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Loshli-Yushenko-Krasnagorskiy method of leave in children with brain palacy

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Abstract

Cerebral palsy in children is determined by a disability of 3-5 patients per 1000 live births. According to the results of dental examinations, the prevalence of caries and its complications in children with cerebral palsy ranges from 80% to 85%.

Keywords: cerebral palsy, saliva, oral cavity, morphological structure

Introduction

It is important to develop specific treatment measures in children with this pathology. Despite the active work of various specialists, medical professionals and parents, unfortunately, the number of patients diagnosed with cerebral palsy is increasing year by year.

The prevalence of dental disease among children with brain pathology has been observed in Solyanin (2005), the average age of a child diagnosed with cerebral palsy is 11.5 years. Permanent biting starts at the age of 12 in them, and given the low level of oral hygiene in these children, it is very important to take measures to prevent and treat their oral diseases.

Children cannot feed the oral cavity rationally, and some children do not have the ability to take care of themselves. All of this comes with a lack of parental attention. The dental condition of such children is often aggravated. This means that children with acute need dental care and prevention and treatment of dental diseases in these children. The help of dental specialists is mandatory in the lives of children with brain pathology. The development and application of therapeutic and prophylactic measures should be aimed at improving the hygienic condition of the oral cavity, the treatment of caries, diseases of the oral mucosa, periodontal diseases and other diseases of the oral cavity. Because it is easily seen in children with cerebral palsy, dental procedures should be performed taking into account the characteristics of neuromuscular pathology. It is important to work as actively as possible with children with disabilities and to organize activities with parents and various professionals in the field of oral care for children. Prevention of dental diseases and clinical examination of children at the dentist should be of high quality and effective.

Due to the existing somatic pathology in patients with cerebral palsy, it is difficult to use the traditional treatment regimen in certain oral diseases, which necessitates the search for new approaches to address this problem.

Although salivary enzymes are highly active, starch is not completely broken down under their influence because food does not stay in the oral cavity for long. Pتيالin and maltase have an optimal effect under alkaline conditions. A 0.01% concentration of hydrochloric acid attenuates the action of salivary enzymes, while a high concentration slows down the action of salivary enzymes and breaks them down, so that gastric juice stops the action of salivary enzymes. Because food does not absorb gastric juice all at once, the effect of salivary enzymes on carbohydrates can last for some time in the stomach. The secretion of salivary glands is stimulated reflexively. Foods or rejected substances that affect receptors in the oral cavity cause unconditional salivary secretion reflexes.

The purpose of the topic

To determine the chemical composition of saliva in oral fluid in children with cerebral palsy and prevention of dental diseases.

Materials and methods

The composition and environment of the saliva of 67 boys and girls aged 11-14 studying in the special boarding school No. 27 in Bukhara were determined.

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Conclusions and analyzes

In conducting scientific studies, hypersalivation was studied in two groups depending on the amount. The first group of 46 sick children was divided according to the spontaneous course of salivation. The remaining second group was identified in 21 sick children based on the movement of the oral cavity organs. In addition to mucin, saliva contains a small amount of protein - globulin, amino acids, creatinine, uric acid, urea, as well as inorganic salts. All of these substances form a solid residue of saliva (0.5-1.5%). 2/3 of it is organic matter and the rest is mineral salts.

The first group consisted of 46 patients with 3.4% solid saliva residue when examined for salivary fluid component, which is a 98.7% developmental marker in the occurrence of tooth enamel erosion and caries complications.

In the second group of 21 patient children, when the saliva fluid component was examined, the solid residue of saliva was 2.2%, indicating a 68.7% development in the occurrence of tooth enamel erosion and caries complications.

Conclusion

In children with cerebral palsy, salivation is consistently high. This appearance of hypersalivation leads to tooth enamel erosion and the development of caries complications. In addition, an increase in solid residue in saliva (protein - globulin, amino acids, creatinine, uric acid, urea, inorganic salts) causes gingivitis of the upper and lower gums. As a result, the development of a tumor form of hypertrophic gingivitis can be observed in sick children of this age.

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