

POSITIVE AND NEGATIVE PROPERTIES OF BRACES IN THE TREATMENT OF DENTAL ANOMALIES

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ABSTRACT

Caries in children is much more acute, that is, it develops systematically (almost all teeth are affected), much faster and, often, several foci in one tooth.

Oral hygiene in such young children is very difficult, which only aggravates the process.

The laying of baby teeth occurs in the first trimester of pregnancy (6-8 weeks). As a rule, the cause of caries of baby teeth is some unfavorable factor affecting this period of pregnancy. It can also be taking medications (especially some groups of antibiotics), infectious diseases, stress, etc.

Also, the cause of caries in children of such an early age can be improper eating habits. This is the constant presence of sweets in the mouth (the use of caramel, cookies, crackers), or bottles with a mixture, usually containing sugar. In the latter case, there is even a separate group of "bottle caries" - the defeat of the front teeth in contact with the nipple.

As the disease develops, white spots turn brown, and then black. With superficial caries, an enamel defect is observed on the surface of the tooth: at first it is roughness, later it is a cavity.

In this situation, as a rule, the defect is visible to the naked eye in the form of darkening, "holes in the tooth", as the patients themselves say. The affected tooth becomes sensitive, especially to sweet, salty and sour. If caries develops between the teeth, then patients complain of constant food sticking there or soreness in the gingival papilla (usually from injury with a toothpick). If this stage of caries remains untreated, then deep caries occurs.

The next complication of caries is periodontitis. Bacteria from the root of the tooth enter the surrounding tissues, the bone becomes inflamed. All this can be

accompanied by tooth cyst, fistula on the gum and with other unpleasant complications, serious pain can already begin here, the child's temperature rises, soft tissue edema may appear.

Periostitis – inflammation of the periosteum – is a very serious and dangerous disease, which should not be allowed in any way. With periodontitis, treatment is possible, but, as a rule, the tooth is removed. So: to treat or remove carious teeth in children?

Of course – to treat.

Early removal of baby teeth leads to a number of serious violations. First of all – to the difficulty of eruption of a permanent tooth. Adjacent teeth begin to move from their places, filling the empty space, and a permanent tooth may erupt out of place.

Then, in adolescence, the child and his parents will face the problem of teeth alignment and correction of malocclusion. The absence of baby teeth negatively affects the normal chewing of food, but the digestion of food begins in the mouth. There is a violation of the development of bite, diction, facial skeleton, cosmetic defects are formed.

Medium and deep caries in children requires preparation of demineralized, softened tissues infected with bacteria and filling of the carious cavity with anesthesia. Anesthesia in the treatment of medium and deep caries in children is a necessary component that will allow you to cure your teeth painlessly, as well as prevent the formation of reflex memory for pain during dental treatment. Depending on medical indications, different types of local anesthesia are used in the treatment of caries in children. Application - is carried out by applying a gel or aerosol with an anesthetic, applied before injection anesthesia. Infiltration (injection) - pain in the area of the diseased tooth is blocked.

Selection of materials.

Modern composite materials are durable, hygienic and aesthetic. The dental market offers a wide selection of filling materials for children. For the treatment of permanent teeth in children (with finally formed roots), materials that are used in the

treatment of adults are suitable. These can be high-quality cements or composites. These materials are non-toxic and safe. For the treatment of baby teeth, compomers with high adhesion to the surface of children's teeth are best suited. These preparations contain calcium and fluoride, which are necessary for strengthening tooth enamel. Modern dental clinics can offer the baby a colored seal, a seal with sequins — everything so that the child gets the maximum amount of positive emotions from communicating with the doctor. Children's pulpitis is much more common than in an adult. Dentists explain this pattern by the peculiarities of the structure of milk teeth, in which the connective tissues are looser, the root canals are wider, and the dentin is less mineralized than in the indigenous ones. Another explanation for the fact that pulpitis in children is much more common is an imperfect immune system. This means that the probability of catching a cold or inflammation in childhood is ten times higher than in adults. However, nature has balanced this nuisance by the fact that pulpitis of the milk tooth in 65% of cases proceeds almost painlessly. That's where the danger lies.

Complaints are associated with the occurrence of severe pain from all kinds of irritants, but more often from cold, they do not go away after the cause is eliminated. Pain can occur spontaneously, more often in the evening and at night.

Methods of treatment of pulpitis in children.

The main task in the treatment of pulpitis— elimination of the focus of inflammation and thereby preventing complications in the form of the spread of inflammatory disease to the periodontium and other tissues. In the treatment of pulpitis of milk teeth, it is important to prevent the spread of the disease to the rudiments of permanent teeth, to create conditions for proper resorption of the roots of the baby tooth.

Methods of treatment of pulpitis are divided into conservative and surgical. With conservative methods, the main goal is to preserve the pulp. With surgical methods, either part or the entire pulp is removed.

The conservative method allows to preserve the viability of the entire pulp (possibly with acute partial pulpitis and chronic fibrous pulpitis). Relative

contraindications to conservative treatment are multiple caries, as well as some somatic diseases. With conservative treatment, the carious cavity is first opened under anesthesia, it is cleaned of necrotic tissues. Then the cavity is treated with antiseptic solutions, therapeutic pastes (preparations based on calcium hydroxide) are applied, after which the carious cavity is sealed. The conservative method also includes physiotherapy procedures.

Surgical methods include more extensive intervention. Thus, the method of vital amputation of the pulp is used to treat pulpitis during the formation of the root. The method is aimed at preserving the vital activity of the root pulp, while removing the crown pulp and pulp from the mouths of the channels. Next, the same therapeutic pastes are applied to the wound carefully, without pressure, which are used in the conservative treatment of pulpitis. In the future, it is necessary to have a dispensary observation with an appearance to the doctor in 3 months, and then 2 times a year.

The vital extirpation method is used to treat pulpitis of milk and permanent teeth with incomplete root formation. This method of treating pulpitis has not been widely used, because it is time-consuming, painful, long, which leads to the fact that children are not always able to withstand such a long treatment.

Devisal amputation method. In this case, an arsenic paste applied for 24-48 hours is used to necrotize the pulp. This method is currently the main one in the treatment of pulpitis in children. It spares the child's psyche to the greatest extent, allows for the second visit without anesthesia to painlessly remove the necrotic pulp. After removing the dead pulp, a tampon with resorcinol-formalin mixture (liquid) is inserted into the tooth cavity, which is replaced with resorcinol-formalin paste on the third visit. The paste mummifies the pulp remaining in the canal and protects it from putrefactive decay. This method in milk teeth does not give complications from the periodontal.

We can only say that the later treatment is started, the worse the prognosis of the affected tooth. Such a badly destroyed tooth may not live to see its shift (milk teeth begin to be replaced with root teeth from 6-7 years old, they usually finish at 12-13 years old).

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