

of patients with boils of the maxillofacial region makes it possible to reduce the duration of their treatment in patients with mild severity of the disease - by an average of 1.5 days, in patients with moderate severity - by 3 day.

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ANALYSIS OF THE MICROBIAL PROFILE IN CHILDREN WITH GINGIVITIS

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It is known that gingivitis is accompanied by inflammation of the gum mucosa, which becomes easily vulnerable and bleeding [1, 2].

With further progression of the disease, teeth mobility and loss occur. Gingivitis is catarrhal, hypertrophic, ulcerative and mixed. Quite often, gingivitis is only a sign of periodontitis or periodontal disease [3-5].

Purpose: characterization of the microbial profile of saliva (MPS) in children with chronic catarrhal gingivitis (CCG).

Material and methods. MPS was studied in 36 children with CCG aged 9 to 18 years. The representative control group consisted of 16 healthy children of the same age who did not have pathology from the dental organs.

To study MPS, the contents of the swabs were thoroughly suspended in test tubes in Schedler's broth, then plated in sectors on general and differential diagnostic nutrient media to isolate and identify aerobic and anaerobic bacteria.

Results: analysis of MPS data showed that in patients with HCG in culture, the total microbial contamination on average was 7.14 ± 0.33 lg CFU / ml (in control 5.84 ± 0.21 lg CFU/ml ($p < 0.001$)), and the overall seeding rate was 100% of cases. In this group, the number of streptococci, in particular *Str. pyogenes*, was 5.92 ± 0.19 lg CFU/ml in 100% of children.

Contents *St. aureus* in saliva was 6.60 ± 0.36 lg CFU/ml (in control - 6.82 ± 0.27 lg CFU/ml), *Str. epidermidis* - 2.25 ± 0.44 lg CFU/ml ($p < 0.01$).

In the control group of 16 children, 12 (80%) had *St. aureus*, in 8 (53.3%) *St. epidermidis*.

In the saliva of healthy children, fungi of the genus *Candida* were sown in 5 children (33.3%) and their number was 1.18 ± 0.30 lg CFU/ml (in patients with CCG 2.7 ± 0.16 lg CFU/ml).

The study of MPS in patients with mild and moderate CCG revealed dysbiotic changes in saliva of varying degrees.

The data showed that in patients with CCG, there is a significant increase in the total microbial contamination in comparison with the data of the control group.

Conclusions: revealed a peculiar spectrum of MPS in children with CCG, namely, a decrease in *Staphylococcus aureus* with a simultaneous increase in total microbial contamination and an increase in the number of *Candida* fungi. The data obtained will constitute a kind of benchmark for the targeted pathogenetic treatment of CCG in children.

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БОТУЛИЧЕСКИЙ АНАТОКСИН В КОМПЛЕКСНОМ ЛЕЧЕНИИ ПАЦИЕНТОВ С МИОФАСЦИАЛЬНЫМ БОЛЕВЫМ СИНДРОМОМ ДИСФУНКЦИИ ВИСОЧНО-НИЖНЕЧЕЛЮСТНОГО СУСТАВА

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Актуальность: Лечение пациентов с синдромом болевой дисфункции височно-нижнечелюстного сустава (ВНЧС) остается одной из наиболее сложных и актуальных проблем современной стоматологии. Болевые феномены в области лица могут быть обусловлены собственно заболеваниями