остаются достоверно стабильных концентрациях в течение до 7 суток их использования в инструментальных методах испытаний.

Установлено, что оптимальным сроком хранения образцов слюны, предназначенной для испытания биоэлементного состава, составляет в условиях: лабораторного помещения – до 3-х суток; холодильника –до 7-ми суток и морозильной камеры – более 7-ми суток.

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DYSTROPHIC DISEASES OF THE SALIVARY GLANDS

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At the same time, the anatomical and functional identity of the large salivary glands makes it possible to judge the similarity of pathological changes occurring in them and to project the results of studies on the group with reactive dystrophic diseases of the salivary glands as a whole (6,8).

Purpose: **to study biochemical parameters in patients with reactive dystrophic diseases of the salivary glands.**

Materials and methods: Determination of the total concentration of oral fluid glycoproteins was carried out by the method of Romanenko E.G. et al. (2012). The fucose content in oral fluid glycoproteins was determined by the reaction of Dishe and Shettles (Dische Z., 1948). The concentration of hexosamines was determined by the method of Elson and Morgan (Elson L., Morgan W., 1933). The concentration of sialic acid was determined using 2-thiobarbiturate acid (L. Warren, 1959). Determination of the amount of total

protein in the oral fluid was carried out by the method of Lowry O.H. (1951). The results were recalculated per 1 ml of oral fluid volume, taking into account the dilution of samples during hydrolysis.

Results and discussion/Monosaccharides in glycoproteins can be galactose, glucosamine, galactosamine, fucose, sialic acid. These monosaccharides associated with the protein change the biochemical and immunological properties of the protein, its spatial configuration. Sialoglycoproteins determine an increase in the life span of the protein in biological fluids.

Consequently, a high level of sialic acids in the glycoproteins of the oral fluid can be a compensatory device that ensures the viscosity of the oral fluid, which in physiological conditions and especially during physical exertion provides the barrier function of saliva. An increase in the hydrophobicity of the oral fluid associated with an increased content of fucose indicates, on the one hand, the viscosity of saliva in response to physical exertion, on the other hand, the synthesis of hydrophobic gastric mucus.

Conclusion

These violations were of an age-dependent nature. It was found that a chronic dystrophic process was observed in the body of patients, and its manifestations were noted already in the first age group. In patients of the older age group, obviously, due to a long-term violation of the processes of nutrition and digestion caused by pathological changes, metabolic disorders were more pronounced than in patients of the younger group. At the same time, the mechanism responsible for the formation of the structure of the organic components of the connective tissue matrix was disrupted to a greater extent in the latter, which was manifested to varying degrees by the disorganization of the collagen and non-fibrillar structures of the matrix included in it.

The study of laboratory parameters can be used to evaluate the effectiveness of treatment of patients with reactive-destructive diseases of the salivary glands and to conduct a retrospective analysis.

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