In recent years, generalized parodontitis (GP) has increased significantly [1]. Microorganisms of parodontal pockets often cause an immune conflict, bringing to the sensitization and allergization of the body, cause the launch of an autoimmune component that supports the pathological process not only in the parodontal complex, but also in the body of a patient [2].

One of the dominant factors that potentiate the development of generalized parodontal diseases, including GP, is a disease of internal organs and systems [3]. The level of the latter undergoes significant changes in a number of conditions and diseases, including, anorexia nervosa (AN) which occupies a significant place in the structure of human diseases [4].

**Aim of the research:** to study the format of the state of local immunity and oral hygiene in patients with GP suffering from anorexia nervosa.

**Materials and methods.**

To achieve this aim, clinical, radiological and immunological methods were used, as well as an index assessment of oral hygiene (PMA, API, GI). The diagnosis of parodontal disease was established in accordance with the classification after N. F. Danilevski (1994). The diagnosis of AN was determined by the specialists of neuropsychiatric department of Kiev Clinical Hospital on railway transport №1.

The study involved 86 people 19-35 years old. In 35 examined patients with AN we diagnosed generalized parodontitis of the primary-I degree of the chronic course (main group).

The results of the research we compared with 21 patients who had GP primary-I degree chronic course with no complications of AN (comparative group).

The results of a study were compared with 30 mentally healthy people of similar age who had a mass deficit reaching 15% in accordance with the body mass index – the control group. In this group dental diseases as well as diseases of internal organs and systems were excluded.

To determine the state of the secretory immunoglobulin SIgA (11SIgA), the generally accepted method of radial immunodiffusion in the gel according to G. Mancini (1964) was applied.
Determination of serum immunoglobulins 7SIgA, IgM, IgG in the oral fluid was determined in the reaction of G. Mancini (1964), modified by the tissue culture laboratory of the State Institute of Hematology and Transfusion of the Academy of Medical Sciences of Ukraine.

Determination of oral fluid lysozyme was carried out according to the generally accepted scheme of G. Sinai and O. Berger in the modification of the laboratory of microbiology of the State Institute of Hematology and Transfusion of the National Academy of Medical Sciences of Ukraine. To determine the concentration of oral lysozyme, a 24-hour agar test culture of Micrococcus Lysoclastscus (M.L.) strain No. 2665 was used.

Statistical methods STATISTICA 6.0 were used, <0.05 were considered reliable features.

The results of the research and their discussion.

In an index assessment of the level of oral hygiene in patients with GP of primary-I degree of chronic course with AN poor oral hygiene was established in both the main and comparative groups.

However, it should be noted that in the main group (patients with GP of initial-I degree, burdened with AN), these indicators were significantly higher. An unsatisfied level of hygiene was observed in all patients of the main group, while in the comparative group (patients with GP initial-I degree chronic course, not burdened with AN) were observed less frequently (73.2 ± 1.2% of cases).

In the control group only in 5% of those examined we observed an unsatisfactory state of oral hygiene.

We recorded low levels of lysozyme oral fluid in patients of the main group.

Thus, the amount of lysozyme in the oral fluid in this group was 0.014 ± 0.07. In the comparative group this indicator, although it was higher and was 0.03 ± 0.004 g/l, nevertheless, was significantly lower than in the control group.

While investigating the state of secretory immunity in patients with GP of the initial-I degree of the chronic course, associated with AN, significant changes were found because of decreasing SIgA (11SIgA) in patients of the main group compared to the comparative and control groups (135.31 ±23.17, 130.26 ± 24.21 and 300.34 ± 27.38 mg/l, respectively), which indicates a pronounced immunodeficiency key of local immunity.

While determining the indicators of serum IgA (7SIgA) in the oral fluid a significant decrease in the amount of IgA (7SIgA) was found in patients with GP of the initial-I degree of the chronic course, suffering from AN.

Note that in the comparative group, although there was a slight decrease in the number of IgA (7SIgA), IgM, however, the obtained data were unreliable.

A tendency to an increase in the level of IgG in the oral fluid in the comparative group compared with the main and control groups was established (5.35 ± 0.36, vs. 4.57 ± 0.04 and 4.98 ±0.23 g/l, respectively).

Conclusions.

1. Poor oral hygiene according to indicative hygienic indicators (RMA, API, GI) in all patients with GP initial-I degree of chronic course, burdened with AN, could indicate that the aggressiveness of periodontal microorganisms contributes not only to aggravation and acceleration of the pathological process periodontal tissues, but also serves as a potentiating component supporting and aggravating the course of anorexia nervosa.
2. We believe that the observed immunodeficiency of the main immunological link of local immunity (11SIgA) in patients with GP is a mirror image of changes occurring in the body of AN patients.

3. We sure that the aggressive microflora of parodontal pockets undoubtedly has a negative impact on the manifestation of AN.

References:
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THE USE OF L-ARGININE AS A NO DONOR IN OBSTETRIC PRACTICE

Olena Deinichenko
Postgraduate Student, Department of Obstetrics and Gynecology
Zaporizhzhia State Medical University

SCIENTIFIC ADVISOR:
Yuri Krut
MD, Professor, Head of the Department of Obstetrics and Gynecology
Zaporizhzhia State Medical University
UKRAINE

Donators of nitric oxide, in recent years are increasingly used in the clinical practice of various fields of medicine, among them the greatest interest is L-arginine (the main substance of the donor of nitric oxide) used in hypertensive disorders in pregnant women. Nitric oxide deficiency is a key element in endothelial dysfunction in critical conditions.

In recent years, a large number of studies have been devoted to studying the role of NO in the pathophysiology of obstetric conditions. The results of these studies laid the foundation for the clinical use of NO donors as a new pharmacological tool.

It is likely that this substance plays a fundamental role in the pathogenesis of preeclampsia and intrauterine growth restriction syndrome, where the ability of the