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Development Scientific Justification and Evaluation of the Effectiveness of a Comprehensive Program for the Prevention of Tooth-Jaw-Formation in Children

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Abstract On a global scale, special attention is paid to research work aimed at improving the treatment of dental diseases in children with dental row defects, including dental-jawomalia. It is of particular importance in modern dentistry to determine the clinical-functional features of the specific course of symptoms of tooth row defects, to assess the place of orthodontic measures in the complex treatment process, to develop a comprehensive step-by-step approach plan that takes into account the somatic condition of children, to offer treatment-prophylactic methods based on the violation of the functioning.

Keywords Anomalies, Deformations, Dentition defects, Adequate management, Dental, Clinical-functional, Laboratory-statistical methods, Pricus

1. Introduction

In recent years, there has been a growing number of dentists in the population, causing medical-social, economic problems. In particular, this dental row has a special place in the development of dental-jawomalia in children, which creates complexity in their diagnosis and treatment. It is found that studies over the past 5 years have recorded that tooth row defects are observed in children with the development of tooth-jawomalia up to 66%, and the occurrence with various deformities up to 78% [3,5].

At the same time, the predominance of oral diseases in children with tooth-jaw disorders, as well as the observation of 78.3% to 95.3%, testify to the prevalence of tooth-jaw disorders. This condition is explained by the fact that the initial stages of dental-jawomalias go away without clear clinical signs, the possibility of obtaining sufficient data on changes in both clinical and laboratory tests, the absence of uniform etiopathogenetic views among specialists. The reasons given indicate the need to improve the methods of treatment and Prevention of this medical problem [2,4].

On a global scale, special attention is paid to research work aimed at improving the treatment of dental diseases in children with dental row defects, including dental-jawomalia. In this, in modern dentistry, the specific course of symptoms of dental-jawomalia associated with dental row defects is determined by clinical-functional characteristics, assessment of the place of orthodontic measures in the complex treatment process, development of a comprehensive step-by-step approach plan that takes into account the somatic condition of children, offering treatment-prophylactic methods based on violations of the functioning [5,7].

Dental row defects are characterized by the fact that the epidemic process does not have a well-defined periodicity, seasonality, cyclicity. Dental row defects the impossibility of differential diagnosis on clinical manifestations of forms the occurrence of tooth row defects official registration data, which caused them not to reflect their actual distribution among the population, making adequate management decisions in time, making it difficult to implement preventive measures [6].

At the same time, the existing material and technical support for laboratory diagnostics of dental row defects did not allow the organization of this monitoring due to the relative costs of screening research methods, the absence of single means of electronic recording of results suitable for all research methods [4,8].

Thus, in modern dentistry, the study of the effects of diseases caused by dental row defects, including tooth-jaw disorders, the Prevention of complications of diseases, is an urgent problem. Analysis from various scientific sources has shown that dental row defects are at the forefront of spread among the population. They challenge all doctors, including dentists, with their multifaceted effect on the body. Dental row defects are common not only in the countries of Europe and the Americas, but also in Asian countries [2].

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2. The Purpose of the Study

The Bukhara Oasis consisted in the development, implementation and evaluation of the effectiveness of a multi-stage complex program for the Prevention of tooth and jaw formation in children.

The reliability of the results of the study is justified by the fact that modern, complementary dental, clinical-functional, laboratory and statistical methods were used in the research work, a sufficient number of dental-jawedoformations were obtained by transported children, the results of the study were confirmed by the theoretical and practical nature, their reliability when comparing the data obtained by compatriots and foreign researchers.

3. The Results Obtained and Their Discussion

The main criterion of teeth is that the position of the teeth in the tooth row correlates with the constant tooth decay of the parameters of the tooth arcs. This misalignment of the parameter can lead to crowding (close position of the teeth) or speeding (opening between the teeth). This article contains instructions on how to preserve or remove a tooth in the event that an orthodontic treatment is planned in accordance with the structural characteristics of the tooth row and facial skeleton. On the basis of the data studied in the patient, it is important to consider the assessment of the biometric and X-ray-snphalometric comparative analyzes of the first and second class of the first and second class of the first and second class of Engl in patients with orthodontic treatment of the first and second class of Engl in prikus anomalies.

The total number of children examined was estimated at 962, of which the number of children in the temporary bite period is 242 and the number of children in the exchange bite period is 720. In children (59.7%) during the temporary bite period, dental and dental cathores abnormalities were encountered. Including, a distal bite condition was found in 64.9% and a second type of anomaly-deep bite-in 37.1% of these children. In 91.2% of the 59.7% of the children mentioned above, it was found that no temporary frontal milk interdental physiological tremor occurred. It was observed that while 55.3% of children had upper frontal teeth, 44.7% of children had lower frontal teeth. Notably, 44.7% of children had a distal bite condition. In children of this type of bite, the sagittal fissure (slit) was 1-3 mm.

In 5.7% of children who did not have physiological tremors, even a slight dense condition of the teeth was observed. In addition, compensatory narrowing of the upper jaw cathors was observed, corresponding to the degree of distal bite. In 42.8% of children with Distal bites, the hip (close attachment) of the tylosti Yugan was observed. In 13.2% of children examined during this bite period, the mesial position of the lower jaw was determined, and in 65.4% of them we witnessed that temporary pile dental occlusion surfaces (especially in the lower pile teeth) lag behind physiological suction. In addition, we witnessed that physiological tremas did not occur between the upper frontal teeth, and premature fall of the lower frontal teeth, as well as their dislocation, ruptured the teeth prematurely. In 9.2% of children, however, we observed the formation of a state of venereal biting (laterogeny).

We found that 19% of these children had unilateral loss of lower temporal molars and 56% had a unilateral caries process. The results and discussions showed that 67.6% of the 720 children examined during the exchange period of the bite type had dental status and dental arc-related anomalies. 41.4% of bite anomalies were distal bite (kl-II), while 33.8% were in deep bite condition. In most children, the distal tishloa condition was observed to be closely related to deep tishloa. In most of these children, a dense condition of the lower permanent frontal teeth of 2 and 3 degrees (according to Sablina) was identified. In 14.8% of children, we have witnessed that the distal bite condition is accompanied by "compensatory narrowing"of the upper jaw and "compensatory retrusion"(kl-IIb), dense condition or protrusion (kl-IIA) of the upper frontal teeth.

The scientific significance of the results of the study is explained by the fact that the development of a multi-stage complex program for the Prevention of tooth-jaw-jaw-formation and the features of clinical rejection of the oral hygiene indices in children with tooth-jaw-jaw-formulations was first recommended in practice, this program has a positive 89.6% effect.

The practical significance of the results of the study is explained by the medical, social and economic effectiveness of patients with dental row defects at the time of the exchange prikus, the choice of the structure of orthopedic devices in the complex dental-jaw-formation, the use of the modification option in children of the same contingent.

4. Conclusions

We have witnessed that in the first circuit (phase) of the exchange bite period, mesial deviation or Corpus mesial migration of the lower permanent first molars occurred as a result of early loss of the lower temporal molars. We have observed that most of these children have harmful habits such as one-sided chewing of a food bite.

In this circuit of the bite in question, the mesial bite condition (kl-III) was 8.9%, while the deer bite (laterogenia) condition was 4.1%. In the Second Circuit of the exchange bite cycle, however, 32.4% of children had a distal (kl-II), 21.9% had a deep bite, 11.8% had a distal-deep bite in children, and 3.2% had a crooked bite in children. In this group, the narrowing of the upper tooth arch coincided with a more distal bite position. The one – sided-asymmetric narrowing of the jaws coincided with children with more oblique bites.

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