

CHARACTERISTICS OF THE CHANGE IN THE RHEOLOGICAL PROPERTIES OF BLOOD IN PATIENTS WITH CONCOMITANT INJURIES OF THE BONES OF THE FACIAL SKELETON

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At present, the influence of the rheological properties of blood on the state of microcirculation is generally recognized. It is known that microcirculation disorders can lead to insufficient blood supply, tissue hypoxia and tissue dystrophy. Therefore, we were tasked with studying the rheological properties of blood in patients with concomitant injuries of the bones of the facial skeleton and analyzing them depending on the functional activity of platelets, vascular wall endothelium, and the coagulation link of the hemostasis system. In the occurrence of violations of the rheological properties of blood, an important role belongs to a change in the biophysical properties of erythrocytes - aggregation, deformability, orientation in the flow.

Results. Changes in blood viscosity, noted by us in patients with concomitant injuries of the bones of the facial skeleton before and during the traditional course of treatment. We revealed a statistically significant increase in blood viscosity before treatment in patients with mandibular fractures compared with the control group at all shear rates.

In a statistical analysis of changes in blood viscosity in a group of patients during the course of traditional treatment (compared with the data before the start of treatment), there was no statistically significant increase in blood viscosity on days 35 at all shear rates ($p_2=0.4$ at 20 1/s ; $p_2 = 0.5$ at 100 1 / s; $p_2=0.34$ at 200 1/s) and a significant decrease at the time of discharge of patients ($p_2=0.02$) only at a shear rate of 20 1/s. Complete restoration of blood viscosity at all shear rates in patients with combined injuries of the bones of the facial skeleton does not occur during traditional treatment, as evidenced by the presence of a statistically significant difference in the value of blood viscosity on days 10-12 of treatment and the data of a control group of practically healthy people. In patients with concomitant injuries of the bones of the facial skeleton, before the start of treatment, there was a statistically significant increase ($p_1=0.09$) in the aggregation of erythrocytes and a decrease ($p_1=0.01$) in the deformability of erythrocytes compared with the control group. In the course of the treatment, the erythrocyte aggregation index does not statistically significantly change on days 3-5 ($p_2=0.61$) and on days 10-12 ($p_2=0.059$) in comparison with the data before treatment. At the time of discharge, IAE is equal to 1.29 ± 0.18 conventional units, which is higher than in the control (1.3 ± 0.08 conventional units), but the se data are not reliable ($p_1=0.59$). Thus, the restoration of erythrocyte aggregation to the level of practically healthy people from the control group occurs only by 10-12 days.

The index of deformability of erythrocytes in patients with combined injuries of the bones of the facial skeleton on admission is statistically significantly reduced ($p_1=0.01$) compared with the control and is 1.03 ± 0.02 conv. units. There was no

statistically significant change in the course of treatment on days 3-5 ($p=0.07$) and 10-12 ($p=0.41$) compared with the data at the time of admission. At the time of discharge from the hospital, there was no complete recovery of the IDE, it remained significantly ($p=0.01$) lower than the value of healthy people in the control group (1.09 ± 0.05 conventional units).

Thus, in patients with combined injuries of the bones of the facial skeleton, the syndrome of increased blood viscosity, increased aggregation of erythrocytes, and a decrease in erythrocyte deformability are determined. In the process of treating patients, there is no complete recovery of indicators characterizing the rheological properties of blood.

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ЧАСТОТА ВСТРЕЧАЕМОСТИ ВОСПАЛИТЕЛЬНЫХ ЗАБОЛЕВАНИЙ ПАРОДОНТА У БОЛЬНЫХ С ПЕРЕЛОМАМИ НИЖНЕЙ ЧЕЛЮСТИ

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Актуальность. Возрастной состав пострадавших с переломами челюстей в большинстве случаев 20-40 лет (до 70%), т.е. наиболее трудоспособная часть мужского населения. По данным ВОЗ в данной возрастной группе очень высок уровень заболеваний пародонта. По данным разных авторов, в возрасте 35-40 лет он составляет от 60 до 98% случаев. Воспалительные заболевания пародонта, как правило, сопровождаются общими и местными нарушениями иммунитета, кровообращения и иннервации.

Цель работы. Изучить частоту встречаемости заболеваний пародонта с учетом их степени тяжести у больных с переломами нижней челюсти при неосложненном течении и в случае развития гнойно-воспалительных осложнений - нагноения костной раны, мягких тканей, травматического остеомиелита, а также влияние воспалительных заболеваний пародонта на заживление костной раны.