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METHODS OF DENTAL EXAMINATION FOR MAXILLOFACIAL ANOMALIES AND DEFORMITIES, TAKING INTO ACCOUNT THE PSYCHOEMOTIONAL STATE AND AGE OF CHILDREN

Abstract. *This article discusses the methods of orthodontic examination in the case of diagnosis of maxillofacial anomalies and deformities in children, taking into account the psycho-emotional state and age of child patients. Dental examination methods should not harm the mental state and somatics of children. Proper diagnosis of dental anomalies and deformities in children is considered important to prevent complications of the disease.*

Keywords. *psychoemotional state of children, methods of dental examination, dental anomalies and deformities.*

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БОЛАЛАРДА РУҲИЙ ЭМОЦИОНАЛ ҲОЛАТИ ВА ЁШИНИ ҲИСОБГА ОЛИБ ТИШ - ЖАҒ ТИЗИМИ АНОМАЛИЯ ВА ДЕФОРМАЦИЯЛАРИНИ СТОМАТОЛОГИК ТЕКШИРУВ УСУЛЛАРИ

Аннотация. *Ушбу мақолада болаларда руҳий эмоционал ҳолати ва ёшини ҳисобга олиб тиж - жағ тизими аномалия ва деформацияларини ташхислашда бемор болаларнинг руҳий ҳолати ҳамда ёшини ҳисобга олган ҳолатда ортодонтик текширув усуллари ўтказилади. Стоматологик текширув усуллари болаларнинг руҳий ҳолатига ва соматлигига зарар етказмаслиги лозим. Болаларда тиш – жағ тизими аномалия ва деформацияларини тўғри ташхислаш касаллик асоратларини олдини олишда муҳим аҳамиятга эга ҳисобланади.*

Калит сўзлар. *болаларда руҳий эмоционал ҳолати, стоматологик текширув усуллари, тиш – жағ тизими аномалия ва деформациялари.*

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МЕТОДЫ СТОМАТОЛОГИЧЕСКОГО ОБСЛЕДОВАНИЯ ПРИ ЧЕЛЮСТНО-ЛИЦЕВЫХ АНОМАЛИЯХ И ДЕФОРМАЦИЯХ С УЧЕТОМ ПСИХОЭМОЦИОНАЛЬНОГО СОСТОЯНИЯ И ВОЗРАСТА У ДЕТЕЙ

Аннотация. *В данной статье рассматриваются методы ортодонтического обследования в случае диагностики челюстно-лицевых аномалий и деформаций у детей с учетом психоэмоционального состояния и возраста пациентов-детей. Методы стоматологического обследования не должны наносить вред психическому состоянию и соматике детей. Правильная диагностика зубочелюстных аномалий и деформаций у детей считается важной для предотвращения осложнений заболевания.*

Ключевые слова. *психоэмоциональное состояние детей, методы стоматологического обследования, зубочелюстные аномалии и деформации.*

Relevance of the study. According to the World Health Organization, the prevalence of orthodontic defects in children is on average at least 50% (WHO, Geneva, 2007). Studies conducted in recent years show that the trend towards an increase in the prevalence of orthodontic defects in children is increasing. Dental care is one of the most effective types of medical care for the population; in recent years, special attention has been paid to the dental health of children, including their orthodontic condition. Scientific and practical studies are being conducted to evaluate orthodontic treatment methods taking into account the nature and age of children, both for orthodontists and doctors of other specialties. According to the results of long-term and systematic studies, 54.0% of children and adolescents have orthodontic pathologies requiring treatment. According to the WHO aesthetic index, 74.8% of the total number of people examined in the age group from 12 to 19 years have orthodontic problems, and 42% of them are in need of mandatory orthodontic care. Analysis of epidemiological data on the prevalence of orthodontic defects shows a clear trend to their further growth [1.3.5.7.9.11].

In this regard, the World Health Organization pays great attention to this problem. However, in

modern literature, the prevalence of orthodontic defects among children is not well understood, and in order to effectively organize the need for orthodontic treatment, it is important to pay attention to the child's condition and childhood. The relevance of studying this issue is associated with the high morbidity of this group of children. According to preventive examinations, 47% of children completely refused orthodontic treatment, 73.9% refused treatment after the installation of orthodontic appliances, and 20.0% did not come at all. The number of children aged 12-14 who received orthodontic care has now increased by 50%. Organizing orthodontic treatment based on the psycho-emotional state of children helps to reduce relapses of the disease [2.4.6.8.10.12].

The purpose of the study is to improve the assessment of orthodontic treatment methods in children, taking into account their psycho-emotional state and age.

Object and subject of the study. 148 sick children (12-18 years old) who needed orthodontic examination, taking into account their psycho-emotional state and age, were recruited.

Research methods. In order to solve the research tasks and achieve the goal, the following methods were used in the scientific work: clinical-functional, anthropometric methods were used.

Results and analysis. Also, attention was paid to the psycho-emotional state of children, orthodontic examination methods, the morphological structure of the upper and lower jaws, the interior of the mouth, and the location of the teeth in the tooth rows. In the subjective examination, the parents of children with anomalies and deformations of the maxillofacial system were asked (the criteria for the transition of the condition during pregnancy, types of childbirth, mental state, types of feeding of the child, up to what age the child used a pacifier, what types of harmful habits he had, whether he had chronic diseases of the upper respiratory tract and how long the disease lasted). Additional examination methods were TRG in lateral projection, OPG radiography and intraoral scanning with impression taking and photometric, anthropometric examination methods using CAD / CAM technology using the Exzocad program.

Anomalies and deformations of the temporomandibular system in children, taking into account their psycho-emotional state and age Risk factors that adversely affect the normal physiological state of chewing in patients with gingivitis were studied. Changes in the mental state, facial profile, position of the upper and lower jaw, cheek, upper and lower lip folds, and tongue position were determined in the patients under investigation.

Anomalies and deformations of the temporomandibular system in children, taking into account their psycho-emotional state and age The position of the molars relative to the anterior line in patients with The relationship between the sum of the mesiodistal dimensions of the permanent upper molars and the position of the molar relative to the anterior line of the dental arch was studied using the Corkhouse method. In determining the condition of the jaws during the period of alternating occlusion, the correlation between the sum of the mesiodistal dimensions of the upper molars and the mediolateral dimensions of the lower molars was determined using the Ton index. The existence of a certain correlation between the sum of the mesiodistal dimensions of the upper molars and the sum of the mediolateral dimensions of the lower molars was established by Ton (1937) during the period of alternating occlusion. The sum of the mesiodistal dimensions of the upper molars and the mediolateral dimensions of the lower molars during the period of alternating occlusion was determined by R. A summary of the comparison of the sizes of the upper and lower jaw shovel teeth on the basis of the correlation ratio of the tone is presented.

Also, SI is included as an expression of the dimensions of the upper molars, and Si is included as an indicator in the Ton index based on the sum of the morphological structure of the lower molars. When examining sick children with the Ton index, it was found that as a result of the high degree of macrodontia in the first and second molars of the upper jaw, the morphological structure of the lower teeth in the subsequent rows of teeth was disturbed, and the density of the molars, the transition of the bite to a pathological type, changes in the examination results were detected.

Tanako-Johnson examination method in children patients participating in research groups. This method is one of the effective methods for determining the gap between the teeth in the lateral segments of the jaws during early molar eruption, and the distance between the teeth in the rows of teeth for the I-II premolars.

Examination by Snagina's method: N.G. Snagina (1965) determined that there is a relationship between the sum of the mesiodistal dimensions (width) of the 12 permanent teeth and the following quantities.

Also, the dependence of the expansion and lengthening of the tooth row and the growth of the apical base in patients under the influence of orthodontic appliances was studied.

It was found that the patients participating in the study group had apical base width of the upper jaw of 39-32% of the sum of the widths of 12 teeth, and apical base width of 37-26%, and in the lower jaw of 38-34% and 36-31%, respectively. In this case, indications for the removal of individual teeth in order to reduce the size of the dentition were also taken into account. Also, in the case of secondary narrowing of the jaws, limiting oneself to the expansion of the dentition only further aggravates the disproportion between the dimensions of the dental arch

and the apical base width. As a result, relapses after orthodontic treatment occur. The width of the dental arch, apical base width and length of the patients participating in the study group were determined by the Snagin method, and the sum of the mesiodistal widths of 12 permanent teeth was taken into account. The width of the dental arch between the first premolars was measured according to the pons. The width of the dental arch between the first molars was studied in patients. The narrowest part of the apical base was calculated according to the House method.

Conclusion. The length of the apical base in the dental arch of the patients in the control group was compared with the total measured from the House points. The parameters of the dental arch, width and length, width and length of the apical base were compared. The percentage ratio of the width and length of the apical base to the width of 12 teeth was calculated. The degree of deficiency in the width and length of the apical base was determined. The results obtained were analyzed and the normal and pathological states were compared according to the indicators. According to the results of the study, the measurement of the width of the apical base of the upper and lower jaw according to the Snagina method and its analysis data showed normal physiological and pathological changes. In this method, changes in the total from 29.4 to 39.6 to 29.1 to 38.5 and in 6/6 areas from 45.4 to 58.5 normal to 45.1 to 58.3 pathological conditions were studied and analyzed.

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