



## THE EFFECTIVENESS OF PLANNED TOMATOLOGICAL REHABILITATION IN ORGANIZED CHILDREN'S GROUPS

Zikirova Hulkar Alisherovna

Burxonova Zараfruz Kobilovna

Samarkand State Medical University

### Abstract

In the 20th century, in the 80s, schools with a student population of more than 800 people had a school dental office (hereinafter - SSC), which provided professional medical and preventive care to the children's population.

**Keywords:** Prevalence, intensity of caries, dental anomalies in children, effectiveness of planned dental rehabilitation in organized children's groups.

### Introduction:

A comparative analysis of the indicators of dental health of children in organized groups of children revealed an increase in the prevalence of children in schools where dental rehabilitation was regularly carried out, a decrease in the intensity of caries and dental anomalies, as well as a deterioration of these indicators in their absence. Thus, it can be concluded that planned dental rehabilitation in organized children's groups is necessary and very effective for improving the quality of life of the children's population of the Astrakhan region.

The dentist's work begins in the 10th and 9th grades of school, then in the 5th and 1st grades and continues in all age groups, gradually covering the rest of the classes with rehabilitation. Thus, the children graduated from school (8th and 10th grades). After a 12-year-old child was examined and treated if necessary after the formation of a permanent bite, 7-year-old children received preventive dental treatment. This largely determined the preservation of the "key to occlusion" (the first permanent molar), reducing the need for orthodontic treatment for students. The center provided affordable assistance in the treatment of dental diseases, monitored the dynamics, especially in children in the clinic group, and dentists carried out sanitary, educational and preventive work among children, parents and teachers. With the introduction of market relations, the CRH began to close at the initiative of school principals, they began to be leased to private dentists, and some offices were re-equipped. Dental services lost their "branches" in schools, and parents often could not take them from work to a dental clinic not only for prevention, but also for treatment, so children stopped receiving dental treatment. The child began to visit the dental clinic only in





serious cases of acute toothache. Insurance companies stop financing preventive measures, reduce payments to dentists, limit them to payments for visits, violate primitive laws of the quality of dental treatment – by doing the "maximum" for 1 visit, it has become unprofitable to increase the number of disinfections and fillings. Conventional units of labor intensity (hereinafter - UTII). Most likely, attendance led to a decrease in dentists' salaries and led to an outflow of staff from pediatric dentistry to private institutions, which changed the ratio of the number of dentists in pediatric dental clinics towards an increase in the number of dentists or a decrease in qualifications. It turns out that it is difficult to revive the SSC, because the equipment is expensive and there are many difficulties with licensing the office by a dental clinic; Funds are not allocated for office repairs, grounding, purchase of furniture and dental equipment. In 2008, 4 PSC were organized and approved in the children's dental clinic: in secondary schools (hereinafter referred to as secondary school) No. 18 and No. 45, gymnasium No. 1, secondary school No. 24, the department worked on the basis of children's polyclinic No. 3, and in 2006 it was transferred to the school. On the basis of the dental office of secondary schools No. 18 and No. 45, in the period from 2006 to 2008, the dental condition of students was monitored. The data are shown in table 1, where rehabilitation was carried out annually at the 45th school until 2005. To assess the intensity of caries in children, the average value of the CPI index is used. The intensity of caries in children aged 7 and 12 years corresponds to the I degree of caries activity, at 15 and 17 years – I and II degrees of caries activity, 3 degrees of activity are not recorded. In addition, permanent teeth are removed in children aged 15 (6%), and in children aged 17 - 20%. The prevalence of dental anomalies and malformations in children is 50.3%. These data indicate that the dental health of schoolchildren is at a low level. In 2008, routine oral hygiene of schoolchildren began in secondary schools No. 18 and No. 45, which was carried out during the school year. Simultaneously with rehabilitation, the share of primary prevention of dental diseases increased: in elementary grades, schoolchildren were taught proper tooth brushing, and a health corner was organized on the topics of "Oral hygiene", "Caries prevention", "Gingivitis prevention", "Prevention of dental anomalies".; In conversations conducted by dentists, the role of an unbalanced diet in the occurrence of caries was noted, especially when eating sweets between main meals. 6-12 months after the eruption of permanent teeth, cracks were filled with Fissil and Fissurite preparations, as well as fluoridation of teeth with fluoride-containing varnishes and gels. In the conversation, a healthy lifestyle was promoted, hygienic work was carried out in housing and communal services lessons in elementary grades and biology lessons in high school. After studying the rules of





brushing teeth, the dentist monitored the presence of plaque in the preparation "Dynal". Children with compensated caries were disinfected once a year, their teeth were covered with fluoroacid twice a year, in the subcompensated form they were disinfected twice a year and covered with fluoroacid, and in the uncompensated form they were disinfected three times a year and covered with fluoroacid. Children in need of orthodontic treatment were referred to the orthodontic center of the pediatric dental clinic. Caries treatment was carried out mainly in schools; Children with complex forms were sent to a polyclinic. If we analyze the indicators of the need for treatment of children aged 12 in both schools, then from 2006 to 2007 it increased, and in 2008, after 1 year of planned rehabilitation, there was an increase 9.1%. In Secondary School No. 18 (without rehabilitation) and secondary school No. 45, respectively, compared to 2006 the number of visits decreased by 3.6% (annual rehabilitation). Secondary School no. Kpu by year of study. Comparing the rate of caries intensity in children aged 12 to 15 years in 2006, we found: 1,4 – 1,5 – 0,06 2007: 4,9 – 2,0 – 0,06 2008: 3,2 – 1,8 – 0,24 In 2006, the number of caries was almost the same as in the number of fillings, and in 2007, the number of caries exceeded the number of fillings by 2.5 times, indicating the lack of treatment of patients, and in 2008, the number of fillings The number of teeth increased by 1.78 times and shifted towards a decrease in caries, which is the result of improving the condition of patients' teeth. students. A 15-year-old student of Kpu secondary school No. In 45 years, it was: In 2006: 1,1 – 2,6 – 0,06 2007: 1,1 – 2,4 – 0,06 2008: 1,2 – 2,0 – 0,09 In addition, over the past year, the number of sealed teeth has increased 1.69 times; the number of disinfected teeth in decentralized rehabilitation is 90%, and in centralized rehabilitation - 50%. Considering that children's oral hygiene was carried out annually at secondary school No. 45 until 2005, the dental treatment Assessment Index (ISSP) in the two schools differs. It is calculated using the formula:  $ISSP = 100\% - 100[(K+Y):KPU]$ , where Y is the removed tooth, K is caries, P is a filling. Comparing the ISSP scores in two schools, in high school No. In 45, the dental treatment rate was over 60%, and it was clearly seen that it was rated as satisfactory, and in high school No. At 18, all ISSP indicators, with the exception of seventeen-year-olds, reaching 40%, are considered unsatisfactory. If reasonable prosthetics is not performed after removal of permanent teeth, permanent bite (12-18 years old), malocclusion (open, deep, crossed, etc.), a low level of dental treatment during the development of temporomandibular joint disease, then for the successful implementation of preventive and therapeutic measures it is necessary to identify and treat dental anomalies in an organized a group of children. To do this, it is necessary: – Examination of the child in order to establish a predisposition and the causes of its





development; - drawing up a plan of preventive and curative measures; –timely referral of children with formed abnormalities for treatment; –initiation and implementation of professional treatment, monitoring contacts with parents and teachers; –monitoring the elimination of identified factors of abnormalities and deformities; -organization and behavior in the institution. a group of children is engaged in the education of children and their parents, develops pedagogical and medical-hygienic skills, takes care of the health of the oral cavity organs; reveals the content and methodology of activities aimed at improving the quality of life.

### **Conclusion**

Summing up all of the above, taking into account the increase in the prevalence and intensity of caries, assessment of the state of dental treatment in an organized group of children, it is safe to say that the preventive work of dentists (osteopathic dentists) in school dental clinics is necessary to identify dental diseases, treatment and prevention. medical supervision of sick children, as well as further reduction of government costs for prosthetics of adult patients.

### **References**

1. Ruziyeva K. A., Burhonova Z. K. K. Complex Application Of Magnetic Laser Therapy And Propolis Tincture For The Prevention And Treatment Of Chronic Recurrent Aphthous Stomatitis //The American Journal of Medical Sciences and Pharmaceutical Research. – 2021. – T. 3. – №. 06. – C. 127-130.
2. Sevinch E., Zараfruz B. ETIOLOGICAL TREATMENT FEATURES INFLAMMATORY PERIODONTAL DISEASE //European International Journal of Multidisciplinary Research and Management Studies. – 2024. – T. 4. – №. 03. – C. 241-246.
3. Zараfruz K. S. B. THE ROLE OF ORAL CAVITY MICROORGANISMS IN THE DEVELOPMENT OF INFLAMMATION AND SOMATIC PATHOLOGY //International journal of advanced research in education, technology and management. – 2024. – T. 3. – №. 8. – C. 192-202.
4. Yusufboy S., Qobilovna B. Z. STUDY THE EFFECT OF HYGIENIC CARE ON THE MICROBIAL LANDSCAPE OF THE ORAL CAVITY IN PATIENTS USING COMBINED SPLINTING STRUCTURES WITH MODERATE PERIODONTITIS //European International Journal of Multidisciplinary Research and Management Studies. – 2024. – T. 4. – №. 02. – C. 50-55.





5. Yusufboy S., Qobilovna B. Z. FEATURES OF THE STRUCTURE OF COPD IN ELDERLY PATIENTS //European International Journal of Multidisciplinary Research and Management Studies. – 2024. – T. 4. – №. 05. – C. 363-368.
6. Sevinch E., Qobilovna B. Z. A STUDY ON THE MORPHOFUNCTIONAL STATE OF ORAL ORGAN TISSUES DURING THE USE OF NON-REMOVABLE ORTHODONTIC STRUCTURES //European International Journal of Multidisciplinary Research and Management Studies. – 2024. – T. 4. – №. 03. – C. 247-253.
7. Shaximardonova E. S., Kobilovna B. Z. RED LICHEN PLANUS OF THE ORAL MUCOSA AND ITS CLINICAL ANALYSIS OF A PATIENT WITH, ASSOCIATED WITH THE EPSTEIN–BARR VIRUS //European International Journal of Multidisciplinary Research and Management Studies. – 2024. – T. 4. – №. 01. – C. 272-279.
8. Yusufboy S., Qobilovna B. Z. STUDY OF CHANGES IN THE ORAL CAVITY IN ENDOCRINE DISEASES //European International Journal of Multidisciplinary Research and Management Studies. – 2024. – T. 4. – №. 05. – C. 357-362.
9. Yusufboy S., Qobilovna B. Z. STUDY OF CHANGES IN THE ORAL CAVITY IN ENDOCRINE DISEASES //European International Journal of Multidisciplinary Research and Management Studies. – 2024. – T. 4. – №. 05. – C. 357-362.
10. Yusufboy S., Qobilovna B. Z. SMARTBURS II–A REVIEW OF THE ADVANTAGES OF SMART BOR //European International Journal of Multidisciplinary Research and Management Studies. – 2024. – T. 4. – №. 02. – C. 56-60.
11. Makhmudovna T. M. et al. THE COURSE OF MALFORMATION AND CORNEAL EROSION IN TUBERCULOSIS PATIENTS //Open Access Repository. – 2023. – T. 4. – №. 03. – C. 60-66.
12. Dilafruz K. ROOT CANAL PREPARATION AS A STAGE OF TOOTH RESTORATION //International journal of advanced research in education, technology and management. – 2024. – T. 3. – №. 9. – C. 100-107.
13. Dilafruz K. COMPREHENSIVE TREATMENT GENERALIZED PERIODONTITIS AND CLINICAL AND RADIOLOGICAL EVALUATION OF EFFECTIVENESS //International journal of advanced research in education, technology and management. – 2024. – T. 3. – №. 9. – C. 108-116.

