WEB OF SCIENTIST: INTERNATIONAL SCIENTIFIC RESEARCH JOURNAL
ISSN: 2776-0979, Volume 5, Issue 11, November - 2024

COMPLEX TREATMENT IN PATIENTS WITH PERIODONTAL DISEASES

Ruziyeva Kamola Axtamovna
Samarkand State Medical University

Abstract

After tooth extraction, many changes occur in the alveolar bone system. Preserved teeth are subjected to additional functional loads, and the weakening of the periodontal tissue of existing teeth can lead to exacerbation of inflammation, increased pathological mobility, increased atrophy phenomena and the appearance of secondary tooth displacement.

Introduction

The purpose of this prosthesis is to prevent the functional overload of the retained teeth, their splint and the restoration of the integrity of the dentition. There are several ways of direct prosthetics. Their essence lies in the manufacture of immediate prostheses before tooth extraction or immediately after surgical manipulation. The disadvantages of this method of prosthetics are the numerous modifications of prosthetics due to trauma to the inflamed gums, poor fixation of prosthetics, the inability to preserve movable teeth, which require long-term relocation. Treatment of periodontal disease presents certain difficulties. Treatment of periodontal disease can be effective only with an integrated approach that includes therapeutic, surgical, physiotherapeutic and orthopedic treatment. Comprehensive therapy includes the identification of etiological factors and a clear definition of the main associations in the etiological mechanism of the disease. This is necessary to determine the means of anisotropic and pathogenic therapy, as well as to develop a specific plan for managing the patient. Complex treatment of periodontal disease can also include immunotherapy effects, methods aimed at increasing the level of vital activity of the entire organism, psycho-emotional state, improvement of social conditions of life, treatment of somatic diseases that contribute to the development of periodontal disease. It should be noted that people with comorbidities should receive dental treatment only in remission or in drug compensation.

The purpose of the study is: to increase the effectiveness of orthopedic treatment in patients with periodontal disease.

Treatment of periodontal disease must begin with a thorough removal of dental deposits. It is also important to eliminate local factors that contribute to the accumulation of plaque (gingival caries, non-repaired interdental contact, overhanging edges of fillings, edges of artificial crowns deep under the gums,

correction of anatomical and topographical features of teeth and jaws, orthodontic treatment of malocclusion, congestion of teeth, etc.).). d).

Materials and research methods. For the orthopedic treatment of patients with periodontal disease, a variety of removable and non-removable, temporary and permanent designs of medical devices are used. Indications for orthopedic treatment of periodontitis are mainly the need to fix the movable teeth and redistribute the load on the teeth with unaffected periodontitis or the mucous membrane of the prosthetic bed.The most important point is the elimination of functional traumatic overload of periodontal tissues with selective grinding, splints and reasonable prosthetics. So, the main stages of orthopedic treatment of periodontal disease are: Selective grinding of teeth; temporary splint; orthodontic treatment (according to indications); use of permanent splint devices for dental prosthetics. The main value of orthopedic treatment of periodontal disease is able to remove inflammation. Improves blood circulation. Restores tissue nutrition by eliminating pathological mobility.Normalizes the bite ratio.Reduces chewing pressure (functional therapy). A properly selected and performed set of orthopedic interventions is aimed not only at restoring defects in the dentition, but also reliable stabilization of the remaining teeth, contributing to the normalization of the occlusal load, periodontal nutrition and restorative processes in its tissues, thereby increasing the effectiveness of the treatment of periodontal diseases. The results and their discussion. Regardless of the form and stage of periodontology of 30 people with a partial lack of teeth taken for treatment, local treatment began with thorough removal of plaque and disinfection treatment of the gingival margin. After that, the obvious premature dental contact was eliminated and unconnected occlusive mouthguards were applied. In the future, under the control of obstructive mouseguards, a full range of therapeutic measures were carried out in surgical, therapeutic hygiene and periodontologist. Occlusal mouseguards were made when removing functionally defective orthopedic structures, with multiple extraction of teeth, with long-term therapeutic treatment with restoration of the integrity of the anatomical shape of the teeth.

On average, patients used such mouthguards for 3-4 weeks during the period of treatment by a periodontologist. Orthopedic procedures (preparation of splints and splints) were also performed under the control of occlusal mouse guards. In this case, the kappa was re-lined for better fixation in the oral cavity.

The treatment was completed with reasonable prosthetics. When planning the construction of orthopedics, we carefully studied the X-rays of all teeth.

According to the testimony of 32 patients, the periodontal sprint was made from a composite filling material. Used as Ribbond or GlasSpan and light-cured flowable

composites of reinforcing fiber materials. The structure of fiberglass or polyamide thread splint reduces tooth mobility. Her stiffness prevents the teeth from loosening, which means it reduces the likelihood of tooth loss. Thanks to the sprint, it was possible to redistribute the load throughout the reinforced fragments of the dentition. The healthier teeth are included in the immobilization, the more noticeable the unloading of the movable teeth. This is not surprising, because, first of all, when using periodontal sprints, an improvement in oral hygiene is necessary, and patients with concomitant diseases may not pay much attention to this problem due to the severity of their condition and, as a rule, because of this they do not get the positive results expected from treatment. Secondly, due to the relative fragility of the composite material, chipping is possible on the splint teeth, which over time can lead to bite disorders. In addition to splint, all patients with periodontal diseases have a temporary bruxism bite type, which is characterized by not only the bite surface, but also the overlap of the gingival margin of 1.5–2 mm. Such tires fix the height of the bite, restore both the contained and distal defects of the dentition, partially redistribute the chewing pressure, do not require tooth preparation and allow simultaneous occlusal correction and treatment of periodontal diseases by investing various drugs. After the periodontal treatment was over, a permanent clasp structure was created using splint elements or temporal removable dentures. The splint area was left as a permanent splint, depending on the patient's material function.

Conclusion:

Thus, orthopedic treatment of patients with partial absence of teeth in periodontal disease is carried out in a complex and has its own characteristics. It is aimed at eliminating traumatic occlusion and articulation, stabilization of mobile teeth and redistribution of chewing pressure by splint, restoration of dentition defects. Dental treatment of periodontal disease must be carried out using obstructive mouthguards (treatment, surgical debridement, orthodontic preparation, manufacture of permanent orthopedic structures). Splicing of groups of moving teeth is recommended with a ribbon or glass pan of dental material. As medical makeup, to make dental supergingival occlusive mouthguards. As a permanent construction, use a clasp splint or prosthesis with a clasp fixing system.

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. – Т. 3. – №. 06. – С. 127-130.
2. Sevinch E., Zarafruz B. ETIOLOGICAL TREATMENT FEATURES INFLAMMATORY PERIODONTAL DISEASE //European International Journal of Multidisciplinary Research and Management Studies. – 2024. – Т. 4. – №. 03. – С. 241-246.
3. Zarafruz 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. – Т. 3. – №. 8. – С. 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. – Т. 4. – №. 02. – С. 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. – Т. 4. – №. 05. – С. 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. – Т. 4. – №. 03. – С. 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. – Т. 4. – №. 01. – С. 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. – Т. 4. – №. 05. – С. 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. – Т. 4. – №. 05. – С. 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. – Т. 4. – №. 02. – С. 56-60.