COMPARATIVE ANALYSIS OF THE MAJOR DENTAL PATHOLOGIES PREVALENCE AMONG CHILDREN OF TRANSCARPATIAN REGION ACCORDING TO THE DATA OF THE STUDIED CLINICAL SAMPLE AND PRELIMINARY PERFORMED DENTAL RESEARCH

Summary. Taking into account the presence of pre-conducted epidemiological studies on the territory of Transcarpathian region devoted to the question of major dental pathologies prevalence among children, it is advisable to systematize and compare their results with each other, as well as with data obtained during a specifically formed study sample of children and adolescents.

The aim of the study – to provide a comparative analysis of the major dental pathologies prevalence among children of Transcarpathian region according to the data of the studied clinical sample and preliminary performed dental populational studies.

Materials and Methods. For the realization of the formulated research objective, a retrospective analysis of medical records and a dental examination of 411 children and adolescents were provided on the base of University Dental Clinic (Uzhhorod National University). Categorization of patients was provided due to their age-related passport indices with the formation and distribution of subgroups with a 1-year difference. Google Scholar search form (http://scholar.google.com) was used with its advanced features for the systematization, dentist's control to similar studies aimed at registration of major dental pathologies among children of Transcarpathian region. The following sets of words «dental disease», «children» and «Transcarpathian region» were used as header operators in various combinations, each resulting for the set of academic papers on relevant topics, that were subsequently subject to content analysis.

Results and Discussion. The average caries prevalence among studied clinical sample of 411 pediatric patients in the age range of 6.0–15.9 years was 73.2 % (included in the range of results provided by pre-conducted epidemiological studies), the average teeth crowding prevalence in the age range of 6.0–15.9 years was 18.82 % (below the range of results provided by pre-conducted epidemiological studies), the average dystopia prevalence in the age range of 6.0–15.9 years was 14.69 % (included in the range of results provided by pre-conducted epidemiological studies), the average primary edentulism prevalence in the age range of 6.0–15.9 years was 2.31 % (included in the range of results provided by pre-conducted epidemiological studies), the average super numerary teeth prevalence in the age range of 6.0–15.9 years was 0.82 % (included in the range of results provided by pre-conducted epidemiological studies), the average delay in teeth eruption prevalence in the age range of 6–15.9 years was noted in 8.65 % of clinical cases (included in the range of results provided by pre-conducted epidemiological studies).

Conclusions. Thus, in the course of this phase of study, which was aimed to provide comparative analysis of the major dental pathologies prevalence among children and adolescents, and was conducted through a retrospective review of medical documentation and examination of 411 dental pediatric patients, it was found that the established prevalence of different pathologies does not statistically differ from the indicators, which were given in previous epidemiological studies. The small absolute difference of the indicators can be justified by the discrepancy in the size of samples being studied, the analysis of the certain pathologies prevalence outside Transcarpathian regions, the discrepancy in age categorization given in various studies, the researches of the stomatological status of the children's population living in different regions of Transcarpathia.

Key words: dental pathologies; children; Transcarpathian region.

INTRODUCTION Dental treatment of children and adolescents of different age groups depends on the peculiarities of the stage of their teeth and jaw development in general and on developmental level of individual teeth in particular, which determine the choice of appropriate algorithms for iatrogenic interventions during orthodontic, endodontic, orthopedic and surgical manipulations [1, 2, 3, 4]. The development of morpho-functional elements of the oral cavity is associated with the biological age of the individual, and the formation of most structures occurs in clearly defined time terms, which, in only some cases, go beyond the limits of acceptable physiological norms [4, 5].

During the planning of comprehensive dental treatment for children, clinician need to similize clinical and radiological findings which helps to compare the development of the teeth and jaw with age parameters recorded in the patient's card [5]. Thus, it is possible to develop and plan the most optimal sequence of a manipulation series that in their complex will contribute to the normalization of the dentition formation process in terms of controlling the sequence and the period of individual teeth eruption, helps to prevent complications with permanent teeth and justify endodontic treatment of deciduous or permanent in the period of changing or permanent dentition [1, 4, 5, 6, 7].

However, the results of previous studies indicate that the prevalence of certain types of dental pathologies, as well as the features of the teeth and jaw development in general, depend on the peculiarities of the environment in which the investigated population resides [2, 5, 8, 9, 10]. Taking into account the presence of pre-conducted epidemiological studies on the territory of Transcarpathian region devoted to the question of major dental pathologies prevalence [1, 2, 8, 9, 10, 11, 12, 13], it is advisable to systematize and compare their results with each other, as well as with data obtained during a specifically formed study sample of children and adolescents.

The aim of the study – to provide a comparative analysis of the major dental pathologies prevalence among children of Transcarpathian region according to the data of the studied clinical sample and preliminary performed dental populational studies.

MATERIALS AND METHODS For the realization of the formulate research objective, a retrospective analysis of medical records and a dental examination of 411 children and adolescents were provided on the base of University Dental Clinic (Uzhhorod National University) [14]. Categorization of patients was provided due to their age-related passport indices with the formation and distribution of subgroups with a 1-year difference. Such approach for patients' distribution into subgroups was justified by variations of dental age index potential errors within 0.9 years, which was already evidenced in a series of pre-conducted reference studies [5]. The crite-
ria for inclusion in the study group were the nest: presence of orthopantomographic images, the age of patients from 5 to 16 years, presence of dental pathology observed clinically, written agreement of child’s parents which allowed to use obtained clinical data for further research. According to the preliminary studies, a reliable calculation of the dental age parameter with the use of forensic dental research methods is possible within the limits of 5–16 years [5], and also this age period corresponds to approximate terms from the end of intrajaw formation of crowns of teeth (mandibular and maxillary central and lateral incisors – 4–5 years, canines and second premolars – 6–7 years, first premolars – 5–6 years, first molars – 2.5–3 years, second molars – 7–8 years) to the end of roots growth of all teeth (central and lateral incisors – 9–11 years old, canines – 12–15 years, first and second premolars – 12–14 years old, first molars – 9–10 years, second molars – 14–16 years).

Google Scholar search form (http://scholar.google.com) was used with its advanced features for the systematization of previously conducted studies aimed at registration of major dental pathologies among children of Transcarpathian region. The following sets of words «dental disease», “children” and “Transcarpathian region” were used as header operators in various combinations, each resulting for the set of academic papers on relevant topics, that were subsequently subject to content analysis.

RESULTS AND DISCUSSION
Among all examined patients, the age subgroup 6.0–6.9 years included 31 persons (7.54 %: 7 boys – 1.70 % and 24 girls – 5.84 %), age subgroup 7.0–7.9 years included 32 persons (7.79 %: 13 boys – 3.16 % and 19 girls – 4.62 %), age subgroup 8.0–8.9 years included 47 persons (11.44 %: 21 boys – 5.11 %, and 26 girls – 6.33 %), age subgroup 9.0–9.9 years included 44 persons (10.71 %: 21 boys – 10.71 % and 23 girls – 5.60 %), age subgroup 10.0–10.9 years included 52 persons (12.65 %: 22 boys – 5.35 %, and 30 girls – 7.30 %), age subgroup 11.0–11.9 years included 43 persons (10.46 %: 17 boys – 4.14 % and 26 girls – 6.33 %), age subgroup 12.0–12.9 years included 42 persons (10.22 %: 21 boys – 5.11 %, and 21 girls – 5.11 %), age subgroup 13.0–13.9 years included 42 people (10.22 %: 17 boys – 4.14 % and 25 girls – 6.08 %), age subgroup 14.0–14.9 years included 39 persons (9.49 %: 13 boys – 3.16 % and 26 girls – 6.33 %), age subgroup 15.0–15.9 years also included 39 persons (9.49 %: 15 boys – 3.65 % and 24 girls – 5.84 %).

In the course of the survey, the following prevalence indicators of the major dental pathologies were identified. The prevalence of carious process, including complicated caries, in the age subgroup of 6.0–6.9 years was (51.4±1.2) %, in the age subgroup 7.0–7.9 years – (53.7±1.9) %, in the age group 8.0–8.9 years – (48.2±2.1) %, in the age group 9.0–9.9 years – (62.2±1.7) %, in the age subgroup 10.0–10.9 years – (72.6±1.9) %, in the age subgroup 11.0–11.9 years – (76.5±1.2) %, in the age subgroup 12.0–12.9 years – (86.6±1.5) %, in the age subgroup 13.0–13.9 years – (91.2±1.4) %, in the age subgroup 14.0–14.9 years – (92.9±1.9) %, in the age subgroup 15.0–15.9 years – (95.5±2.2) %.

Preliminary the most extensive epidemiological study that evaluate the prevalence and intensity of caries were conducted by Klitynska O. V., in which the author noted that the prevalence of caries in permanent teeth among children 12 years old was (91.4±2.3) % (the difference between the rates among boys and girls was not statistically significant, and the corresponding indicators in different gender groups were (93.1±2.2) % and (90.7±2.1) %, respectively) [2, 8, 9], which does not statistically differ from the indicators registered in the age group 12.0–12.9 years, taking into account the fact that our sample size was almost ten times lower that sample size in the study provided by Klitynska O. V. In addition, in the study of Melnyk V. S. and Horzov L. F. [10], which was provided 2 year later after the study of Klitynska O. V., it was found out the prevalence reduction of carious process among the children of Transcarpathian region in similar age groups: 6 years – to (86.0±0.68) %, 12 years – to (79.4±0.78) %, 15 years – to (91.6±0.67) % [10]. The marked difference of the indicators can be argued by the positive effect of the implementation of regional program devoted to the prevention of dental diseases in children called “Healthy Smile of Transcarpathia” (author and coordinator of the program – doctor of medicine, professor Klitynska O. V.) [3, 9, 15, 16]. The difference in the prevalence of caries relative to the age subgroup of 6 years in our study sample, can be justified by the fact that the authors recorded the prevalence of caries among deciduous and permanent teeth, while in our study, the registration of carious process was provided only for permanent teeth. Similar results were obtained in study of Smolyar N. I. and co-authors (the average caries prevalence among the children of Transcarpathian region was (75.23±2.06) %, while indicator increase was noted from (52.41±3.88) % at the age of 7 year old to (87.60±3.00) % and (90.20±2.40) % respectively in the age groups of 12 and 15 years old [13] and in study of Zadorozhnaya I. V. and Povoroznyuk V. V. (the average prevalence of caries among children in the Transcarpathian region in the age of 10–11 years was noted at the level of 95.6 %, at the age of 12–14 years at the level of 98.6 %, and at the age of 15–17 years at the level of 99.5 %) [17].

From the above provided data we can conclude that the 411 pediatric patients examined for the evaluation of caries prevalence rates correspond to the ranges of values noted in previously conducted studies focused on the purpose of caries pathology registration in the Transcarpathian region.

The prevalence of teeth crowding among 411 examined pediatric patients in the age subgroup of 6.0–6.9 years was (12.6±2.2) %, in the age subgroup 7.0–7.9 years – (19.6±1.9) %, in the age subgroup 8.0–8.9 years – (24.6±3.5) %, in the age subgroup 9.0–9.9 years – (22.6±3.5) %, in the age subgroup 10.0–10.9 years – (18.6±2.9) %, in the age subgroup 11.0–11.9 years – (21.6±2.9) %, in the age subgroup 12.0–12.9 years – (20.6±2.6) %, in the age subgroup 13.0–13.9 years – (19.6±1.7) %, in the age subgroup 14.0–14.9 years – (14.5±1.4) %, in the age subgroup 15.0–15.9 years – (13.9±2.3) %.

Results of the epidemiological study carried out by Klitynska O. V. indicate that the prevalence of the teeth crowding pathology among children in Transcarpathian region reaches 25.3 % [9]. Similar results were obtained by Horzov L. F. and Melnyk V. S., who noted that the prevalence of teeth crowding at the level of 26.35–32.6 % [11, 12].

The prevalence of primary edentulism among 411 examined pediatric patients in the age subgroup of 6.0–6.9 years was (2.8±1.4) %, in the age subgroup 7.0–7.9 years – (2.2±0.8) %, in the age subgroup 8.0–8.9 years – (3.4±1.1) %, in the age subgroup 9.0–9.9 years – (3.2±1.3) %, in the age subgroup 10.0–10.9 years – (2.4±0.5) %, in the age subgroup 11.0–11.9 years – (1.2±0.6) %, in the age subgroup 13.0–13.9 years – (1.9±0.4) %.

In the study of primary edentulism as one of the topical problems of pediatric dentistry, conducted by Tkachenko P. I.
and colleagues the variability of the prevalence rates of this type of pathology was from 0.15% to 10.4%, which is defined by the factors influencing habitation in different geographic conditions and other concomitant determinants [6]. Similarly, to the results obtained in our study sample of 411 pediatric patients, predominantly primary edentulism was noted in the area of second premolars (about 23.2%), lateral incisors (14.5%) and third molars (15.3%) [6]. Similar results were also obtained by Horzov L. F. and Melnyk V. S., who noted that the prevalence of edentulism in the age group of 6–11 years was in the range of 4.8–10.2% [10, 11, 12]. Dychko E. N. and colleagues noted that the percentage of primary edentulism among the studied group of children did not exceed 2.5% [18].

The dystopia of individual teeth among 411 examined pediatric patients in the age subgroup of 6.0–6.9 years was noted in (12.5±2.2)% of the cases, in the age subgroup 7.0–7.9 years – among (15.6±2.0)% of the cases, in the age subgroup 8.0–8.9 years – among (19.8±1.7)% of the cases, in the age subgroup 9.0–9.9 years – among (14.9±1.8)% of the cases, in the age subgroup 10.0–10.9 years – among (17.5±1.0)% of the cases, in the age subgroup 11.0–11.9 years – among (9.7±2.9)% of the cases, in the age subgroup 12.0–12.9 years – among (11.7±1.8)% of the cases, in the age subgroup 13.0–13.9 years – among (15.6±2.3)% of the cases, in the age subgroup 14.0–14.9 years – among (13.4±1.4)% of the cases, in the age subgroup 15.0–15.9 years – among (16.9±1.6)% of the cases.

According to the data presented in the study of Klitynska O. V., the prevalence of the individual teeth position anomalies in the vestibular and lingual directions can reach 28.2% and 27.0%, respectively, tooth rotation was noted in 18.7% of studied cases, displacement in the vertical direction in 13.3% of studied cases, displacement in the distal direction among 7.0% of studied cases [9]. Thus, the results obtained during the survey are not statistically different from those reported in the epidemiological study of Klitynska O. V.

The delay in teeth eruption was represented by the following distribution of prevalence in age groups among 411 clinically examined pediatric patients: in the age subgroup 6.0–6.9 years – (8.5±1.4)% in the age subgroup 7.0–7.9 years – (9.3±1.5)% in the age subgroup 8.0–8.9 years – (7.9±1.7)% in the age subgroup 9.0–9.9 years – (11.4±2.0)% in the age subgroup 10.0–10.9 years – (8.6±1.9)% in the age subgroup 11.0–11.9 years – (9.7±2.3)% in the age subgroup 12.0–12.9 years – (10.8±1.8)% in the age subgroup 13.0–13.9 years – (6.3±0.7)% in the age subgroup 14.0–14.9 years – (7.5±2.0)% in the age subgroup 15.0–15.9 years – (6.5±0.4)%.

According to Doroshenko S. I. and Kulginsky Y. Y., the prevalence of this pathology may increase to 17.4% according to long-term clinical observation data [19].

Indicators of prevalence of super numeryary teeth among 411 examined pediatric patients were the next: in the age subgroup of 6.0–6.9 years – (1.4±0.5)% in the age subgroup of 7.0–7.9 years – (1.8±0.2)% in the age subgroup 8.0–8.9 years – (0.9±0.6)% in the age subgroup 9.0–9.9 years – (0.5±0.3)% in the age subgroup 10.0–10.9 years – (1.1±0.3)% in the age subgroup 11.0–11.9 years – (0.05±0.05)% in the age subgroup 12.0–12.9 years – (1.4±0.6)% in the age subgroup 13.0–13.9 years – (0.9±0.5)% in the age subgroup 14.0–14.9 years – (0.08±0.03)% in the age subgroup 15.0–15.9 years – (0.05±0.6)%.

In a study conducted by Horzov L. F. it was noted that the prevalence of supplemented teeth presence among children and adolescents is 0.05% [10, 11, 12], but such difference of results in comparison with ours can be justified by higher sample size. Data provided by Pylypyv N. V. indicates the prevalence of supplemented teeth at the level of (13.8±3.6)% among patients with registered orthodontic pathology [7].

After the systematization of all obtained results, we can formulate the following conclusions: the average caries prevalence in the age range of 6.0–15.9 years was 73.2% (included in the range of results provided by pre-conducted epidemiological studies), the average teeth crowdfunding prevalence in the age range of 6.0–15.9 years was 18.82% (below the range of results provided by pre-conducted epidemiological studies), the average dystopia prevalence in the age range of 6.0–15.9 years was 14.69% (included in the range of results provided by pre-conducted epidemiological studies), the average primary edentulism prevalence in the age range of 6.0–15.9 years was 2.31% (included in the range of results provided by pre-conducted epidemiological studies), the average super numeryary teeth prevalence in the age range of 6.0–15.9 years was 0.82% (included in the range of results provided by pre-conducted epidemiological studies).

In addition, if we analyze the prevalence of the above-mentioned pathologies in the age groups of 6–7 years, 12 years and 15 years, who are respondents for the determination of dental morbidity according to the recommendations of the World Health Organization on the distribution of major groups for the prevention of dental diseases, then these groups are also representing the correspondence between the indicators obtained in the course of pre-conducted epidemiological and population studies and in our study sample of 411 pediatric patients: the prevalence of caries – (43.4±1.2)% (86.6±1.5)% and (95.5±2.2)% respectively; the crowding of teeth – (12.6±2.2)% (20.6±2.6)% and (13.9±2.3)% respectively; dystopia – (12.5±2.2)% (11.7±1.8)% and (16.9±1.6)% respectively; primary edentulism – (2.8±1.4)% and (1±4.0)% in age groups 6–7 and 12 years respectively; supplemented teeth – (1.4±0.5)% (1±4.0)% and (0.05±0.6)% respectively.

CONCLUSIONS Thus, in the course of this phase of study, which was aimed to provide comparative analysis of the major dental pathologies prevalence among children and adolescents, and was conducted through a retrospective review of medical documentation and examination of 411 dental pediatric patients, it was found that the established prevalence of different pathologies does not statistically differ from the indicators, which were given in previous epidemiological studies. The small absolute difference of the indicators can be justified by the discrepancy in the size of samples being studied, the analysis of the certain pathologies prevalence outside Transcarpathian regions, the discrepancy in age categorization given in various studies, the researches of the stomatological status of the children's population living in different regions of Transcarpathia. The prospect of further research is to compare the clinical results obtained in this study with the data on the prevalence of major dental diseases, which will be obtained by the orthopantomograms analysis, the preliminary presence of which in the patients of the study sample was predicted by the conditions of this phase of the study.
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Компетентний аналіз поширеності основних стоматологічних захворювань серед дитячого населення Закарпаття з урахуванням результатів обстеження сформованої клінічної вибірки та попередньо проведених досліджень

Резюме. Враховуючи наявність попередньо проведених епідеміологічних досліджень на території Закарпатської області, присвячених питанню вивчення поширеності основних стоматологічних патологій серед дитячого населення, аргументованою постійно проживання в умовах біогеохімічного дефіциту фто-ру і йоду: дис. ... д-ра мед. наук : 14.01.22 “Стоматологія” / О. В. Клітинська ; Ужгородський нац. ун-т. - Ужгород, 2015. - 344 с.

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Матеріали і методи. У ході реалізації поставлених мет при проведенні епідеміологічних досліджень на території Закарпатської області, присвячених питанню вивчення поширеності основних стоматологічних патологій серед дитячого населення, аргументованою постійно проживають у гірських районах Закарпатської області, з школярами міста Ужгород / О. В. Клітинська // Україна. Здоров’я нації. - 2016. - № 3. - С. 45–49.

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Рецензія. Враховуючи наявність попередньо проведених епідеміологічних досліджень на території Закарпатської області, присвячених питанню вивчення поширеності основних стоматологічних патологій серед дитячого населення, аргументованою постійно проживають у гірських районах Закарпатської області, з школярами міста Ужгород / О. В. Клітинська // Україна. Здоров’я нації. - 2016. - № 3. - С. 45–49.

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10. Горзов Л. Ф. Епідеміологія стоматологічних захворювань серед дитячого населення Закарпаття / В. С. Мельник, Л. Ф. Горзов, А. В. Сабов // Актуальні проблеми сучасної медицини. - 2016. - Т. 16. - Вип. 3. - С. 20–23.
Результати досліджень та їх обговорення. Провівши систематизацію усіх отриманих результатів, можна резюмувати, що середній показник поширеності карієсу серед 411 дітей віком 6,0–15,9 року становив 73,2 % (входить у діапазон результатів попередньо проведених епідеміологічних досліджень), скукції зубів – 18,82 % (нижче діапазону результатів попередньо проведених епідеміологічних досліджень), дистопії – 14,69 % (входить у діапазон результатів попередньо проведених епідеміологічних досліджень), первинної адентії – 2,31 % (входить у діапазон результатів попередньо проведених епідеміологічних досліджень), наявних надкомплектних зубів – 0,82 % (входить у діапазон результатів попередньо проведених епідеміологічних досліджень), затримку прорізування зубів відмінали у 8,65 % клінічних випадків (входить у діапазон результатів попередньо проведених епідеміологічних досліджень).

Висновки. У результаті проведення даного етапу дослідження, що полягає у реалізації порівняльного аналізу поширеності патологій зубочелюстного апарату серед дітей та підлітків, і який виконували шляхом ретроспективного аналізу медичної документації та клінічного огляду стоматологічних хворих, вдалося виявити, що встановлена поширеність різних патологій статистично не відрізняється від показників, що були наведені у попередньо проведених епідеміологічних дослідженнях. Наявна незначна абсолютна різниця показників може бути обґрунтована розбіжністю у чисельності досліджуваних вибірок, аналізом поширеності окремих патологій поза межами Закарпаття, неспівпаданням вікової категоризації, наведеної у різних дослідженнях, охопленням даних стоматологічного статусу дитиння в різних регіонах Закарпаття.

Ключові слова: стоматологічна патологія; діти; Закарпатська область.