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MODERN METHODS OF TREATMENT OF WEDGE DEFECT

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Abstract:
In this article, the methods of providing therapeutic dental care and its modern treatment for patients with a pneumococcal defect are considered.

Keywords: Wedge defect, patient, disease, erosion, methods, treatment.

INTRODUCTION

It is known that the process of development of periodontal defects and erosion leads to the gradual loss of hard tissues of the tooth, which causes acute toothache caused by various stimuli (temperature, tactile, chemical). characterized by This clinical picture has a negative impact on the patient's psycho-emotional state and quality of life. In addition, the hygienic level of the oral cavity in such patients decreases as a result of the pain of brushing teeth, which increases the risk of various diseases of the oral cavity. Therefore, eliminating hyperesthesia is one of the main tasks in the treatment of acne-like defects and erosions. Currently, dentin fillers are used to reduce hypersensitivity in dentin-shaped defects and erosions. According to many authors, the use of dentin fillers is not a complete solution for carious defects and erosion, and does not end with the complete elimination of hyperesthesia. It has been proven that the use of dentinal canal sealing fluids in teeth damaged by periodontal defect and erosion leads to high efficiency.

METHODOLOGY

To solve the tasks, we carried out work in the laboratory and in the clinic. Laboratory research methods were conducted in vitro. As part of the clinical study, 70 teeth were treated in 50 patients. Patients aged 21 to 70 years. Patients were divided into two groups. The research group is 27 patients aged 21 to 75 years, who experience hyperesthesia against the background of erosion and follicular-shaped defects. In the treatment of patients in this group. Teeth with carious defects and erosion were filled with composite using the fifth generation adhesive system. The control group consisted of 28 patients aged 21 to 70 years. The technique of deep fluoridation was applied to teeth affected by plaque defects and erosion. All patients were given an outpatient card, in which information was recorded about the initial examination and follow-up visits. During the examination of the patients, information was obtained about the condition of the mouth, periodontium and oral mucosa, the condition of orthopedic structures, filling materials, bite anomalies, as well as previously treated teeth. Data processing was performed using a software package.

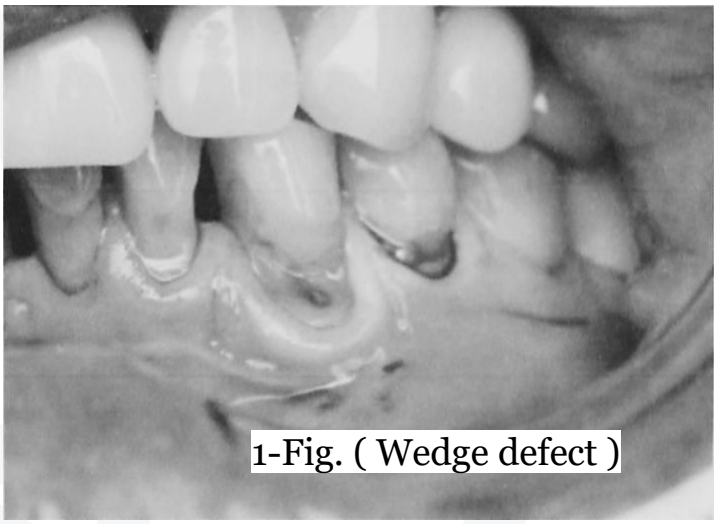
It showed that the patients were divided into 2 groups: in group 1, patients with teeth filled without using DGL (Dentin Hermitizing Liquid). In group 2, patients with teeth filled using DGL. Patients were called for re-examination at intervals of 24 hours, 3 months, 6 months, 12 months. The teeth were probed, tested with cold water, tested with a stream of cold air, and we got the following result.

The results of the study showed that the efficiency in the teeth where DGL was applied was 92%. In the teeth filled without DGL, the efficiency was 85%. The increase in the picture showed 15%. Of the 75 teeth affected by caries and erosion, 64 gave a satisfactory result, and 11 teeth had an unsatisfactory result and the quality did not change. The marginal conductivity of fillings after using DGL and adhesive did not change during clinical observation according to electrometric data. The results obtained in the laboratory, the results of clinical studies allow us to recommend DGL. The name of the bony defect depends on its shape, it is often localized on the vestibular surface of the upper and lower jaws in the first premolars and molars. According to A.S. Burlutsky, 2004 and M.I. Groshikov (2005) and others in the early stages of development wedge-shaped defect appears as thin cracks or cracks. In the advanced stage, it has triangular depressions, the top of which faces the tooth cavity, with two sides: horizontal (frontal enamel) and inclined (gingival). It should be noted that until now there is no consensus on the etiology of the pone-like defect. One of the most common theories of the formation of retinal defects is mechanical, which is still followed by many scientists. Proponents of the mechanical theory are local scientists, such as V.K. Patrikeev, SM. Remizov, et al. attributed the occurrence of wedge-shaped

defects to the traumatic effects of toothbrushes, hygiene products, and improper cleaning. For the first time in 2005 N.N. Znamensky noted that wedge-shaped defects appear as a result of changes in the organic substance of the tooth. He confirmed this experimentally. For this purpose, he heated the extracted teeth in an autoclave to 110°-125°, after which he cleaned them. These effects were followed by destruction of the tooth substance, resulting in a wedge-shaped defect.

Wedge defect

Wedge defect occurs in middle-aged and older people. Mechanical influence plays an important role in the origin of the disease. It is characterized by the appearance of a "V"-shaped defect in the neck of the vestibular surface of the teeth. It is often observed in premolars. The defect surface is smooth, shiny, hard. The disease progresses slowly with the formation of secondary dentin. Therefore, the patient often does not complain of pain. In some cases, patients complain of short-term pain caused by chemical, thermal, mechanical effects and, of course, a cosmetic defect. (1-Fig.)



1-Fig. (Wedge defect)

Comparative diagnosis is compared with erosion of dental hard tissues in the determination of wedge defect. Wedge defect differs in its shape, location, and absence of painful sensations. Treatment. Treatment depends on the degree of development of the disease. In the initial stages of the disease, remineralization therapy is carried out. If the defect is larger than 2 mm, it is filled with composite filling materials.

In order to provide therapeutic dental care for patients with periodontal disease, one must have the following capabilities: 1. Identify the underlying cause of pain: Before beginning treatment for periodontitis-related pain, the underlying cause of pain must be identified. must be determined. In this case, the therapeutic dentist should examine the patient and determine the characteristics for the end of the pain with certain tests

and possibilities. 2. Use of pain relievers: If the pain is severe, a therapeutic dentist may recommend treatment with analgesics (pain relievers or pain relievers). Medicines can be used for this, such as ibuprofen or paracetamol in food. 3. Brief treatment of periodontal pain: The treating dentist may be interested in short treatment methods of periodontal pain (for example, pain-free smoking). These treatments should be careful about the underlying cause of the pain and the patient's diet and water intake. 4. Therapeutic dental trauma: If pain associated with periodontal disease is not treated with conventional methods, a therapeutic dentist may recommend a trauma procedure based on the patient's support. For example, procedures such as taking firefish endolymph from the sides of the pain (endodontic injury), removing the pain with scales (extraction), grounding and restoring the pain (restoration). He should use many diagnostic tests to find out whether it is internal pain, hives or other problem and find the right treatment for the condition. For this purpose, it is recommended to strengthen with the help of correspondence with the patient, clinical tests and external tests (such as X-ray, MRI, panoramic tomogram).

A small angle is made when drilling teeth affected by periodontal defects. Because usually the flat surface is very smooth. In this case, rectangular walls are formed. At the bottom, away from the pulp, small grooves and incisions are made. After working with a carious cavity, its edge becomes jagged like a saw tooth and looks like it has been pulled out, which affects the good retention of the filling. To prevent a part of the filling from breaking off, the edge of the carious cavity is smoothed and smoothed with a chopstick. The edge of the carious cavity is processed differently depending on the filling material used. If the cavity is filled with cement or plastic, the filling should give the tooth its previous anatomical shape, the tooth fissures should not remain high.

Treatment depends on the degree of development of the disease. In the initial stages of the disease, remineralization therapy is carried out. If the defect is larger than 2 mm, it is filled with composite filling raw materials. To provide therapeutic dental care to patients suffering from a dental defect, it is necessary to have the following capabilities: 1. Determining the underlying cause of the pain: Before starting treatment for the pain associated with shingles, the underlying cause of the pain must be identified. In this case, the therapeutic dentist should examine the patient and determine the characteristics for the end of the pain with certain tests and possibilities. 2. Use of pain relievers: If the pain is severe, a therapeutic dentist may recommend treatment with analgesics (pain relievers or pain relievers). Medicines can be used for this, such as ibuprofen or paracetamol in food. 3. Brief treatment of periodontal disease: The treating dentist may be interested in short treatment of pain in periodontal disease (for example, pain-free smoking). These treatments should be

careful about the underlying cause of the pain and the patient's diet and water intake.
4. Therapeutic dental trauma: If pain associated with periodontal disease is not treated with conventional methods, a therapeutic dentist may recommend a trauma procedure based on the patient's support. For example, actions such as taking firefish endolymph from the sides of the pain (endodontic injury), removing the pain with scales (extraction), grounding and restoring the pain (restoration).

CONCLUSION

According to the results of the study, after using DGL, there was a constant decrease in the sensitivity of the hard tissues of the teeth to various effects. In addition, the vitality of the pulp was completely preserved. An adhesive bonding system is also used when using DGL. Treatment depends on the course of the disease. At the initial stage of the disease, hyperesthesia is eliminated and remyneralization therapy is carried out. It is recommended not to eat sour juices and fruits. In severe forms of the disease, the defect is filled with composite filling materials.

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