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METHODS OF ELIMINATING THE MAIN CAUSES OF COMPLICATIONS THROUGH THE USE OF LAMELLAR PROSTHESES, WHICH ARE OBTAINED IN PATIENTS WITH PARTIAL TOOTHLESSNESS

Abstract, *for removable dentures in this article, the factors provoking the development of pathological reactions of the body are the effects of microorganisms, the allergic and toxic effects of substances that make up the prosthesis, the thermal insulation effect of the base of the prosthesis on the tissues to be prosthetics, decreased vascular tone, slowing blood flow and lymph flow, vascular wall permeability and related exudation processes – increased. The concentration of blood elements is determined by blood plasma.*

Key words. *partial toothlessness, dentures with removable plates, thermal insulation effect of the base of the prosthesis on the underlying tissues of the prosthesis.*

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ҚИСМАН ТИШСИЗЛИГИ МАВЖУД БЕМОРЛАРДА ОЛИНАДИГАН ПЛАСТИНКАЛИ ПРОТЕЗЛАРДАН ФОЙДАЛАНИШ ОРҚАЛИ АСОРАТЛАРНИНГ АСОСИЙ САБАБЛАРИНИ БАРТАРАФ ЭТИШ УСУЛУБЛАРИ

Аннотация, *ушбу мақолада олинадиган протезлар учун организмнинг патологик реакцияларини ривожланишига сабаб бўладиган омиллар микроорганизмларнинг таъсири, протезни таркибини ташкил этувчи моддаларнинг аллергик ва токсик таъсири, протез асосининг протез ости тўқималарига иссиқлик изоляцион таъсири, қон томирлари тонусининг пасайиши, қон ва лимфа оқимининг секинлашиши, томирлар деворларининг ўтказувчанлиги ва улар билан боғлиқ экссудация жараёнлари – қон элементларининг ва қон плазмаси аниқланган.*

Калит сўзлар: *қисман тишсизлик, олинадиган пластинкали протезлар, протез асосининг протез ости тўқималарига иссиқлик изоляцион таъсири.*

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МЕТОДЫ УСТРАНЕНИЯ ОСНОВНЫХ ПРИЧИН ОСЛОЖНЕНИЙ ЗА СЧЕТ ИСПОЛЬЗОВАНИЯ ПЛАСТИНЧАТЫХ ПРОТЕЗОВ, КОТОРЫЕ ПОЛУЧАЮТСЯ У ПАЦИЕНТОВ С ЧАСТИЧНОЙ БЕЗЗУБОСТЬЮ

Аннотация, *для съемных протезов в данной статье факторами, провоцирующими развитие патологических реакций организма, являются воздействие микроорганизмов, аллергическое и токсическое действие веществ, входящих в состав протеза, теплоизоляционное действие основания протеза на подлежащие протезу ткани, снижение тонуса сосудов, замедление кровотока и лимфотока, проницаемость стенок сосудов и связанные с ними экссудационные процессы – повышение концентрации элементов крови и определяется плазма крови.*

Ключевые слова: *частичная беззубость, протезы со съемными пластинами, теплоизоляционное воздействие основания протеза на подлежащие ткани протеза.*

Relevance of the study. Among the reasons for the high demand for orthopedic treatment with removable dentures, the leading place is occupied by insufficient sanitation of the oral cavity and untimely visits to the dentist. Despite the significant improvement in the quality of orthopedic dental care for patients, the problem of restoring the lost functions of the dentofacial system in the absence of teeth has not yet been solved. Factors that contribute to the development of pathological reactions of the body to removable dentures include: the influence of microorganisms, the allergic and toxic effects of the substances that make up the prosthesis, the thermal insulation effect of the prosthesis base on the tissues under the prosthesis, a decrease in the tone of blood vessels, slowing down the flow of blood and lymph, the permeability of the vessel walls and the associated exudation processes - the outflow of blood elements and blood plasma.

Due to the high demand for orthopedic treatment with removable dentures, improving orthopedic treatment methods, taking into account the anatomical and functional conditions of the oral cavity,

with an individual approach to each patient, will increase the accuracy and effectiveness of the study.

The purpose of the study. study methods to eliminate the main causes of complications by using removable plate prostheses in partially edentulous patients.

Research object. In our research, we conducted dental examinations among 120 patients aged 25 to 74 years with partial secondary adentia who applied for orthopedic dental treatment.

Results and analysis. The process of examining patients was divided into two stages in accordance with the method proposed by V.N. Kopeikin (1998). At the first stage, an anamnesis was collected and analyzed directly from the patient, his opinion was listened to about how the disease began and how it developed. At the second stage, a detailed objective examination of the patient was conducted. During the interview, all patients lost their teeth due to caries complications and periodontal diseases. According to the plan, the patients underwent complete oral hygiene and then partial edentulism was restored with partial removable dentures.

were conducted using a generally accepted standard set of dental tools and equipment: questionnaire, patient complaints, objective examination, examination of the oral mucosa, teeth and dental arches, periodontal tissues, masticatory muscles, and temporomandibular joint, and the patient's complaints were determined.

the clinical examination and examination, anamnesis was collected, and we paid attention to the presence of local and general body diseases, as well as the secretion of saliva.

We divided the main group of patients into three groups for research purposes.

The main first group of patients includes patients with Acetal dental prostheses,

The second group of patients includes patients wearing "Ftoraks" acrylic dental prostheses,

Our third group consisted of patients wearing elastic nylon dental prostheses.

The control group consisted of individuals with healthy teeth and oral tissues. All groups consisted of patients and healthy individuals without additional diseases and comorbidities.

The patients were found to have unfavorable working conditions, compliance with oral hygiene, bad habits and consumption of carbonated beverages; susceptibility to allergic diseases, and experience with removable dentures. In order to provide accurate data on the distribution of the study participants, men and women were divided into almost equal numbers. After the removable dentures were placed on the patients, the patients were fully explained about their use and maintenance, as well as how to clean and store the dentures.

When examining patients, attention was paid to the facial expression, the presence or absence of asymmetry, the severity of wrinkles, the size of the nasolabial region, the presence of changes in the skin of the face, and the condition of the oral cavity, oral diaphragm, palatine arch and tongue, as well as the condition of the dental arch and periodontium were assessed. In general, the necessary clinical and diagnostic work was carried out in patients in a comprehensive manner and the necessary procedures were performed. During the clinical studies, 120 patients were examined and orthopedically treated. Removable dentures were made using the necessary methods and raw materials. One day after the removable denture was installed and fixed, the patients were examined and subsequent follow-up appointments were scheduled.

The evaluation of the effectiveness of orthopedic treatment after the installation of removable dentures in patients was based on the results of a questionnaire; the oral mucosa and the hygienic condition of the dentures were assessed using the classification of Iordanishvili A.K., 2000 and the method of Kalivradzhiyan E.S. 2003; we used the results of microbiological studies using the method of V.N. Tsarev 2000 to determine the hygienic condition of the teeth. All the obtained research results and data were entered into the patient's card to compare the effectiveness of the treatment. The method of conducting a questionnaire in patients was a special questionnaire developed by A.N. Akbarov and A.Kh. Jumaev (2021). The basis of the questionnaire was the subjects' personal opinions about their feelings after the installation of the prosthesis and the results of the orthopedic treatment. Various questions were asked about the duration of the patients' adaptation to the prosthesis after wearing removable dentures, their attitude towards the raw material used for the denture base, complaints about the design of the prosthesis, the aesthetic appearance of the dentures, their opinions on the quality of the prosthesis and the conditions for maintaining its hygienic quality, the ease of care for removable dentures, the effect of removable dentures on patients' taste preferences, whether they interfere with the pronunciation of letters when speaking, and similar questions.

The method of determining the hygienic condition of removable dental prostheses- For this study, A.N. Akbarov and A.H. Jumaev developed a special method for determining the hygienic condition of the surface of removable dentures. This method can be used to assess the hygienic condition of the oral cavity after orthopedic treatment of patients with partial absence of teeth. This method consists in dividing the surface of a partial or complete removable prosthesis into anterior and lateral segments, the boundaries of which are a line drawn between the abutment teeth of the denture (Fig. 2), stained with a solution of methylene blue, washed with water for 5 seconds and dried with a stream of air for 10 seconds, and the hygienic condition of the denture is determined by the degree of staining of the segments. In this case, the surface of the removable prosthesis is divided into the following segments: segments 1 and 2 are limited by a line from the right abutment to the left abutment - the area of the anterior teeth, segments 3 and 4 - the areas of the chew-

ing teeth. The hygienic condition of dentures is assessed as follows: Grade 1 - staining of one segment - satisfactory level of hygiene Grade 2 - staining of 2-3 segments - average level of hygiene Grade 3 - staining of segments 1, 2, 3, 4 - unsatisfactory level of hygiene Grade 4 - staining of the entire surface of removable dentures facing the oral mucosa - extremely poor level of hygiene.

Evaluation criteria: a level 1 assessment of the hygienic condition of the denture is a good level; in this case (the patient does not need to consult a specialist); a level 2 assessment of the denture is a satisfactory level of oral hygiene, in this case (requires dental examinations and cleaning of tartar); a level 3 assessment of the denture is an unsatisfactory level of oral hygiene (requires the selection of hygienic means used for cleaning teeth, teaching hygiene rules, and monitoring the level of oral hygiene); A 4-level assessment of the denture is a critical level of the patient's oral hygiene (in this case, training in hygiene practices, consultation with a specialist in the selection of personal hygiene products, supervision of the oral hygiene state by a specialist, and explanation to the patient of the importance of carrying out oral hygiene work together with a dentist and periodontist are carried out).

The above method of assessing the hygienic condition of dentures is very simple and easy. When using this method, it does not cause inconvenience to patients. This method does not require unnecessary calculations. It is considered convenient for assessing the hygienic condition of dentures. The hygienic condition of dentures is directly related to the microorganisms of the oral cavity. The higher the hygienic condition of dentures, the longer the service life of the denture. In case of partial loss of teeth, special preparation of the oral cavity before prosthetics is carried out, and appropriate orthopedic treatment is carried out. Special preparation includes therapeutic, surgical, orthopedic and orthodontic methods.

A method of assessing the condition of the mucous membrane of the oral cavity Partial dentures always have various effects on the tissues of the prosthesis. As a result, the use of a removable denture causes the oral mucosa to respond to the new conditions formed in the prosthesis. Partial and complete removable dentures, as a result of their influence on the tissues of the prosthesis, cause various inflammatory symptoms, which cannot but negatively affect the effectiveness of orthopedic treatment. One of the main causative factors of this negative effect is the chewing pressure exerted by the prosthesis on the prosthesis. As a result, the blood vessels dilate, and as a result, the prosthesis base acts as a direct barrier to the functions of the mucosa, such as protection, nutrition, and secretion of mucus. As a result, atrophy processes can be observed in the alveolar ridge and hard palate, that is, in the bone tissue of the prosthesis. Since the atrophy process does not occur uniformly in the jaw bones, the condition of the prosthesis site is significantly different from its previous state, and as a result of the instability of the prosthesis in the prosthesis site during its function, various types of inflammation appear, which causes discomfort to the patient. In addition, the monomer in the composition of acrylic prostheses causes various allergic reactions to the mucous membrane, which leads to inflammation. The state of the affected tissues of the prosthesis site was described by its color changes, dryness or moisture, and the extent of the process. To assess these signs and diagnose them, the classification of stomatitis after orthopedic prostheses proposed by A.K. Iordanishvili, 2007, was used.

It is correct to judge the good or bad result of orthopedic treatment by the short time it takes for the patient to get used to the prosthesis. This indicator was evaluated using the method of assessing the inflammatory reaction of the oral tissue proposed by E.S. Kalivradzhiyan, 2003. During the observation, in order to compare and assess the inflamed areas of the oral mucosa, the inner surface of the prosthesis was smeared with a mixture of spirit oxide, an aqueous solution of polyvinyl alcohol and baking soda, starch in a ratio of 1: 1: 4: 3, then the prosthesis was wiped dry. Then the Schiller- Pisarev mixture was applied to the mucosa in the prosthesis location, and after one minute the emulsified prosthesis was fixed in the oral cavity. The patient performed chewing movements for 1-2 seconds and the prosthesis was removed. The blue spots formed on the inner surface of the prosthesis base as a result of the chemical reaction of the alcoholic solution of iodine with starch indicate areas of inflammation in the tissue of the prosthesis site. The depth of inflammation is indicated by the color of the stained area. A sign of inflammation in soft tissues is the presence of swelling at the base of the staining.

The size of the inflamed areas of the oral mucosa was determined by placing a film with a millimeter division on the stained part of the OBSHQ. Thus, the results were summarized, and the indicators of the control and the main group were compared. The condition of OSHQ was recorded in the third fourteen days after wearing the prosthesis, as well as during the period of one, three months and half a year.

Determination of the pH value of oral fluid - the patient's oral fluid was collected and its pH value was determined by performing the following steps. The patient was asked to hold his head forward without swallowing, without moving his tongue and lips. In this way, oral fluid was collected for 120 seconds, and all the collected oral fluid was collected in a special container. A pH meter was used to determine the pH of the fluid taken from the oral cavity. Due to the presence of special devices in the pH meter, it allows you to get the result within a few seconds.

Microbiological examination methods- Microbiological studies were conducted before and after prosthetics in the groups of patients we studied. For this, patients were asked to rinse their mouths with distilled water 2 hours after eating, and then their oral fluid was collected in a sterile container. A series

of serial dilutions were prepared in the laboratory from the obtained material, after which a certain volume of them was poured onto the surface of differential diagnostic nutrient media: agar for anaerobes, Endo medium, milk-saline agar, Kalina medium, blood agar, MRS-4 medium, Saburo medium, etc. In the study, bacteria were grown on blood agar, Endo medium, milk-saline, Saburo medium, etc. under normal conditions for 18-24 hours at a temperature of 37 ° C. For the isolation of anaerobic microbes, the method of growing them in sealed polyethylene bags filled with natural gas was used.

At the end of the indicated periods, the dishes inoculated with microbes were removed from the thermostat and the grown colonies were counted. Based on the microscopic data of smears stained by Gram, the group and types of isolated microorganisms were determined; The nature of the characteristics of microbial cultures was determined in selective differential diagnostic nutrient media.

the modified method, the result was taken into account according to the last dilution in which bacterial growth was observed. The number of microorganisms was calculated according to the following formula:

K = A x 200 · R (KO E / ml), this on the ground

K - bacteria quantity; A is one on the plate number of colonies;

200 - dilution coefficient; R - dilution level.

Every one of the kind bacterial counts lg KOE/ml with expressed.

The method of selection and processing of material for determining the phagocytic activity of neutrophils in saliva was modified by A.V. Antonov (1996) using the method of Temurbaev M.A. (1984).

To do this, the patient cleaned the saliva collected from the oral cavity, washed it with a buffer solution and centrifuged for 10 minutes at 1000 rpm. The supernatant was discarded, and 0.5 ml of physiological saline was added to the sediment. To 0.2 ml of the resulting mixture in a test tube, 0.1 ml of a suspension of latex particles with a diameter of 0.8 μm was added (5x 10 ^{8} particles in 1 ml). The mixture was incubated in a chamber at 37 ° C for 30 minutes. at temperature permanent to shake was incubated with. Later, this mixed ma s urt malar prepared, Romanovsky- Gims according to so, everyone in the drug latex and latex-free at least 100 pieces neutrophils was calculated, the phagocytic ar index was determined, i.e calculated phagocytic ar of leukocytes % detected and the phagocytic arindex-f agocytl hunter to the cell of absorbed latex particles the average number i was determined.

Sterile for our research paper from disks use offer We determined the activity of lysozyme in saliva using the method of Aliev Sh.R. (1994). For this purpose, saliva was collected on an empty stomach in a sterile test tube, then paper discs (similar to antibiotic discs) were taken with tweezers, moistened well in saliva, then discs were placed on a Petri dish on nutrient agar (Diffko agar) with a one-day culture of Micr. Lysodenticys (strain 2665, L.A. Tarasevich State Research Institute). The culture material was incubated in a thermostat at 37 ° C, and the saliva lysozyme activity by the diffusion method in agar It is clear.

Conclusion

1. As a result of the research, it was proved that the acetal prosthesis does not change its condition in the oral cavity environment and because of the low probability of accumulation of microorganisms in it, the advantage of using the alveolar barrier in cases of partial toothlessness and convergence and divergence of preserved teeth is proven.

2. It was proven that the number of complications in the oral cavity was reliably reduced by 1.7 times when using an acetal prosthesis, and it was found that the quality of orthopedic treatment of patients increased.

3. Compared to acrylic and nylon prostheses, it was found that acetal prostheses reliably reduced the colonization of pathogenic and conditionally pathogenic microorganisms and candida fungi by 1.2 times and increased the quality of orthopedic treatment in partially edentulous patients.

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