

SECTION 1. CLINICAL MEDICINE: EXPERIENCE AND INNOVATIONS

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PERIODONTAL DISEASE PROGRESSION AND OVARIECTOMY

ПРОГРЕСУВАННЯ ХВОРОБ ПАРОДОНТУ ТА ОВАРІЕКТОМІЯ

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The American Dental Association considers osteoporosis a risk factor for the development of inflammatory periodontal disease [1]. Destruction of alveolar bone and connective tissue in the periodontium is exacerbated by osteoporotic changes in the skeleton as a whole [2, 3]. In modern periodontology, in accordance with the clinical presentation of periodontitis, the main focus is on the discovery and justification of pathogenetic therapy, as well as the differentiated prescription of medications based on the dental status and general medical condition of patients. At the current stage of clinical dentistry development, diagnosis of periodontal diseases does not present any particular difficulties [4]. However, determining the nature of the clinical course, prognosis of disease development, the relationship with the general condition of the patient, and the relationship between changes in the periodontal complex and the skeletal system as a whole requires further analysis [5].

In women who have not received hormone replacement therapy, the relationship between the osteoporotic process in the alveolar bone and the time since ovariectomy has not been fully studied. This information will allow us to establish the role of hypoestrogenemia in the progression of the resorptive process, as well as to form risk groups for the development and course of the inflammatory-destructive process.

To assess periodontal status, 150 women aged 30 to 50 years were examined after total oophorectomy. The duration of surgical menopause was more than 1 year. The study groups included only women who did not

receive hormone replacement therapy. For a detailed study of the periodontal tissue condition, patients in the main group were additionally divided into 3 subgroups, taking into account the duration of artificial menopause. Subgroup 1 included 45 women up to 3 years after total oophorectomy; subgroup 2 consisted of 52 women 3–5 years after surgery; subgroup 3 consisted of 53 women 5 years after surgery.

A clinical examination of patients was conducted according to the standard protocol, including collecting complaints and anamnesis, physical examination, and physical examination data. The condition of the periodontal tissues was assessed using specialized periodontal tests and indices.

It has been established that the progression of the inflammatory and destructive process in the periodontium is directly proportional to the time elapsed since ovariectomy and the age of the patients. Thus, grade I severity was diagnosed in 34% of cases; grade II – in 40% and grade III – in 26% of the subjects. In women after total ovariectomy up to 3 years, grade I severity of generalized periodontitis was predominantly diagnosed (65% of cases), and grade III severity was extremely rare (5% of cases). On the contrary, in women with prolonged artificial menopause for more than 5 years, grade III severity of generalized periodontitis was recorded in 50% of the subjects; grade II – in 38.9% of individuals; grade I – only in 11.1% of the observed subjects.

Thus, if we compare the obtained data on the severity of generalized periodontitis in women after total ovariectomy with the duration of menopause, then severe manifestations of the disease are most often observed in patients with artificial menopause after 5 or more years.

The duration of artificial menopause has a negative impact on the clinical manifestations of generalized periodontitis. The severity of the disease and the progression of the inflammatory and destructive process in the periodontium increase 3 and, especially, 5 or more years after total oophorectomy. This confirms the predominance of patients with grade II–III generalized periodontitis more than 5 years after oophorectomy.

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**CLINICAL AND DIAGNOSTIC SIGNIFICANCE
OF DETERMINING LABORATORY MARKERS
OF COAGULATION HEMOSTASIS IN PREECLAMPSIA**

**КЛІНІКО-ДІАГНОСТИЧНЕ ЗНАЧЕННЯ ВИЗНАЧЕННЯ
ЛАБОРАТОРНИХ МАРКЕРІВ КОАГУЛЯЦІЙНОГО
ГЕМОСТАЗУ ПРИ ПРЕЕКЛАМПСІЇ**

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