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**EVALUATION OF THE FLOW OF INFLAMMATION IN FURUNCLES  
OF THE MAXILLOFACIAL REGION AND NECK USING THE ORAL FLUID  
MICROCRYSTALLIZATION INDICATOR**

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**Relevance.** Furuncles make up about 30% of infectious and inflammatory processes in the maxillofacial region, of which complications may develop in 5-27%. One of the simplest, most accessible and quickest methods of diagnostics and monitoring of infectious and inflammatory diseases is crystallographic examination of the oral fluid. Consequently, even locally occurring inflammatory processes in this area can affect the homeostasis of the whole organism. A number of studies have proven the effectiveness of this method in clinical practice and have shown its high diagnostic information value in inflammatory diseases.

**Purpose:** to determine the possibility of using the indicator of microcrystallization of the oral fluid to assess the dynamics of the course of the inflammatory process in boils of the maxillofacial region and neck.

**Objects and methods.** The assessment of the crystallographic picture of the preparations of the oral fluid was carried out in 40 patients with the diagnosis of boils in the maxillofacial region. All patients were divided into 2 groups of equal amount. The first group received standard complex treatment, the second group of patients, in addition to standard therapy, received a course of electroreflexotherapy. The indicator was determined by I. O. Pohodenko-Chudakova, Yu. M. Kazakova, N. D. Pokhodenko (2011). When evaluating the results, the type of microcrystallization was established according to the modified method of P. A. Leusa (1977). Statistical data processing was carried out using the programs "Statistica 10.0" and "Exel".

**Results and its discussion.** The median index of microcrystallization of the oral fluid in patients of the first group on the day of admission to the hospital was 2.88 (2.75-2.92), and on the fifth day of the study, this indicator was 2.75 (2.71-2.88). In patients of the second group, before the PST, the indicator was 2.75 (2.67-2.84), on the fifth day of the study, the indicator of the second group was 1.75 (1.67-1.79).

So the value of the microcrystallization index decreased during the standard treatment, but this was not directed ( $\chi^2 = 7.0$ ;  $p = 0.316$ ). On the 5th day of treatment, the indicator of gastric cancer microcrystallization in patients of first group was characterized by a significant difference with the values of this poser in the control group ( $U = 0.0$ ;  $p < 0.001$ ), did not reach the values of the norm.

When studying the dynamics of the indicator in patients with a boil of the maxillofacial region, who underwent a course of reflexotherapy, a positive trend was revealed, which was of a directional nature ( $\chi^2 = 20.0$ ;  $p < 0.001$ ). Including the indicator of gastric cancer microcrystallization in group 2 patients at the end of therapy did not have significant differences with its values in practically healthy individuals ( $U = 99.5$ ;  $p = 0.007$ ).

**Conclusion.** The results obtained in the course of our work clearly show that the indicator of oral fluid microcrystallization can be used as a criterion for assessing the effectiveness of therapeutic tactics, rehabilitation measures, and for predicting the course of this disease.