Nerve Injuries in Oral Surgical Dentistry: Analysis and Discussion

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Abstract: This in the article mouth space surgery in dentistry occurring nerve their injuries causes, symptoms and complications IMRD format based on analysis will be done. In particular, the bottom alveolar nerve (PAN) and language nerve (TN) injuries see will be released. In research mouth space surgery during surface coming nerve injuries in patients constant pain, sensitivity loss and another significant to inconveniences take coming possible determined. Also nervous injuries prevention get for caution measures apply importance is emphasized. Article dentists and mouth space surgeons for clinical in practice useful recommendations own into takes.

Keywords: mouth space surgery, dentistry, nerve damage, bottom alveolar nerve, language nerve, neuralgia, sensitivity loss, pain, prevention

Sign in. A mouthful space surgery (OBJ) in dentistry wide spread out from processes one mainly teeth extraction, implantation, scars correction, and different different mouth and jaw problems treatment such as practices own into takes. [1,6] OBJ multi cases of patients life quality improve pain reduce and chewing, speaking, breathing get such as functions to restore directed. With that together, mouth trail and jaw structure complexity due to surgery practices in time nerve damage danger high will be. [1-5]

Nerve injuries in OBJ the most serious complications in turn enters and of patients health and diary to the activity significant effect shows. In particular, the trigeminal nerve (3 horned nerve) of different branches, for example, the bottom alveolar nerve (PAN) and language nerve (TN) of damage wide spread This nerves face and in the jaw area sensitivity provides, therefore for they are when damaged in the patient drowsiness, constant pain, itching and another unpleasant symptoms appear will be Nerve damage usually grain teeth release, mouth trace space implantation and in other jaw surgeries surface because it comes this in processes to the nerves near is located to structures mixed .[7]

Studies that's it shows that the nerve damage different forms there is they are temporary or constant to injuries take coming can Temporarily injuries usually surgery during nerve to the tissues damage when it arrived observed and time pass with in the patient will be restored. [8-10] However, some cases nerve complete damaged if so, again recovery opportunity very low, the patient life during constant pain or of sensitivity loss with face to face coming possible. [11-15]

A mouthful space surgeons and dentists for nerve damage risk reduce important important have Of this for of the patient anatomical structure in advance study, surgery technique improvement and high level caution measures apply it is necessary.

Methodology.

This is it in research publication done scientific articles and clinical observations based on analysis done Information mainly 2010-2023 between publication done from the articles received is the trigeminal nerve damage and his prevention get methods separately attention was directed . In the article in OBJ surface coming two main nerve damage - bottom alveolar nerve (PAN) and language about the nerve (TN). in detail statement done.

Results. Mouth space in surgery nerve damage , especially the bottom alveolar nerve (PAN) and language with nerve (TN). dependent without , patients intuition and to the movement significant effect shows . This of nerves damage take coming main of reasons one surgery in practices of nerves

thin location and mouth trace of the structure complicated anatomical is the structure . Below are the PAN and TN injuries main analysis given.

1. **Bottom alveolar nerve (PAN) damage :** PAN lower jaw bone from the channel passes and of the teeth sensitivity with depend PAN damage usually teeth of the lower jaw , especially incisors release in the process surface will come

- Sensibility loss : Research to the results according to PAN damage lip and in patients chin in the field sensitivity to disappear reason will be In patients different level Drowsiness , feeling of " drowsiness ". observed . This of sensitivity again recovery of injury type dependent being some cases temporary sometimes constant to injury take will come.
- **Pain syndrome** : PAN is damaged in patients usually neuralgia development can It's long term pain with manifestation is a diary life to quality significant effect shows . Pain syndrome of the surgeon experience and caution measures depends is technical wrong done practices damage risk increases.

2. Language Nerve (TN) damage: Language nerve of the tongue intuition and movement manages and mainly grain teeth release in the process injury can TN damage sensitivity and taste to know ability to the loss take will come

- Sensibility and taste to know Disappearance : Studies that's it indicates that the TN is damaged in patients of the tongue one on the side sensitivity loss, itching, taste of feeling decline observed. Some patients even of the tongue half painless and to action not adapted in case to be can Such circumstances are especially wrong done surgery in practices wide spread.
- **His own recovery level** : TN damage again recovery to PAN damage relatively more complicated will pass Because TN is direct mouth in the void is located is more external to the effects face will come Surgery in practice caution done cases while of TN again recovery probability increases , but some cases damage constant be stay can.
- 3. Injury types looking differences:
- **Full and partially injuries**: PAN and TN injury complete or partially to be can Full injuries usually surgery during nerves wrong cutting or big pressure fall due to happened will be and this without damaged nerve again recovery more difficult. Partially damage while small traumas as a result surface will come and again recovery opportunity high.
- **Recovery and treatment indications :** PAN and TN injuries recovery process the patient age, from surgery next maintenance and damage level depends will be Young patients recovery level high although it is big age in patients again recovery process slower will pass.

Analysis that's it shows that the mouth space in surgery nerve damage prevention get for caution measures and preparation very important.

Discussion. Mouth space surgery during nerves damage danger high to be regardless, different caution measures apply through this danger reduce can In particular, surgery before of the patient anatomical structure in detail check and computer tomography using of nerves sure location to determine important important have Also surgery technique improvement and caution with work through nerve damage prevention get can.

Conclusion. Mouth space surgery in dentistry nerve injuries mouth trace space and in the jaw area pain and sensitivity decrease can Therefore, dentists and mouth trace space surgeons risk factors right identifying and preventive measures to see important

Used literature

- 1. Isroilovich A. E. et al. The Role And Importance Of Gliah Neurotrophical Factors In Early Diagnosis Of Parkinson Disease //Texas Journal of Medical Science. 2022. T. 5. C. 1-6.
- 2. Isroilovich A. E., Kodirovich K. N., Jumanazarovich M. R. Hereditary Diseases of the Nervous

System, Their Prevalence and Epidemiological Status //Central Asian Journal of Medical and Natural Science. – 2022. – T. 3. – №. 6. – C. 127-132.

- 3. Botirovna A. M., Maratovna X. Y., Isroilovich A. E. Possibilities of ultrasound examination in the diagnosis of tunnel neuropathies of the upper limb //European journal of modern medicine and practice. 2022. T. 2. №. 10. C. 17-21.
- 4. Якубова М. М. Поперечный миелит, современный взгляд на этиологию. Случаи из практики. 2024.
- 5. Isroilovich A. E., Muxammedjanovna R. M., Abduvaxobovich A. S. Transcranial magnetic stimulation therapy in early and late stages of parkinson's disease //european journal of modern medicine and practice. 2023. T. 3. №. 1. C. 31-36.
- Yakubova M. M. et al. Clinical and neurological aspects of multiple sclerosis during infection with covid-19 in uzbekistan //Central Asian Journal of Medical and Natural Science. – 2021. – T. 2. – №. 3. – C. 186-190.
- 7. Isroilovich A. E., Muxammedjanovna R. M., Abduvaxobovich A. S. Transcranial magnetic stimulation therapy in early and late stages of parkinson's disease //european journal of modern medicine and practice. 2023. T. 3. №. 1. C. 31-36.
- 8. Isroilovich A. E. et al. Treatment of pregnant women with iron deficiency and work with patients //european journal of modern medicine and practice. – 2024. – T. 4. – №. 2. – C. 1-5.
- Muxamedjanovna R. M. et al. Damage to the Peripheral Nervous System in Systemic Diseases of the Connective Tissue //Research Journal of Trauma and Disability Studies. – 2023. – T. 2. – №. 1. – C. 87-91.
- 10. Якубова М. М. и др. Оптимизация лечебной тактики у больных с патологической извитостью внутренних сонных артерий //Журнал теоретической и клинической медицины. 2015. №. 6. С. 107-109.
- 11. Saidmuratovna K. D., Mirakramovna Y. M. Age features of chronic cerebrovascular insufficiency in some forms of dysplasia of cerebral arteries //European science review. 2018. №. 5-6. C. 170-174.
- 12. Якубова М. М. Клинико-молекулярно-генетические показатели ишемического инсульта у лиц узбекской национальности в зависимости от полиморфизмов генов FII, FV, MTHFR //Клиническая неврология. 2008. №. 2. С. 16-19.
- 13. Isroilovich A. E. et al. Analysis of Risk Factors in the Etiopatogenesis of Congenital Myopathy Syndrome. 2022.
- 14. Куранбаева С. Р. и др. Диагностическая и прогностическая значимость цереброастенического синдрома при заболевании covid-19 //образование наука и инновационные идеи в мире. – 2023. – Т. 22. – №. 4. – С. 9-13.
- 15. Rustamova C. R., Yakubova M. M. Optimization diagnostic errors in the amyotrophic lateral sclerosis //International journal of conference series on education and social sciences (Online). 2022. T. 2. №. 3.