

improved. Therefore, if the availability of surgical and phonopedic care is limited, a management strategies of nodose diseases of the vocal folds, which begins with injections of dexamethasone into the vocal folds and a delayed decision on the further management of the patient, is acceptable.

THE RESULTS OF ALTERED CHEMORADIO THERAPY FOR LOCALLY ADVANCED ORAL, TONGUE, AND PHARYNX CANCER

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Introduction. The results of chemoradiotherapy for head and neck cancer remain unsatisfactory.

Research objectives to improve the effectiveness of chemoradiotherapy for locally advanced cancer of the oral cavity, tongue and pharynx using a new altered fractionation by dynamic accelerated hyperfractionation with concomitant boost.

Materials and methods. The study included 280 men with squamous cell carcinoma of the oral cavity, tongue, oropharynx and hypopharynx III and IVA, B stage, treated in 2009-2013. Patients were randomized into 2 groups, completely comparable in age, stage and other parameters. In the main group, was used radiotherapy by dynamic accelerated hyperfractionation with concomitant boost for 5 weeks. In the control group, conventional radiotherapy was used for 7 weeks.

Results. Statistically significant differences ($p < 0.001$) with the best survival rates were obtained in the group with altered fractionation radiotherapy. One-, three- and five-year overall survival was 84.9% (SE 3), 63.7% (SE 4) and 46.2% (SE 5) respectively in the main group, and 61.7% (SE 4), 30% (SE 4) and 20.9% (SE 4) respectively in the control group. The median of observations in the control and main groups corresponded to 57 and 56 months, and the median of survival – 16 months and 53 months. One-, three- and five-year cancer-specific survival in the main group corresponded to 91% (SE 3), 72% (SE 4) and 59% (SE 5), in the control group, respectively 63% (SE 4), 31% (SE 4) and 23.5% (SE 4). The median cancer-specific survival rate was 17 months in the control group and 76 months in the main group. One-, three- and five-year disease-free survival in the study group was 93.4% (SE 2), 77.6% (SE 4) and 58.2% (SE 6), in the control group – 51.6% (SE 6), 26.2% (SE 6) and 21.9% (SE 6), respectively. The cumulative incidence (5 years) of death from cancer is statistically significantly lower in the main group – 41.16% (SE 0.2), compared with the control group – 74.55% (SE 0.14). The cumulative incidence of death from second cancer and other diseases was comparable across the groups.

Conclusion. Chemoradiotherapy using dynamic accelerated hyperfractionation with accompanying boost improves long-term results of treatment for locally advanced cancer of the oral cavity, tongue and pharynx.

CHANGES IN THE HYDROGEN INDEX OF THE ORAL FLUID IN THE PRESENCE OF THIRD MOLARS AND IN THEIR ABSENCE IN PATIENTS WITH AND WITHOUT TRAUMATIC MANDIBULAR FRACTURE

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Introduction. The third molar is often "causal" in the development of odontogenic infectious and inflammatory processes.

The aim of the work is to study the hydrogen index (pH) of the oral fluid in the presence of third molars and in their absence in patients with and without traumatic mandibular fracture.

Materials and methods. 170 patients aged 18-50 years, divided into 4 groups, were examined. Group 1 – control (60 people) who had no third molars and no mandibular fracture. Group 2 (60 people) who had third molars but no mandibular fracture. Group 3 (25 people), who were missing the third molars, but had a fracture of the lower jaw. Group 4 (25 people), who had third molars and a fracture of the lower jaw. These individuals did not have a history of surgery, somatic diseases, and in the oral cavity – factors that can affect the result of the study. They had a high level of caries intensity and satisfactory oral hygiene. The pH of the oral fluid was determined by the device "PH TDS meter". The obtained data were processed statistically.

Results. The pH of the oral fluid of group 1 was 7.08 (6.99-7.12), in group 2 – 6.77 (6.70-6.84), in group 3 – 6.66 (6.48-6.72), in group 4 – 6.19 (6.12-6.33). These values with multiple comparisons and the influence of the Kruskal-Wallis test $H=157.89$, $p=0.000$ revealed significant differences in groups 1 and 2 ($z_{1-2}=3.68$, $p=0.002$), in groups 1 and 3 ($z_{1-3}=7.91$, $p=0.000$), in groups 1 and 4 ($z_{1-4}=10.61$, $p=0.000$). At the same time, a significant difference was determined when comparing the results of groups 2 and 4 ($z_{2-4}=4.37$, $p=0.000$).

Conclusion. The results obtained allow us to conclude that the preventive removal of the third molars in persons whose activities are associated with the possibility of jaw injuries, the preventive removal of the third molars should be considered as the prevention of the development of inflammatory complications in injuries of the maxillofacial region.