### GUIDELINES

**Individual work of students**

**During preparation for Practical classes**

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<tr>
<th><strong>Educational discipline</strong></th>
<th>Surgical stomatology</th>
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<td><strong>Module № 1</strong></td>
<td>Propaedeutics Surgical Stomatology</td>
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<td><strong>Content module № 2</strong></td>
<td>Tools and techniques removal of teeth and root</td>
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<td><strong>Theme</strong></td>
<td>General principles of prophylaxis and medical treatment of inflammatory diseases of jaw-facial region. Intensive therapy patients with the inflammatory diseases and their complications.</td>
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<td><strong>Year</strong></td>
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Poltava
1. Actuality of the topic.

First priority of realization of prophylaxes of odontogenic inflammatory diseases of a maxillo-facial region is dictated first of all to that percent of serious complications in a surgical stomatology, which in series of cases can result up to the lethal end, high enough.

In originating inflammatory diseases of maxillo-facial regions the special value have the locuss of a odontogenic infection, therefore avoidance of odontogenic inflammatory processes should be directed on liquidation of these locuss during a sanitation of emptiness of a mouth.

Treatment of the patients with inflammatory processes of a maxillo-facial region based on complex realization of operative measures and conservative measures.

2. The objectives of the studies.

To have: a common view about general principles of prophylaxis and treatment of inflammatory diseases of a maxillo-facial region.

To know: general principles of prophylaxis and treatment of inflammatory diseases of a maxillo-facial region; doses of therapeutic agents, which are applied to complex treatment of the patients with an acute odontogenic infection and to be able to prescribe treatment to the patient; compatibility of medical agents and proceeding from this to prescribe treatment.

To be able: to define a treatment planning and to give an acute management to the patients with inflammatory processes maxillo-facial region, that will be based on complex realization of operative measures and conservative measures behind the indications.

To educe: on the basis of subjective and objective clinical examinations of the patients with inflammatory diseases of a maxillo-facial region and theoretical knowledge of an investigated problem clinical intellection at the future doctor concerning an investigated pathology.

3. Basic knowledge, skills, skills necessary for study topics (interdisciplinary integration).

<table>
<thead>
<tr>
<th>Name of previous courses</th>
<th>These skills</th>
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<tr>
<td>Microbiology</td>
<td>Agents who produce above named diseases, their property.</td>
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<tr>
<td>Pathological anatomy</td>
<td>An etiology, a pathogenicity, inflammatory disease maxillo-facial region.</td>
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<tr>
<td>Pathophysiology</td>
<td>A pathogenesis of above named diseases.</td>
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<tr>
<td>Pharmacology</td>
<td>Preparations which are applied for treatment of inflammatory disease, their pharmacokinetics and pharmacodynamics.</td>
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<tr>
<td>Operative surgery and topographical anatomy</td>
<td>Topography and anatomy of spaces of a maxillo-facial region and necks, surgical approach at an incision of the inflammatory locuses of checkered spaces of a maxillo-facial region and neck.</td>
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4. Tasks for independent work in preparation for the classes.

4.1. A list of key terms, parameters, characteristics that must learn the student in preparation for the lesson:

<table>
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<tr>
<th>Term</th>
<th>Definition</th>
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<tr>
<td>Disintoxication</td>
<td>removing toxins from the organism</td>
</tr>
<tr>
<td>Antibacterial therapy</td>
<td>application of antibiotics, sulfanilamide drugs, enzymes</td>
</tr>
<tr>
<td>Biological antiseptic</td>
<td>use of vaccines and serums</td>
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4.2. Theoretical questions to lesson:
1. Give concepts general principles of preventive maintenance and treatment inflammatory of diseases of a maxillo-facial region.
2. Characterize general principles of preventive maintenance and treatment inflammatory of diseases of a maxillo-facial region.
3. What purpose and means antibacterial of therapy?
4. What purpose and means disintoxication of therapy?
5. What purpose and means hyposensibilisation of therapy?
6. What purpose and means of stimulating therapy?
7. What purpose and means immunotherapy?
8. What purpose and means physiotherapy?
11. Concept of an intensive care.
13. Disintoxication therapy.
15. Immunotherapy.
16. Physiotherapy.

4.3. Practical works (tasks) are performed in class:
- To acquire technique of carrying out observation of patient with inflammatory disease maxillo-facial region.
- To make the plan of examine of the patient with inflammatory disease maxillo-facial region.
- To carry out differential diagnostics of inflammatory disease maxillo-facial region.
- To make the plan of local treatment of patients with inflammatory disease maxillo-facial region.

5. Theme contents:

Surveying a problem of complications of inflammatory processes of a maxillo-facial region, it is necessary to pay attention to two aspects: an avoidance of originating complication by awake and complex treatment of a primary locus,
revealing of complications at early stages of their development with the following adequate therapy.

In prophylaxis of development of complications of acute odontogenic inflammatory processes of soft tissues the important place is shunted to well-timed realization of operative measures and adequate drainage of a purulent locus. Taking into account a role etiological of the factor in originating odontogenic purulent - inflammatory diseases, large value there is a development and application of effective antibacterial preparations and their optimum bond.

Prophylaxis of purulent - inflammatory complications based in complex application of different measures, which include: severe keeping of sanitary - hygienic measures in surgical studies stomatological of departmens and maxillo-facial hospitals, faultless performance of rules of an asepsis and antiseptics, organization of the constant microbiologic control, maximal reduction preoperative of stay of the patient in a hospital, abjection of the patients with the increased risk of originating of purulent - inflammatory complications, general and local treatments of pathological process.

It is necessary to take into account also, that by the causes of body height of quantity of the patients with complication of odontogenic inflammatory diseases is: the patients late address for medical aid, that is connected to insufficient sanitary - educational work of the doctors, error in to hospital the term of treatment, and frequently and selftreatment; late diagnostics of disease and appearing complications and as a consequence, irregular tactics of treatment.

The plan of complex treatment of the patients with purulent - inflammatory diseases of the face and neck depends on a blepharon of the patient, general and immunological state of an organism, character and gravity of local pathological process, kind of an infection, pathogenicity of agents of purulent process, their sensitivity to bacterial preparations.

The treatment of the patients with inflammatory processes of a maxillo-facial region and neck is based on complex realization of operative measures and conservative measures.

The therapeutic complex can is conditional be divided into action of local and general character. The general therapy provides struggle with an infection and intoxication, regeneration of the equilibrium, mentioned by illness, between an organism and medium, activates specific and not specific protective forces of an organism, normalizes the mentioned functions of members and systems, and enhances reparative processes of tissues of the locus of an inflammation.

The local treatment in an acute phase of disease will be carried out for building outflow of pus and exudate from the locus in jaws and around of maxillary tissues, acceleration of a necrosis, restriction of region diffusion of a necrosis, resorption decomposition product, and also for normalization micro circulation, improvement regeneration and building of unfavorable conditions for vital activity of microorganisms.

The complex therapy after hospitalization should begin as soon as possible and be carried out as urgent measure. It is necessary to take into account on gravity of disease and state of the patient. The gravity of course of illness is defined on set
of clinical signs (acuteness the onset of disease, hyperthermia, pain in a region of the locus a lesion, degree of infringements began illnesses, on the part of cardiovascular system), and also laboratory parameters, leukocytosis, leucogramm, leukocytic index of an intoxication, ESR, level of whole protein, interrelation of albuminous fractions etc.

One of the important stages of an intensive care of acute inflammatory diseases of a maxillo-facial region is assignment of antibacterial treatment: introduction of antibiotics, which presently, not looking on a growing constance to them of a pyogenic microflora, are widely applied in clinical practice. The treatment by antibiotics will be carried out behind the severe indications, on the basis of the exact diagnosis and knowledge of etiological disease.

At the average and serious form odontogenic abscess and phlegmons it is expedient to prescribe semisynthetic analogues of Penicillinum intramuscularly: Novocinum per 0,4 g 2-3 times per day, ampicillin per 500 mg in 4-6 hours, oxacin 500 g in 4-6 hours, ampiox per 0,5 g in 6-8 hours, meticilin per 1 g everyone 4-6 hours.

To antibiotics of a wide action spectrum it is necessary to relate cephalosporins: cephalosporin per 0,5-1,0 g 3-4 times per day i/m, cephatrixil per 1,0 g 4-6 times on a day i/m or i/v.

The sensitivity of microorganisms at an acute odontogenic infection to antibiotics of group macrolides and Tetracyclinums achieves 60-65 %. Wide application have found preparations: erythromycin per 250-500 mg 4 times per day, eryciclin per 0,25 g 4 times per day, Oletetrinum and Oleandomycinum Natrii phosphas per 0,25 g 4 times per day, Tetraolenum on 0,1 g 2 times per day.

The special attention is deserved by antibiotics, with what inherent tropism to a bone tissue: lincomycins a hydrochloride per 500 thousand, 2 times per day, Vibramycinum per 0,25 g 6 times per day, Morphocyclinum 0,1-0,15 g 1-2 times per day.

The course of an antibiotic therapy is necessary to carry out not smaller 7-8 day. At long application of antibiotics they are necessary are to changed everyone by 10 days that there was no resistance of a microflora to a preparation. The long application of antibiotics should be bridged to purpose of antifungal preparations (nystatin per 500 thousand, 3-4 times per day).

The application of antibiotics is expedient for bridging to application of Sulfanilamidums and preparations nitrofurans of series. Widely prescribe preparations of prolonged action (Sulfadimethoxinum 0,5-2 times to a day, Sulfalenum).

It is necessary to remember, that the application of antibiotics and sulfanamids assists lowering of contents in an organism of Acidum ascorbinicum and vitamins of bunch B.

In struggle with a purulent infection at acute odontogenic inflammatory diseases the large values have the measures directed on elimination to intoxication. In a basis of the mechanism of intoxication the ability of preparations lays to bind toxins and quickly to remove them through nephroses.
With the purpose disiintoxication apply Haemodesum, rheopolyglucin, 3-10% solution of glucose in quantities 500-1000 ml with insulin. The introduction of glucose should be bridged with i/v by introduction isotonic of fluids (isotonic solution of a sodium of Sodium chloridum 500 ml, 5% solution of a hydrocarbonate of a sodium 200-300 ml etc.).

By the important moment disintoxication at serious purulent - inflammatory diseases of the face and the necks are an artificial diuresis. It is based on natural ability of nephroses to deduce from an organism toxiferous materials. With the purpose of an artificial diuresis inject Mannitum 1-1,5 on kg of mass of a body or close 40-80 ml.

With the purpose of rising stability of an organism not specific it resistance the fortifying and stimulating treatment will be carried out.

The autohematotherapy raises a not specific resistance of an organism, influences on blood formation and gemostatic system.

Last years has found applications a method of a quantum hematotherapy. Essence it in an infusion of small doses of an own blood of the patient, after previous her ultraviolet irradiation. The efficacy it is caused by that to a small dose ultraviolet irradiation of a blood get bactericidal of properties and capable inactivate toxins, and also ultraviolet irradiation raises a not specific resistance of an organism of the patient.

As a fortifying agent the wide circulation finds an extract eleutherococcus (per 30 drops 3 times per day for 30 minutes before one's food) or Pantocrinum (per 30-40 of drops 2 times per day before one's food), Tinctura magnolia vine Chinese (per 30-40 of drops 2 times per day) etc.

The need of an organism for Acidum ascorbinicum at the patients by acute odontogenic inflammatory diseases is enlarged in 2-4 times. The unsufficient quantity of relaxs body resistance of the patient and worsens a course inflammatory of process. In connection with infringement of a feeding of the patients with the given pathology in them are reduced contents of vitamins of bunch B, Acidum ascorbinicum and nicotinic acid.

Now even more often there are patient’s inflammatory diseases of a maxillo-facial region and neck in which, not looking on a well-timed surgical intervention and antibioticterapy, it fails to stop inflammatory process and to cure the patient in early terms. It is known, that in such patients the mechanisms rise which respond for anti-infectious protection. In this connection it is expedient to include in a complex of medical measures preparations of the directed action, which raise a specific reactivity of an organism of the patient (active immunity) and passive immunity.

Agents of a passive immunization capable to raise a resistance of an organism at the first o’clock after an injection of a preparation, but it are kept some days.

The preparations for a passive immunization are produced from a blood of immunized models. Passive imunostimulant are applied only at a serious course of acute inflammatory processes, which educe at the weakened people.
The highly effective agent of a passive immunization is hyperimmune antistaphylococcus plasma. Inject it i/v at the rate of 4-6 ml on kg of mass of a body of the patient 1 time on a pore with an interval 1-2 day. The course of treatment includes 3-6 introductions of a preparation in dependence on gravity of a course of process and therapeutic effect.

From antistaphylococcus of plasma receive staphylococcal an immunoglobulin. By the adult inject on 3-5 ml of each day or in day to reception of clinical effect.

To materials, which frame an active immunity, the anatoxins, different vaccines (preparations with killed bacteriocausative) and autovaccine concern. The immunodefence after inject of vaccines educes gradually and for its intensifying necessary repeated injests.

Staphelococcus the anatoxin (absorbed) is injected subcutaneously under the scheme: 0,5-0,5-1,0 ml with an interval 5-6 days.

Staphylococcus an antiphagin inject subcutaneously, the course of treatment for the adult consists of daily injections under the scheme: 0,2-0,3-0,4-0,5-0,6-0,7-0,8-0,9-1,0 ml.

The bacteriophage is a filtrate phage lysate of the certain kind of bacteria, which capable is specific to lyse microbes. The bacteriophages are applied locally as irrigation of wounds or on tampons. The biostimulants are applied to rising a not specific resistance of an organism: Thimanit (it turns out from thymus) - inject each day i/m till 10-20 g in 2 ml 0,25 % of solution of Novocainum in the morning and evening during 5-12 day.

To rising a not specific resistance of an organism most often is applied by derivative of a pyrimidine (Pentoxyllum, Methyluracilum) till 0,5- 3 times per day during 2 weeks.

As the biostimulant can be applied nucleinatis of sodium. It prescribe i/m till 5-10 ml 2-5 % as solution or in middle on 0,1-0,2 g 3 or 4 times to a day on an extent 2x of weeks.

It is possible to apply also levamisole as i/m of injections on 100-150 mg 2 times per day during 5-6 days. Locally a preparation apply as 0,5 % of solution.

For raising reactivity prescribe preparations: scarlet, juice kalanchoe, vitreous body, Gumisolum.

The large influence on a state of an immunological resistance has allergization.

The high degree allergization of the patient reduces defense reactions of his organism, assists more serious course of purulent - inflammatory processes and relapses of disease.

To agents not specific hyposensibilization the therapies carry: Dimedrol 0,05- 2 times per day; Diprazinum per 0,05 - 2 times per day; diazolinum 0,1- 2-3 times per day; Suprastinum till 0,025 3 times per day; tavegilum till 0,001- 2-3 times per day.

For treatment of inflammatory processes of an odontogenic etiology have found wide application physical methods.
The physiotherapeutic action influences irritably receptors of nervous system, stages inflammatory of process the physiotherapy assists a stopping of process, and at the expressed inflammation –its fast delimit from environmental able-bodied tissues. The physical factors permit to stimulate local immunological reactions of tissues, reduce the phenomena of a general and local sensibilization, variate neurohumorals processes in a region of a pathological locus, enhance action of medical agents.

Local application of heat (warming compresses, dry heat) congenially reacts at an early stage inflammatory of process which enhances an awake hyperemia and reaction of tissues, raises entering in an locus of an inflammation together with a blood of phagocytes and protective humoral materials.

In serous of a stage of odontogenic inflammatory diseases of a maxillo-facial region with the purpose of downstroke of an acuteness of an inflammation and the pains apply ultra-high frequency.

For an avoidance of diffusion of an infection contamination and the resorptions of an inflammatory infiltrate prescribe ultraviolet irradiation in an erythema dose.

To the best penetration of medical agents into deeply posed tissues apply electrophoresis with medical preparations (antibiotics, Anesthetizing, proteolytic enzymes, anticoagulants, vitamins).

To introduction of medical agents apply ultrasonic sound (phonophoresis). Anti-inflammatory action is inherent in laser radiance and magnetotherapy.

In a complex of medical measures apply a hyperbaric oxygenation.

The patient with abscess and phlegmons during convalescence is recommended to prescribe medical gymnastics of muscles of the face.

**Intensive care**

At any purulent inflammatory processes in an organism there are changes connected with 1) loss of water, 2) proteins, 3) electrolytes. In an organism descend strictly natural and one-typical (fast or time-lapse) changes directed on support of a homeostasis.

Circulatory injury wears phase character:

I phase - loss of Albuminums (exudate through the changed walls of pots, the loss with exudate) results in downstroke water-bound of function of protein and decrease of volume of plasma.

II phase - the destruction of erythrocytes owing to an intoxication at various on character suppurative processes is accompanied by decrease of their total, which in aggregate with deficiency of volume of plasma reduces volume of a circulating blood even more.

III phase - hypervolemia, which arises through volumoreceotors stimulates formation of Aldosteronum and antidiuretic hormone, which results in a delay of a sodium and water in a vascular bed, volume of plasma thus is enlarged. The downstroke of circulating volume at the expense of Albuminum invokes compensatory augmentation of globulins, which too assist augmentation of deficiency of protein.
IV phase - the appreciable rising of volume of plasma results in natural downstroke of a hematocrit and serves a stimulator of a hemopoiesis with outlier of erythrocytes from depot and intensifying of an erythrogenesis owing to a hypoxia. There is an edema in erythrocytes, edema in tissues.

V phase - volemic of infringement - decrease of volume of plasma of a circulating blood, hypoalbuminuria and disproteinemia.

First three phases I.V. Davidovskyi names as the term purulent – resorptive fevers, the fourth and fifth phase - is purulent - resorptive an attrition.

Assessment of gravity:
1 group - patients, which never were sick by anything (2-3 % the patients with signs of an allergy). Such patients are inclined to hyperergic of reaction.
2 group - patients, which were sick of various contagions and have recovered. Their organism has the certain immunodefence (91 %). Such patients are inclined to normerergic of reaction.
3 group - patients with a various level of an expressiveness of "background" diseases, which at originating acute purulent process become very fast owing to an attrition compensatory of forces of an organism can basic (difficult hypo- and anergic the patients).

Information the parameter of the conforming reaction of an organism of the patient on penetration of microorganisms is served by a fever. The fervescence of the patient is defined by intensity of phagocytic reaction in the locus of an inflammation and is by a consequence of pyrogens, which are released from leucocytes. It entitles us to estimate a fever as outward manifestation of a defense reaction of an organism.

At the same time, fervescence more than 40ºС, duration are a unfavorable attribute owing to possible infringement of metabolic processes in an organism.

The important value in treatment of pathophysiological infringements in an organism has clinical analysis of a blood, namely leukogram. The basic phagocyte protection of an organism is carried out neutrophil by granulocytes. At the young people the quantity phagocyted of neutrophils reaches a level 99,3 %. In process of aging this parameter is reduced. At the man of weight about 80 kg simultaneously in a blood 60 billions of neutrophils, at what on each neutrophil it is necessary 50-100 reserve. It provides the conforming reaction to bacterial aggression with augmentation of neutrophils in a peripheric blood till 80-85 of %.

The level of phagocyte activity of protection of an organism is defined(determined) by its activity and adequacy. The phagocyte activity is considered enough high at a phagocyte parameter, which peer 12-15. At a low phagocyte parameter or if the absorbed microorganisms do not give in intracellular lysis - forecast unfavorable.

The eosinophils - awakely absorb complexes "antigen - antibodies", disinfection a poison, neutralize Histaminum, serotonin, bradykinin, carry out disintixication function.

Basophils and the mast cells of a copulative tissue produce Histaminum, synthesize heparin. This reaction in conditions of an acute inflammation on a background of a growing hypercoagulation (rising of contents of Fibrinogenum,
downstroke of fibrinolytic activity, rising of tolerance of plasma to heparin) estimates as a defense reaction, which interferes with diffusion of an infection contamination.

Heparinum interferes with a sedimentation of a blood in the locuses of an inflammation, and Histaminum - dilates pots microcirculation of a channel.

The monocytes carry out an englobement, in particular in acid medium.

Lymphocytes - 20-30 % of totals of leucocytes develop antibodies. The T lymphocytes provide cellular immune deficiency, bursacytes - humoral immunodefence. Thus raises ESR and C - reactive protein.

The filtrate nitrogen of a blood displays a degree of presence of a toxicosis. His rising greater 20 mmol/l demands disintoxication.

Downstroke of a level of a lysozyme of Serum of a blood, titer of a complement, level of immunoglobulins are in direct dependence on diffusion of process, as the development of infection-inflammatory process descends on a background of "break" of immunodefence. The function of vegetative nervous system, in particular neuroendocrinal regulation, neurohumoral equilibrium rises. The answer to a stress is rising activity of sympaticoadrenal system. In a blood the contents of catecholamins (epinephrine, Noradrenalinum) raises, that is accompanied by an oppression cholinergic of reactions. As a result of it there is an inhibition of muscular activity, which results in a spastic stricture of intramuscular pots and retardation in them circulations and as a consequence - to dystrophic to the phenomena in muscles.

The retardation blood flow, in turn, results in formation of units of erythrocytes, pendular to a blood flow, even to a stasis. The water-salt exchange, acid-base equilibrium rises. The metabolic acidosis is accompanied by a hypochlorinemia in a combination to a hypokalemia and hyponatremia. The downstroke in tissues of the contents of Oxygenium refers to as as a hypoxia. Arteriovenous the difference of the contents of Oxygenium can be reduced up to 1-2 % instead of 5 % on volume in norm. It results in delicacy of cardiac activity and impossibility sufficiently to increase minute volume of a blood. There is a depression of function of a liver. It shows in downstroke of ability of an uropoiesis that results in infringement of linkage of ammonia, worsening synthesis of protein. In a blood it shows by rising of a urea, filtrate nitrogen, creatinine, bilirubin. Owing to an intoxication the system of a lymphopoiesis is stimulated which influences thrombocytes, invoking rising aggregation and adhesion and resulting to infringement blood flow.

The hypercoagulation frames conditions for development thrombo hemorrhagic of a set of symptoms or intravascular disseminated of coagulation of a blood.

Intensive care - not specific treatment of various group of the seriously ill patients directed on support of the vital functions of an organism on minimum levels (aftersyndrom treatment).

Methods of an intensive care:

1. Basic - oxygenotherapy, artificial ventilation mild, infusion therapy, pharmacotherapy, cardiac massage, defibrillation of a cardiac muscle.
2. Special - hyperbaric oxygenation, artificial hypothermia, artificial mild, electrotherapy of heart, artificial circulatory support, haemodialysis, sorption methods, artificial nephros, liver.

Antibacterial therapy - treatment directed on struggle with microorganisms.

Disintoxication therapy - treatment directed on an inactivation and deducing of toxins from an organism of the patient.

Hyposensitization therapy - treatment with application of antihistamine preparations directed on downstroke of a level to a sensibilization of an organism.

Stimulating therapy - treatment directed on rising to a reactivity of an organism.

The transfusion therapy - influence on an internal environment of an organism with the help of intravenous introduction of various preparations directed action for reception of optimum medical effect (is necessary to know the purpose and mechanisms of action of preparations).

The basic preparations:

1. Tinned donor blood - infringement of an albuminous exchange, hemorrhages, fall of pressure.
   Risk factors:
   - immunological (specific and not specific),
   - contagious (hepatitis, malaria, lues, VIH),
   - metabolic (acidosis, ammoniacal intoxication, hemolysis),
   - microclots,
   - cold the agent,
   - infringement of technic and error (to keep no more than 3 day).

2. Components of a blood - erythrocytic mass (oxygen transport function of erythrocytes), blood plasma (proteins, lipids, carbohydrates, salt, lipoprotein complexes).
   Serum of a blood - enlarges volume of a circulating blood, enriches(improves) rheological of property of a blood, particulate compensates deficiency of proteins.
   The platelet concentrate is used for a stopping of bleedings caused thrombocyte pyaemia.


4. Blood substitutes - colloid solutions - dextran (polymer of a glucose) - Polyglucicum (hemodinamic action), rheopolyglukin (dilute the blood, recovers microcirculation, binds toxins, enhances a diuresis. Gelatinolum 8 % - dilute the blood, accelerates a capillary blood stream, normalizes a hemodynamics.


6. Materials for self control:
   A. Assignments for self control (tables, charts, drawings, graphs)

   B. Self-control tests:

   1. Etiological factors of inflammatory diseases:
A) Chemical and mechanical trauma;
B) Penetration of an infection.
C) Bad hygiene.
D) Harmful habits.

C. Problem for self-checking:

1. The patient complains of a sharp constant pain in region 21 tooth, which irradiates in an eye and temple. The application of a cold reduces a pain, is warmly enhance. Marks sensation of "evolved" tooth, touch to it invoke intensifying be pain. Objectively: on a palatal surface of a crown 21 there is a deep carious cavity the gingiva near tooth hyperemic, is hydropic, the percussion is sharply morbid, the motility of tooth 1-2 degrees is observed. On a roentgenogram of an alveolar process of changes is not observed.

To make the diagnosis, a treatment planning.

2. The patient complains on strong, throbbing pain in region 35 tooth, in tooth there is a carious cavity, earlier not treat. The percussion is sharply morbid, the tooth is mobile, and the gingiva is hydropic, hyperemic, enlarged also morbid regional submandibular lymphonoduses. To make the diagnosis, a treatment planning.

3. The patient has addressed with the complaints to constant pain in 34 tooth intensifying at pressure, week back in tooth the hermetic bandage with arsenic by Pasta was imposed, but finish the cure of tooth could not. Objectively: in 34 temporary seals on a chewing surface, the percussion sharply morbid, the tooth are steady, gingiva in region of a root without pathological changes. To make the diagnosis, a treatment planning.

4. Pacient the morbidity has addressed with the complaints to sense of "evolved" 11 tooth, at pressure. From an anamnesis it is known, that the month back this tooth was restore a photopolymeric material. Objectively: the percussion 11 tooth is morbid, the tooth are mobile 1 degrees, in region of a root of changes of a mucosa is not present. To make the diagnosis, a treatment planning.


Basic:
2. Hupp JR, Williams TP, Vallerand WP: The 5 minute clinical consult for dental professionals PDA, Baltimore, 2002, Williams & Wilkins

Additional:
Methodical recommendations is prepared by docent Rezvina Ye.Yu.