflora for obtaining a pH change; vitamin and mineral supplements.

**Results:** The success realized during three years evidence consists of the lack of periapical abscesses.

**Conclusion:** The infantile melanodontie is a major problem of child health with consequences on psychosomatic insertion in society.

**Key-words:** infantile melanodontie, temporary tooth, enamel.