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Criteria for evaluation of early diagnosis of tooth-jaw system anomalies

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Abstract

Tooth-jaw anomalies are the presence of abnormalities in the development of teeth, which lie in different planes relative to the tissues of the jaw. Anomalies are the third most common cause of caries and periodontal disease. The study of the prevalence of dental anomalies and deformities and the effectiveness of their treatment is a topical issue, as it determines the need of the population for therapeutic and prophylactic orthodontic measures, calculation of the required amount of orthodontic care and monitoring and prevention measures. allows you to evaluate the effectiveness.

Keywords: Dental anomalies, deformities, preventive measures, orthodontic appliances

Introduction

Relevance of the topic

A decrease in the prophylactic direction in the activities of dentists leads to an increase in dental pathology in children. There are abnormalities in tooth development after caries and periodontal pathology. It is known that they lead to a violation of the basic function of the teeth - chewing - and then gradually develop functional changes in the entire digestive system. In addition, disorders in the development of the dentofascial system lead to a deterioration of a person's appearance, negatively affect his psycho-emotional state and hinder social adaptation. The causes of dental anomalies are varied. Spirin V.V. (2003), Khoroshilkina F.Ya. (2000) noted that the effectiveness of treatment of dental-jaw anomalies depends on the general condition of the body, more precisely on its physical development. Here Zaripova R.T. (2007), Mejidov K.S. (2012), Rudenko H.H., Melnikov I.Yu. (2013) found a decrease in the proportion of children and adolescents with normal physical development at the population level, including locations. The need for orthodontic treatment is 36.3% of the number of children examined. According to F.Ya. Khoroshilkina (2005), 69.8% of first-graders had malocclusion [137]. According to I.M. Teperina (2004) reported that the prevalence of dentoalveolar anomalies in Tver was 74.9%, 82% in children aged 6–9 years, and 72.3% in children aged 10–12 years. THEY. Fares, A.Ch. Pashaev (2009) found that 58.3% of children in Baku had OF, while children living in the city center had anomalies of 34.1% and on the outskirts 21.1%

The purpose of the topic

To study the prevalence of defects in schoolchildren with dental anomalies and to develop criteria for evaluating the early diagnosis of this pathology.

Materials and methods

To determine the prevalence of anomalies and deformations of the dental system among schoolchildren aged 7-13 living in Alat district of Bukhara region: 86 sick children were examined. The inspection was performed using the following methods.

Clinical examination of patients.

To study the performance of jaw models.

Study of tooth size.

Study of tooth size.

Study of the condition of the anterior tooth group according to orthopantomograms.

Study of dimensional development of temporo mandibular joints.

Study of the parameters of the teleroad ograms of the head in direct projection.

Statistical return of data obtained during the study.

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1. Orthodontists recommend that children from 7 months to 17 years of age be examined once every 6 months on the basis of dental departments in frequency schools. Instruct dispensary orthodontic registration of patients with dentoalveolar deformities and patients who are clearly prone to their occurrence, including those with bad habits (risk group). Such patients should be offered an examination and an orthodontic treatment plan to be discussed with their parents in the orthodontic rooms located at the regional dental clinics.
 2. Orthodontists are recommended to hold regular lectures in schools for parents on the prevention and treatment of dental deformities; production of sanitary bulletins, training posters and brochures for their placement in dental clinics.
 3. Psychological preparation of the child, as well as motivation in the family is mandatory when prescribing orthodontic treatment to patients aged 7-12 years using removal equipment. Before starting treatment, a connection should be established between the doctor and the child with the help of the parents.
 4. The level of cooperation with the patient should be taken into account when choosing equipment. Non-removable devices that do not require the active participation of patients with a low level of collaboration are preferred. With moderate to high levels of collaboration, removable mechanical and functional devices, including orthodontic simulators, can be used.
 5. It is recommended to bite the orthodontic treatment process temporarily or intermittently in the removable equipment, taking into account all the therapeutic and prophylactic effects in the dental system; and in the continuous teething phase (if necessary) using fixed equipment, then holding until puberty and monitoring at least 1 time per year after removal of the holding device.
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