SJMSB Medical Science and Biology
2024, Volume 2
https://scopusacademia.org

DENTAL CARIES IN YOUNG CHILDREN

Zubaydullayeva Maftuna Alisher Kizi
Samarkand State Medical University,
Samarkand,Uzbekistan.

Annotation.
Children's caries is a special form of pathology that has a complex, multifaceted, interacting multifactorial nature. Assessment of the strength and degree of exposure to risk factors of this disease should be carried out in the conditions of a particular patient, taking into account the stage of development and age-related features of the structure of milk teeth, as well as exo- and endogenous circumstances. Part of the risk factors for the development of caries of baby teeth is associated with more or less objective circumstances, therefore, "attempts to influence them by patients" and the dentist are restrictive, only some correction is possible. However, a large group is occupied by risk factors that completely depend on the behavior of the child and his parents and can be minimized both by the dentist and by self-help measures. At the same time, these factors will be the main objects determining the scope and direction of therapeutic and preventive measures.

Keywords: first teeth, children's caries, risk factors, therapeutic and preventive measures.

Introduction: Dental caries is still the most common chronic disease among the child population [4]. World statistics It shows that a significant share in the structure of this pathology is occupied by caries of milk teeth in children under the age of six years [10].

In general, the prevalence of early childhood caries varies greatly: from 17 to 94%. In developed countries (Western Europe, USA), according to various estimates, the prevalence rate ranges from 1% to 12%, in developing countries it can reach 99% [14, 27]. In the USA, over the past decade, this indicator in children aged 2-5 years has increased by 15.2%, while 8.4% of 2-year-olds and almost 44% of 5-year-olds have at least one carious or sealed tooth [18].

Among Brazilian children, 26.8% of 1.5-year-olds and 46.8% of 3-year-olds were affected by caries [18]. In Iran, in these age groups, the prevalence rate is 19.5% and 44% [11], respectively. In Germany, 6-year-olds have almost 2 times more teeth affected by cariesthan 12-year-olds [15]. In a Japanese national survey conducted in 2007, caries affected 2.8% of 18-month-olds and 25.9% of three-year-olds [13, 28]. It should be noted that with an increase in the age of the child, the incidence of caries of milk teeth is steadily increasing.

The prevalence of caries increases by 7 times in comparison with six- and one-year-old children. At the same time, the greatest jump in the growth of this indicator is observed at the age of 1 to 3 years (5 times). A similar pattern is observed when assessing the intensity of caries of temporary teeth: the indicator increases 17 times in comparison with six- and one-year-old children.

The purpose of the study: improving the choice of a set of measures for the prevention of dental caries in young children by improving the effectiveness of oral hygiene.

Research methods: examination of the oral cavity of children was carried out using a standard set of dental instruments, while determining the following parameters:

1. Type of early childhood caries
2. Intensity of the carious process
3. Severity of early childhood caries
4. The hygienic condition of the oral cavity was studied using index assessment methods.

In the classical sense, dental caries is a chronic infectious disease induced by a violation of the diet. The main "players" in the etiology of the disease are: cariesogenic microorganisms, the substrate in the form of incoming carbohydrates, the host (resistance of the organism and tooth enamel) [14]. Early childhood caries is a special form that has a multifactorial nature. A systematic review of the international literature
from 1966 to 2002, conducted by R. Harris et al., identified a total of 106 risk factors
for the development of early childhood caries [13]. Among them, 6 groups were identified: microbial; hygienic;dietary; factors related to the type of feeding; socio-demographic and other factors. Cariesogenic flora. One of the most important etiological factors of caries development they are acid-forming microorganisms of the oral cavity. At birth, the normal microflora is represented by lactobacilli, non-hemolytic streptococci, non-pathogenic staphylococci [11, 24]. The colonization of the oral cavity with cariesogenic flora occurs in everyday life through saliva from the mother, father or other people who surround and care for the child [13, 15]. The transmission of microorganisms can occur through "tasting" food, wetting and "cleansing"
with saliva of pacifiers, nipples, through toys, kisses. This happens more often at an early age through the socalled "window of infection", but it is also possible at an earlier or later date [10, 15]. The transmission of microorganisms can occur through "tasting" food, wetting and "cleansing" with saliva of pacifiers, nipples, through toys, kisses. This happens more often at an early age through the socalled "window of infection", but it is also possible at an earlier or later date [10, 15]. The leading role in the occurrence of caries, including in children, belongs to acid-forming microorganisms, in particular Streptoccocus mutans (Str. mutans) [14, 21].

Research results: One of the cornerstones of the prevention of dental diseases is oral hygiene. The most effective and feasible strategy to combat caries in young children is the introduction of healthy oral hygiene habits and the promotion of dental care methods at home. The lack of special items and hygiene products for young children in the old days did not allow us to talk about brushing teeth for children under two years old. To date, the situation has changed: hygiene products and items are widely available on the market, allowing to begin hygienic oral care of a child from the age of 4 months. In this regard, there is a need for constant

updating of doctors' knowledge about the range of oral hygiene items and products, as well as the rules and features of their use.

If brushing teeth begins at an early age, then, as a rule, the child perceives it as part of the ritual - calmly and willingly. There are periods when children refuse to brush their teeth. In such cases, any distractions will help: you can tell a story, sing a song, present a brush to your favorite cartoon character. If the child flatly refuses to brush his teeth, then you can transfer the cleaning to the period when, for example, there will be a cartoon or an interesting TV show. In this situation, parents should show ingenuity and creativity [14]. All types of fluorides have good solubility, are capable of releasing fluorine ions, maintain stability in an aqueous medium and do not stain demineralized areas of enamel. A comparative analysis of the properties of fluorine compounds has shown that the physicochemical and biological properties make aminofluoride more effective in the prevention of dental caries compared to other fluoride compounds.The high clinical efficacy of aminofluoride has been confirmed in more than 400 scientific studies.

Conclusion: Children under the age of 6 years are characterized by early and multiple caries damage to baby teeth. The localization of caries lesions of various groups of teeth changes with the age of children: in the first years of life, incisor caries prevails (87.4%), with age there is a shift towards an increase in the proportion of molars (up to 72.5% by the age of 6), mainly the first (76.1%). Isolated dental lesions (type I RDC) are characteristic of young children. By the age of 6, the number of combined lesions (type II and III RDC) increases (up to 38.0%) and complicated forms of caries (20.8%). From 4 to 6 years, the presence of prematurely removed teeth is noted (8.2%).

Milk teeth are characterized by physiological structural and morphological changes in their components, which are factors that reduce the resistance of teeth to the carious process.

Carrying out therapeutic and preventive measures in children with various types of caries of baby teeth with an emphasis on the dominant risk factors and taking into account the characteristics of the condition of hard tissues in different age periods of the child allows to improve the quality of treatment.

List of literature:

1. *Аминов З.З. и др.* Социальные аспекты и роль питания в стоматологическом здоровье детей и подростков // Academy, 2019. № 10 (49).
2. *Гариб Ф.Ю. и др.* Иммунозависимые болезни. Ташкент, 1996.
3. *Зубайдуллаева М. А. К., Рахимбердиев Р. А. Кариес зубов у детей раннего возраста: эпидемиология, этиология, профилактика, лечение //Достижения науки и образования. – 2020. – №. 4 (58). – С. 79-87.*
4.Зубайдуллаева М. А. К., Рахимбердиев Р. А., Шамсиев Р. А. Гигиенический уход за полостью рта у детей раннего возраста //Достижения науки и образования. – 2020. – №. 1 (55). – С. 88-94.
5. Botirovna S. J., Qizi Z. M. A., Qizi R. S. B. Dental periodontitis //Texas Journal of Medical Science. – 2021. – Т. 3. – С. 38-39.

6. *Abduvakilov J. U. et al. ASSESSMENT OF WHETHER PATIENTS WITH METABOLIC SYNDROME NEED ORTHOPEDIC DENTAL CARE //Journal of Modern Educational Achievements. – 2023. – Т. 10. – №. 1. – С. 89-95.*
7. Зубайдуллаева М. А. К., Рахимбердиев Р. А., Шамсиев Р. А. Гигиенический уход за полостью рта у детей раннего возраста //Достижения науки и образования. – 2020. – №. 1 (55). – С. 88-94.
8. *Ризаев Ж.А., Шамсиев Р.А.* Причины развития кариеса у детей с врожденными расщелинами губы и нёба (обзор литературы). // Вісник проблем біології і медицини, 2018. Вип.2 (144) С. 55-59.

9. *Ризаев Ж.А., Шамсиев Р.А.* Причины развития кариеса у детей с врожденными расщелинами губы и нёба (обзор литературы) // Вісник проблем біології і медицини, 2018. Т. 1. № 2 (144).
10. *Ризаев Ж.А., Мусаев У.Ю.* Влияние условий внешней среды на степень пораженности населения стоматологическими заболеваниями // Врач-аспирант, 2009. № 10. С. 885-889.
11. *Рустамов А.А., Рустамова Г.А.* Сравнительный анализ современных методов лечения гиперестезии зубов // Медицина: вызовы сегодняшнего дня, 2018. С. 27-30.
12. *Abduvakilov J. U. et al. METABOLIC SYNDROME IN DENTAL PRACTICE //Journal of Modern Educational Achievements. – 2023. – Т. 10. – №. 1. – С. 77-88.*