INTRODUCTION
Such sciences as differential physiology, differential psychology, differential anatomy and chemistry are developed greatly nowadays. They deal to human typologies and describe human physiological and pathological peculiarities separately on them as well as their influence on organism functioning at alive matter all organizational levels while speaking about personality individualization. Study individualization is described as one of prior approaches in Pedagogy. One can say about teachers types, one emphasizes necessity of pupils individual-typological distinguishing features maximal taking into account in a study process. Main typological aspects comprise: age, gender, gender-age, ethnic, ethnic-gender, ethnic-age, ethnic-gender-age, temperament, characterologic typologies and character accentuations, control locus (external and internal), behavioral strategies (defense and coping), inter-hemispherical asymmetry individual profile (left-handers real, hidden and unreal, right-handers and ambidexters), different constitutional and somatotype typologies, place of living (town/city or village) et cetera.

Maxillary-facial area as a whole and oral cavity in part are not an exception as for typologies influence on peculiarities of anatomy, histology, organs and tissues biochemistry, physiological and pathological processes course in them as well as individual morphological-functional peculiarities presence.

THE AIM
The aim: to assess control locus in the UMSA Ukrainian students dependently on their dominant extremity as well as to assess and to compare face asymmetry expression in the guys and girls from Egypt and Ukraine studying at different courses.

MATERIALS AND METHODS
OBJECTS
50 Ukrainian students from dental faculty different courses in the 1st series of the experiments, 18 girls and 18 guys from Egypt and Ukraine in the 2nd series.

METHODS
1) Determining the dominant extremity and control locus by survey. If a human being was thinking that God, case, other people et al. influence mostly on his Destiny
his control locus was considered as the external one, if he himself – the internal one.

2) Computer modeling for facial expression assessment. Ukrainian Medical Stomatological Academy commission on bioethics allows the article given publishing and states about all bioethical norms fulfillment.

RESULTS AND DISCUSSION

43 students (85%, $p<0.01$) independently on dominant extremity demonstrate control internal locus and only 7 people (comprising 15%, $p<0.01$), 6 people (90%, $p<0.01$) from which were left-handers and all ambidexters – the external one. These were the 1st experimental series results. We received following results in the 2nd experimental series. 10 guys from Egypt (55.6%, $p<0.01$) and 5 girls from Ukraine (27.78%, $p<0.01$) were distinguished by bigger longitudinal and transversal sizes as well as looked less harmonic while coinciding the face left halves than the right ones.

Ukrainian students started counting on their own forces in bigger extent nowadays according to the results received. Left-handers are less sure in their forces and possibilities are needed in other people support, in Belief to God. Ambidexters as well because it is often “difficult to choose which hemisphere and arm to work with” in one or another situation that is why they are closer to left-handers than to right-handers on the parameters assessed.

The results on facial asymmetry can be explained in part by primary usage of left side while masticating as well as left hand usage at writing (in part in the Egyptian guys).

There was rather big factual material collecting by dentists therapists, surgeons, orthodontists, protheses both children and the adult ones which is impossible to be given in the short article volume, that is why we will give only few examples.

Works with ethnic aspect are dealt to dental implantology in Iran [2], cements applying in surgical dentistry [3; 4], multidisciplinary approach as for treating the patients with iatrogenics in dentistry [5], mutagenic effects of the agents commonly-used for pulp dissection [6], chemicals usage for the tooth root resorbtion treatment (the Iranian, Turkish and Italian dentists work) [7], global problem of fluorum level increase in water, fluorosis, caries, teeth loosing and their filling questions [8; 9], knowledge about preventive dental care in Iran [10], the questions of dental ethics maintaining in the dental investigations in Iran [11]; demonstrative dentistry in Iran [12]. Enamel surface irradiation with a laser with carbonic dioxide enforced fluorum capture that can be used for caries therapy [13]; if fluorum was placed without laser than carbonic laser action did not improve enamel resistance to caries [14].

Ethno-age aspect is paid much attention together with ethnic typological aspect: there exist data about insufficient control of infectious process by Iranian dentists and dental students in part [15]; much attention is paid to proving as much complete diagnostics and differential diagnostics of teeth fluorosis in the Iranian children as possible [16]; fluorification usage in the different-aged children and in adolescents as well as different specialists attitude to it in Iran [17]; teeth decay early restorative therapy preference in the 20-yeared Iranians [18]; knowledge about demonstrative dentistry in Tehran among the Shahid Beheshti university dental faculty students [19]; studying the fluorum content in milk for infants in Iran [20]; laser fluorescence and radiography which are considered as caries treatment informative diagnostic methods in the 7-13-yeared Iranian children [21].

Maxillary central incisives are injured with trauma in the Iranian schoolchildren in 84% of cases [22] agreed more to apply risk-associated preventive treatment (such a tendency is present in Iran) [23]; there was a difference in pain perception by the patients after tooth normal extraction dependently on the doctor gender [24]; Iranian women have more expressed fear at dental reception comparatively to men [25].

Next important typological aspect is ethno-gender-age – there was teeth loosing congenital factors investigation in Iran taking into account the patients age and gender [26], while proposing in part to examine children elder than 12 years or elder than 13 years in another investigation [27]; also in Iran there was an assessment of teeth roots inclinations which were treated endodontically by students dentists from Mashhad [28]; congenitally-missing teeth distribution in Iran is 10.9% in permanent occlusion, the second mandibular pre-molars take the 1st position, then the maxillary ones without valuable difference in the 7-25-year both-gendered inhabitants [29]. Tooth caries is studied in typological aspects nowadays in the 10-12-year Tehranian children and it was demonstrated that girls have increased risk comparatively to boys [30]. Iranian boys have got teeth traumas higher risk comparatively to girls [31].

There is a description of constitution and somatotype typologies separately and in a complex with ethno-gender-age aspect in Iraq [32].

Locus of control belongs to important typological aspect which takes bigger and bigger attention of scientists in different countries both theoreticians and the clinicians. Dentistry does not represent an exception. Australian and Swedish dentists works are dedicated to anxiety and fear assessment at dental reception [33], separately the Australian ones [34]. Thus, ethnic aspect is assessed in a complex with control locus.

Control locus is also described in a complex with ethno-age aspect. For example it was assessed at caries and gingival problems before and after talks about dental health in the Indian students [35], in a complex with anxiety assessment in them [36], separately without anxiety assessment – in the Swedish adolescents [37].

Control locus is described together with ethno-gender-age typological aspect in the Spanish students with creating the dental fear index Spanish version [38], in the dentists students from India [39].

Behavioral strategies (coping and avoiding) belong to another important typological aspect study and taking into account of which is actual in dentistry. We found works about coping in the American patients at surgical preparation [40; 41].

American dentists assessed patterns of children coping with aversive dental treatment [42], Irish – at anesthesia
at caries [43], thus while behavioral strategies description with ethno-age aspect.

It was established that 23% of left-handers suffer from dental diseases. Some literary data [44] demonstrate higher (approximately twice at statistically valuable difference) level of permanent incisives traumatizing among left-handers comparatively to right-handers among the 13-17-year old adolescents. Left-handers have significantly higher risk on dental trauma.

The planned scientific aims have been reached completely, we met only several similar works performed in UMSA Iranian and Ukrainian students but not the Egyptian ones, unfortunately we did not have approaches to modern computer technologies as they use in the USA, UK and other countries, we would like to continue such works performance in the students from other countries.

CONCLUSIONS
Nowadays one can speak about new science – differentiated dentistry – and use human typologies in different areas of theoretical and practical dentistry.

Probably the given investigations on face asymmetry can have significance in Maxillary-Facial and Plastic Surgery, Transplantology, Orthopedy, Prosthetic Dentistry, Orthodonty, Neurology as well as Cosmetology and Psychology.

REFERENCES
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