

Hyaluronic Acid–Based Agents in the Comprehensive Treatment of Oral Vestibule Architectonic Disturbances: Legal Regulation and Public Health Policy

UDC 616.316-089-08:615.036:614.2:340.6(045)

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Keywords:

access to healthcare;
evidence-based medicine;
Gengigel;
health technology assessment
(HTA);
healthcare policy;
labial frenula;
oral vestibule

Abstract

Relevance. Improving the effectiveness of the diagnosis and comprehensive treatment of patients with dentoalveolar anomalies associated with disturbances in the oral vestibule architectonics remains a significant issue in modern dentistry. This is due to the fact that anatomical structures, such as labial frenula, buccal bands, and ankyloglossia, serve as important etiological factors in the development of dentoalveolar anomalies, may contribute to relapse after orthodontic treatment, and can lead to gingival recession. This issue also has legal significance, as the effectiveness of treatment depends on appropriate regulatory support and the actual availability of specialized dental care within the healthcare system. The limited incorporation of modern evidence-based approaches into clinical standards, along with unequal patient access to comprehensive treatment, necessitates the improvement of legal and organizational mechanisms to ensure the quality of medical care.

The objective is to evaluate the effectiveness of the comprehensive treatment of patients with dentoalveolar anomalies associated with altered oral vestibule architectonics using surgical correction and different postoperative therapeutic approaches. Furthermore, it aims to substantiate the need to improve the regulatory and legal framework and to integrate contemporary evidence-based approaches into the system of public health policy in Ukraine.

Materials and Methods. The study involved 30 patients aged 12–15 years with dentoalveolar anomalies and disturbances in oral vestibule architectonics. All patients underwent surgical correction of the oral vestibule using the conventional method, with wound healing by secondary intention. The patients were divided into two groups: Group I received Chlorhexidine-Denta during the postoperative period; Group II received a combination of Chlorhexidine-Denta and a hyaluronic acid–based gel (Gengigel). Clinical, cytomorphometric, and rheographic examinations were performed to assess the condition of the oral vestibule tissues.

Results. Patients demonstrated pronounced alterations in oral vestibule architectonics: the height of labial frenulum attachment was less than 5 mm, and connective tissue bands in the canine and premolar regions were present in 96.7% (29/30) of cases. Clinical and laboratory findings indicated reduced blood supply to the vestibular tissues. After treatment, statistically significant differences were observed between the two groups ($p < 0.05$).

Patients in Group II showed superior outcomes, including the formation of normotrophic scars, the absence of relapse and gingival recession in the canine and premolar regions, as well as the normalization of clinical and laboratory parameters.

Conclusions. A comprehensive approach to the treatment of oral vestibule architectonic disturbances, including surgical correction and the use of hyaluronic acid–based agents in the postoperative period, ensures improved clinical outcomes, promotes optimal tissue healing, and significantly reduces the risk of complications and relapse.



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Великого, Міжрегіональна
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персоналом,
Київ, Україна**Ключові слова:**доступ до медичної
допомоги;
доказова медицина;
Gengigel;
оцінка медичних
технологій (ОМТ);
політика охорони здоров'я;
вездечки губ;
присінки ротової
порожнини**Засоби на основі гіалуронової кислоти в комплексному лікуванні порушень архітекτονіки присінки ротової порожнини: правове регулювання та політика охорони здоров'я****Анотація**

Актуальність. Підвищення ефективності діагностики та комплексного лікування пацієнтів із зубощелепними аномаліями, асоційованими з порушеннями архітекτονіки присінки ротової порожнини, залишається вагомим проблемою сучасної стоматології. Це зумовлено тим, що анатомічні структури, такі як вуздечки губ, щічні тяжі та анкілоглосія, є важливими етіологічними чинниками розвитку зубощелепних аномалій, можуть сприяти рецидивам після ортодонтичного лікування та призводити до рецесії ясен. Це питання має також правове значення, оскільки ефективність лікування залежить від належного нормативного забезпечення та фактичної доступності спеціалізованої стоматологічної допомоги в межах системи охорони здоров'я. Обмежене впровадження сучасних доказових підходів у клінічні стандарти, поряд із нерівним доступом пацієнтів до комплексного лікування, зумовлює необхідність удосконалення правових та організаційних механізмів забезпечення якості медичної допомоги.

Мета. Оцінити ефективність комплексного лікування пацієнтів із зубощелепними аномаліями, що супроводжуються змінами архітекτονіки присінки ротової порожнини, із застосуванням хірургічної корекції та різних підходів післяопераційної терапії. Обґрунтувати необхідність удосконалення нормативно-правової бази та інтеграції сучасних доказових підходів у систему державної політики охорони здоров'я України.

Матеріали та методи. У дослідженні взяли участь 30 пацієнтів віком 12–15 років із зубощелепними аномаліями та порушеннями архітекτονіки присінки ротової порожнини. Усім пацієнтам було проведено хірургічну корекцію присінки ротової порожнини загальноприйнятим методом із загоєнням рани вторинним натягом. Пацієнтів розділили на дві групи: група I отримувала "Chlorhexidine-Denta" у післяопераційному періоді; група II отримувала комбінацію "Chlorhexidine-Denta" та гелю на основі гіалуронової кислоти (Gengigel). Для оцінки стану тканин присінки ротової порожнини проводили клінічні, цитоморфометричні та реографічні дослідження.

Результати. У пацієнтів спостерігалися виражені зміни архітекτονіки присінки ротової порожнини: висота прикріплення вуздечки губи була меншою за 5 мм, а сполучнотканинний тяж в ділянці іклів та премолярів були присутні у 96,7% (29/30) випадків. Клініко-лабораторні дані свідчили про зниження кровопостачання тканин присінки. Після лікування між двома групами спостерігалися статистично значущі відмінності ($p < 0,05$). Пацієнти II групи продемонстрували кращі результати, зокрема формування нормотрофічних рубців, відсутність рецидивів та рецесії ясен у ділянці іклів та премолярів, а також нормалізацію клініко-лабораторних показників.

Висновки. Комплексний підхід до лікування порушень архітекτονіки присінки ротової порожнини, що включає хірургічну корекцію та застосування засобів на основі гіалуронової кислоти у післяопераційному періоді, забезпечує покращення клінічних результатів, сприяє оптимальному загоєнню тканин та суттєво знижує ризик виникнення ускладнень і рецидивів.

Introduction

Alterations in the architectonics of the oral cavity create preconditions for the development of a number of pathological conditions. In particular, they may lead to changes in the position of certain groups of teeth, crowding, localized periodontitis, or gingival recession [5, 7]. Timely correction of these anatomical features of the oral vestibule can

prevent the onset of such diseases. Therefore, modern dentistry is primarily focused on a preventive approach, as preventing a disease is more effective than treating it.

Numerous clinical studies indicate an increasing prevalence of dentoalveolar anomalies in children, such as abnormally attached labial frenula, buccal bands in the canine and premolar regions, and an-

kyloglossia. These conditions impair blood supply in the affected areas and contribute to the development of associated pathologies. Researchers emphasize that the timely elimination of the etiological factor, prior to the initiation of the etiopathogenetic cascade, can effectively prevent disease development [5–8].

Modern surgical dentistry offers a variety of approaches for correcting disturbances in oral vestibule architectonics, including frenuloplasty and vestibuloplasty. However, the formation of postoperative scars in the oral mucosa remains a common complication, occurring in 10.0–30.5% of patients [3, 9]. Therefore, particular attention must be paid to postoperative management.

Special attention has been drawn to hyaluronic acid (HA)–based agents due to their widespread use as wound-healing materials and their suitability for pediatric applications [13, 14]. Studies have demonstrated that HA possesses bacteriostatic properties, enhances the effectiveness of antibiotics and other therapeutic agents, and promotes tissue regeneration [3, 4, 7, 9]. In addition, it reduces clinical signs of inflammation and gingival bleeding [1, 5, 10]. The wide range of biological effects of HA highlights the relevance of further investigation into its impact on oral vestibule tissues.

At the same time, the implementation of innovative treatment methods, including the use of hyaluronic acid–based agents, requires a robust legal and regulatory framework within the healthcare system. The effectiveness and accessibility of such interventions depend on comprehensive regulatory support and the integration of evidence-based approaches into clinical standards. The absence of clear regulatory guidelines may lead to disparities in clinical practice and limited patient access to effective treatment.

Objective

The objective of this study is to improve the effectiveness of diagnosis and comprehensive treatment in patients with dentoalveolar anomalies associated with disturbances in oral vestibule architectonics. Furthermore, the study aims to substantiate the need for enhanced regulatory support and the integration of evidence-based approaches into public health policy.

Materials and Methods

The study included 30 patients aged 12–15 years presenting with dentoalveolar anomalies accompanied by disturbances in oral vestibule architectonics.

Surgical correction of the vestibular structures constituted a key component of the treatment. All patients underwent surgical correction of the oral vestibule using a conventional technique, with wound healing by secondary intention.

Patients were divided into two groups: individuals in Group I received Chlorhexidine-Denta during the postoperative period, whereas those in Group II were treated with a combination of Chlorhexidine-Denta (Ukraine) and a hyaluronic acid–based gel (Gengigel, Italy).

Based on the clinical assessment of vestibular architectonic disturbances, a treatment algorithm was developed. Frenuloplasty is recommended prior to the initiation of orthodontic treatment, optimally at the age of 6–7 years, while the correction of connective tissue bands and vestibuloplasty should be performed no earlier than 12 years of age, as the formation of the oral vestibule is typically completed by this stage.

All patients underwent clinical, cytomorphometric, and rheographic evaluations before treatment, as well as at 6 and 12 months postoperatively.

Results and Discussion

All examined patients demonstrated pronounced alterations in the architectonics of the oral vestibule. Despite the relatively young age of the cohort, 14 patients (46.7%) exhibited a labial frenulum attachment height of less than 5 mm. Connective tissue bands in the canine and premolar regions were identified in 29 patients (96.7%), which became clearly visible upon the use of a mouth retractor. Additionally, 4 patients (13.3%) were diagnosed with a shallow vestibule (depth up to 5 mm).

The presence of abnormally attached labial frenula necessitates frenuloplasty prior to the eruption of permanent incisors (at 6–7 years of age). However, a considerable proportion of parents remain unaware of the potential dentoalveolar complications associated with such anatomical variations, largely due to insufficient preventive education provided by general dentists and pediatricians. All such patients underwent frenuloplasty, while those with a shallow vestibule received vestibuloplasty.

Analysis of oral hygiene indices revealed no statistically significant differences between Groups I and II (including the PMA index, Mühlemann bleeding index, and periodontal index) ($p > 0.05$); however, these parameters significantly differed from those of the control group ($p < 0.05$).

Pre-treatment cytomorphometric and rheographic findings indicated impaired blood supply

in the oral vestibule tissues. This was evidenced by increased vascular tone, venous outflow, and peripheral resistance indices, alongside decreased volumetric blood flow and rheographic indices ($p < 0.05$). Qualitative rheographic characteristics were consistent with the quantitative data obtained.

The cell differentiation index demonstrated statistically significant differences between Groups I and II on days 14 and 21 postoperatively ($p < 0.05$), confirming the advantages of using hyaluronic acid-based agents for promoting accelerated wound healing.

In Group I (control), the “creeping attachment” phenomenon, which indicates the rapid restoration of blood supply in the operated area, was notably absent. One month postoperatively, 4 patients (26.7%) in this group exhibited mucosal thickening, postoperative scar hypertrophy, and impaired mucosal sensitivity. At the 3-month follow-up, most patients demonstrated thinned, pale-pink mucosa. By 6 months, clinical evaluation revealed normotrophic scar formation in 10 patients (66.7%), hypertrophic scars in 4 patients (26.7%), and atrophic scars in 1 patient (6.7%). Furthermore, exacerbation of gingival inflammation was diagnosed in 5 individuals (33.3%). At 12 months postoperatively, gingival recession was identified in 4 patients (26.7%)—cases that had previously shown progressive scar growth at the 6-month milestone: 2 cases corresponded to Miller Class I and 2 to Miller Class II. Additionally, 8 patients (53.3%) experienced an exacerbation of chronic catarrhal gingivitis.

In contrast, patients in Group II demonstrated the “creeping attachment” phenomenon in the marginal gingiva. By the 9th postoperative day, a well-developed capillary network was evident, accompanied by an increase in the height of the marginal gingival ridge by up to 1.0 mm. In 12 patients (80.0%), stabilization of this condition was observed within 3 months, indicating the elimination of the traumatic factor and the restoration of adequate blood supply in the operated area.

Postoperative clinical features were as follows:

- One month postoperatively: Hypertrophic scar changes—characterized by induration, uneven expansion, elevation above the surrounding mucosa, and altered sensitivity—were observed in 3 patients (20.0%).
- Three months postoperatively: The mucosa appeared thinned and pale-pink.
- Six months postoperatively: Normotrophic scars were present in 11 patients (73.3%), hypertro-

phic scars in 3 patients (20.0%), and atrophic scars in 1 patient (6.7%). Gingival symptoms (bleeding, edema, pain, and pruritus) were reported in 6 patients (40.0%).

- Twelve months postoperatively: Hypertrophic scars persisted in 3 patients (20.0%), while 5 patients developed Miller Class I gingival recession affecting a single tooth.

Following treatment, a general trend toward the normalization of clinical parameters was observed in both groups; however, these indicators remained significantly different compared to the baseline values ($p < 0.05$). At the 6-month follow-up, Group I showed a tendency toward deterioration in periodontal indices (PI, PMA, and BI), although these values were still significantly improved compared to pre-treatment levels ($p < 0.05$). Both groups demonstrated positive changes in rheographic parameters; however, statistically significant improvements compared to the control group were predominantly observed in Group II ($p < 0.05$), indicating a more effective restoration of blood circulation in the operated tissues.

The findings of this study are consistent with those reported by other authors, who emphasize the critical importance of surgical correction of oral vestibule architectonic disturbances in preventing long-term periodontal complications [2].

Our results further confirm the advantages of using hyaluronic acid-based agents in the postoperative period, as evidenced by both clinical and laboratory outcomes. These findings are in agreement with other studies highlighting the broad therapeutic potential of such agents, including their pronounced wound-healing properties and suitability for patients across various age groups [11, 14].

Based on our data and the existing literature, the use of hyaluronic acid-based preparations in the postoperative period is recommended to promote the formation of normotrophic scars in the oral vestibule mucosa. This approach is particularly critical for patients with vestibular architectonic disturbances, as it mitigates the risk of pathological scarring and associated gingival recession.

The implementation of innovative medical technologies in healthcare practice is inextricably linked to their regulatory framework, as well as to the institutional mechanisms for executing public health policy. In particular, the decision-making system regarding the use of medical technologies in Ukraine requires improvement in terms of evidence-based justification and transparency, along-

side a broader application of Health Technology Assessment (HTA) mechanisms.

In the international context, the integration of innovative treatment methods—including hyaluronic acid–based agents—is evaluated through the HTA framework. This process ensures evidence-informed decision-making regarding both their adoption into clinical practice and potential reimbursement. Accordingly, the absence of clearly defined standards for the use of such agents within the national healthcare system may result in significant variability in clinical practice and inequitable patient access to effective, modern treatment modalities.

An analysis of the current state of legal regulation in Ukraine indicates the gradual development of a robust institutional framework for the implementation of innovative medical technologies. In particular, the use of Health Technology Assessment (HTA) as a tool for evaluating the effectiveness of medical interventions has been established at the legislative level, with relevant organizational mechanisms operationalized within the Ministry of Health and the State Expert Center. A pivotal milestone was the approval in 2025 of methodological guidelines for conducting HTA of medical devices, which enables the practical assessment of new technologies in alignment with European standards.

At the same time, existing studies point to the persistence of several systemic challenges, including the insufficient integration of HTA results into decision-making processes, the limited reliance on high-quality evidence in the selection of medical technologies, and the absence of clear criteria for including innovative treatment methods in publicly funded healthcare programs. This is particularly relevant to the dental sector, which currently remains partially outside the scope of the guaranteed package of medical services.

Thus, the results of this study carry interdisciplinary significance: they not only demonstrate the clinical effectiveness of hyaluronic acid–based agents but also underscore the necessity for their robust regulatory support. The integration of such therapeutic methods into public health policy must be aligned with the principles of evidence-based medicine, HTA mechanisms, and European standards of healthcare quality. Such a strategic approach will contribute to ensuring equitable patient access to modern treatment technologies and, ultimately, to improving the performance and transparency of the healthcare system in Ukraine.

Conclusions

1. Clinical Importance. Correction of oral vestibule architectonic disturbances is a fundamental component of the comprehensive treatment for patients with dentoalveolar anomalies. Addressing these anatomical abnormalities is critical to preventing long-term periodontal complications and recurrence.

2. Diagnostic Findings. Dentoalveolar anomalies associated with vestibular structural disturbances are characterized by significant anatomical deviations. Our study identified that 46.7% ($n = 14$) of patients presented with a labial frenulum attachment height < 5 mm, 96.7% ($n = 29$) exhibited connective tissue bands in the canine and premolar regions, and 13.3% ($n = 4$) were diagnosed with a shallow vestibule (depth up to 5 mm). These clinical observations were substantiated by cytomorphometric and rheographic evaluations, which confirmed a localized impairment of blood supply.

3. Therapeutic Efficacy. The postoperative use of hyaluronic acid–based preparations significantly improves treatment outcomes. Patients in Group II, who received the combined therapy, demonstrated superior healing dynamics and a lower incidence of pathological scarring compared to Group I ($p < 0.05$).

4. Policy Implications. The integration of innovative therapeutic methods, such as the use of hyaluronic acid–based agents, requires more than clinical validation; it necessitates robust regulatory support. To ensure consistency in clinical practice and equitable patient access to effective treatment, it is essential to implement evidence-based approaches through standardized clinical protocols and the systematic application of Health Technology Assessment (HTA) mechanisms.

Prospects for Further Research

Future studies should include longitudinal clinical and laboratory follow-ups at extended intervals following the completion of active orthodontic treatment. Such research is essential to assess the long-term durability and stability of vestibular corrections and to further validate the sustained benefits of hyaluronic acid–based therapy in maintaining periodontal health.

Conflict of Interest. The authors declare that they have no conflicts of interest that could be perceived as biasing the impartiality of this article.

Informed Consent for Publication. All authors have reviewed and approved the final manuscript and provided their informed consent for its publication.

REFERENCES / ЛІТЕРАТУРА

1. Al-Shammari, N. M., Shafshak, S. M., & Ali, M. S. (2018). Effect of 0.8% Hyaluronic acid in conventional treatment of moderate to severe chronic periodontitis. *J Contemp Dent Pract*, 19, 527–534. DOI: <https://doi.org/10.5005/jp-journals-10024-2294>.
2. Bazunova, I. V. (2007). *Influence of the oral vestibule condition in young individuals on the choice of dental intervention tactics*. Candidate dissertation, Ukrainian Medical Stomatological Academy. Poltava. [Базунова, І. В. (2007). Вплив стану присінки рота у осіб молодого віку на вибір тактики стоматологічних втручань. Дисертація кандидата медичних наук, Українська медична стоматологічна академія. Полтава. 159 с.].
3. Bonito, A. J., Lux, L., & Lohr, K. N. (2005). Impact of local adjuncts to scaling and root planing in periodontal disease therapy: A systematic review. *J Periodontol*, 76(8), 1227–1236. DOI: <https://doi.org/10.1902/jop.2005.76.8.1227>.
4. Cugini, M. A., Haffajee, A. D., Smith, C., Kent, R. L. Jr., & Socransky, S. S. (2020). The effect of scaling and root planing on the clinical and microbiological parameter of periodontal diseases: 12-month results. *J Clin Periodontol*, 27(1), 30–36. DOI: <https://doi.org/10.1034/j.1600-051x.2000.027001030.x>.
5. Eliezer, M., Imber, J. C., Sculean, A., Pandis, N., & Teich, S. (2019). Hyaluronic acid as adjunctive to non-surgical and surgical periodontal therapy: A systematic review and meta-analysis. *Clin Oral Invest*, 23, 3423–3435. DOI: <https://doi.org/10.1007/s00784-019-03012-w>.
6. Holovko, N. V. (2005). *Prevention of dentoalveolar anomalies*. Nova Knyha. [Головко Н. В. (2005). *Профілактика зубощелепних аномалій*. Нова Книга. 272 с.]. ISBN 966-8609-21-2. [in Ukrainian].
7. Ibraheem, W., Jedaiba, W. H., Alnami, A. M., Hussain Baiti, L. A., Ali Manqari, S. M., Bhati, A., Almarghlani, A., & Assaggaf, M. (2022). Efficacy of hyaluronic acid gel and spray in healing of extraction wound: A randomized controlled study. *Eur Rev Med Pharmacol Sci*, 26(10), 3444–3449. DOI: https://doi.org/10.26355/eurrev_202205_28838.
8. Iwanaga J, Takeuchi N, Oskouian RJ, Tubbs RS. (2017). Clinical Anatomy of the Frenulum of the Oral Vestibule. *Cureus*, DOI: <https://doi.org/10.7759/cureus.1410>.
9. Johannsen, A., Tellefsen, M., Wikesjo, U., & Johannsen, G. (2009). Local delivery of hyaluronan as an adjunct to scaling and root planing in the treatment of chronic periodontitis. *J Periodontol*, 80(9), 1493–1497. DOI: <https://doi.org/10.1902/jop.2009.090128>.
10. Madkour, G. G., El Refaie, I., & Mostafa, B. (2018). Adjunctive use of hyaluronic acid with scaling and root planing in treatment of chronic periodontitis patients with diabetes mellitus type 2: A randomized controlled trial. *Egypt Dent J*, 64, 4057–4065. DOI: <https://doi.org/10.21608/edj.2018.91765>.
11. Pilloni, A., Schmidlin, P. R., Sahrman, P., Sculean, A., & Rojas, M. A. (2019). Effectiveness of adjunctive hyaluronic acid application in coronally advanced flap in Miller class I single gingival recession sites: A randomized controlled clinical trial. *Clin Oral Invest*, 23, 1133–1141. DOI: <https://doi.org/10.1007/s00784-018-2537-4>.
12. Pistorius, A., Martin, M., Willershausen, B., & Rockmann, P. (2005). The clinical application of hyaluronic acid in gingivitis therapy. *Quintessence Int*. 36(7–8), 531–538. PMID: [15999421](https://pubmed.ncbi.nlm.nih.gov/15999421/).
13. Sahayata, V. N., Bhavsar, N. V., & Brahmabhatt, N. A. (2014). An evaluation of 0.2% hyaluronic acid gel (Gengigel®) in the treatment of gingivitis: A clinical & microbiological study. *Oral Health Dent Manag*, 13(3), 779–785. PMID: [25284557](https://pubmed.ncbi.nlm.nih.gov/25284557/).
14. Rajan, P., Baramappa, R., Rao, N. M., Pavaluri, A. K., Indeevar, P., & Rahaman, S. M. (2014). Hyaluronic Acid as an adjunct to scaling and root planing in chronic periodontitis. A randomized clinical trial. *J Clin Diagn Res*, 8(12), 11–14. DOI: <https://doi.org/10.7860/JCDR/2014/8848.5237>.

The article was received by the editorial office on 01/05/2026,
accepted for publication on 03/16/2026,
published on 05/01/2026.

How to cite / Як цитувати:

Makhlynets, N., Kokoshko, M., Pavelko, N., Seredyuk, I., & Melnyk, N. (2026). Hyaluronic Acid–Based Agents in the Comprehensive Treatment of Oral Vestibule Architectonic Disturbances: Legal Regulation and Public Health Policy. *Dentistry. Medicine. Rehabilitation*, 1. DOI: <https://doi.org/10.64124/DMR-2026-1-ORSR-2>.

Махлинець Н., Кокошко М., Павелко Н., Середюк І., Мельник Н. (2026). Засоби на основі гіалуронової кислоти в комплексному лікуванні порушень архітектоники присінки ротової порожнини: правове регулювання та політика охорони здоров'я. *Стоматологія. Медицина. Реабілітація*, 1. DOI: <https://doi.org/10.64124/DMR-2026-1-ORSR-2>.