

The influence of staterin on the occurrence of oral diseases

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The prevalence of dental caries today is very high, about 99% of the population suffer from this disease. Despite the fact that the majority of modern scholars recognize the decision of the etiology of dental caries [1], the composition of saliva and oral fluid as a cariogenic factor that causes has a lot of controversy. There are publications in foreign literature, covering the components of saliva, particularly glistatins and cystatins, which are proteins rich in proline (Carbas T., Pisano E., Boi R.) [2]. At the same time the study devoted to the protein staterin, which presents only in saliva - unit [3].

Thus, the available foreign literature research results create the preconditions for further study the role of staterin in the development of dental diseases. This was the reason for the choice of the problem of our study. We research the staterin quantification in the oral fluid depending on the availability of oral diseases and their absence.

134 people participated in the experiment, 54 of them were with dental caries and its complications (experimental group) and 80 - apparently healthy (control group).

The subjects were divided by sex and age. The age of patients ranged from 18 to 42 years old.

A comprehensive dental examination of all subjects was conducted, hygiene indexes were defined, a complete dental anamnesis was collected.

The subjects completed a questionnaire, which included an information about oral hygiene compliance, bad habits (smoking), taking meal before collecting saliva and so on. The material for the study was unstimulated mixed saliva.

Staterin in oral fluid was determined using an enzyme immunoassay [4].

Spearman's nonparametric method of rank correlation was used to examine the relationship level between staterin and studied indicators (caries intensity, age, hygiene indexes, eating, smoking, dryness in the mouth).

The study found:

1) the presence of staterinin the oral fluid is indicative of the disease in the oral cavity, since in the study of healthy patients present examples where staterin was not detected;

2) the staterinlevelin saliva inpatients with caries and its complications is higher than that of healthy;

3) Statistically significant differences of concentration of staterinin the oral fluid between men and women do not exist;

4) the level of oral hygiene, eating, bad habits do not affecton the staterin level in oral fluid.

References:

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