

Methodical Approach to the Occurrence, Early Diagnosis and Complex Treatment of Anomalies in the Gums

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Relevance. On a global scale, a number of scientific studies are being carried out aimed at the development of clinical justification, prevention of early diagnosis and treatment of dental-jawomalia. In this regard, it is necessary to provide a comparative justification of dental diseases among different age groups, as well as dental-jaw disorders, and to justify the course of dental-jaw disorders among patients of different ages, medical social aspects of diagnosis, treatment and Prevention. Of particular importance is the development of measures aimed at treating the pathological condition i.e. the clinical - functional state of the oral cavity and conducting preventive measures, developing a system for preventing risk factors of hereditary predisposition of this pathology, diagnosing and treating the disease, improving the treatment system for reducing complications. All of the above indicates the need to carry out purposefully directed epidemiological studies, therefore, at the early stages, it demonstrates various effectiveness of methods for treating dental-jawomalias. The data obtained will help to develop not only the need for orthodontic treatment, but also the standards that will need to be implemented.

In these tasks, it makes it possible to improve the treatment methods of facial jaw abnormalities by raising the level of modern medical care in the diagnosis and treatment of facial jaw anomalies to a new level and improving the use of modern technologies in the provision of quality medical services.

The examination began with an external examination (figure, body position, hand fingers, face position). When the facial position was examined, it was determined by its shape, the height of the middle and lower third, the position of the upper lip and chin relative to the profile area (according to Schwarz profilometry).

The nose assessed the indicators of the folds of the lip and chin, the nature of the closure of the lips, the height of the lower jawbone. After that, the oral cavity was perfectly examined. The state of attachment of the lip nodes and the condition of the mucous membrane of the lunge were examined. The determination of the short uzdechka of the tongue was carried out as follows: a narrow border is fixed by the alveolar tumor along the border of the motile and immobile mucosa, while at the bottom of the mouthpiece, the tongue is pulled, the child must convey it to the mucous membrane of the sample behind the front teeth, if these are not

The oral cavity corridor was evaluated: when the anterior depth was less than 0.5 mm, as well as when the interdental suckers anemized, pulled the lip forward and horizontally, they turned it towards the small anterior corridor. To determine the size of the tongue, it is believed that the child has macroglossia from the tip to the chin, and later to the nose, if it is in accordance with this and the tongue meets the corners of the mouth. We then moved on to examining teeth, tooth rows, alveolar tumors, and determining the occlusion nature.

In determining the size of the Sagittal orifice, a standard, orthodontic scratch ("Oppso") was assessed. This part of the study was used to put the morphological part of the diagnosis. To form the functional part of orthodontic diagnosis, it was resorted to conducting dynamic synapses (speeches, tongue pulling into the tube). In addition, with the help of sinamas, the type of breathing was determined in the case when the lips were closed.

If the child is not normal to breathe through the nose, auxiliary movements of the wings of the nose, difficult breathing and noisy breathing can be seen when performing this test. In this, the child gets

tired quickly and soon takes a deep breath through the mouth. To determine the type of ingestion, a test was carried out with ingestion of saliva or water.

The main clinical manifestations of improper (infantile) swallowing are expressed by an increase in the activity of the circular muscles of the mouth, which leads to the outflow of the lips and a sharp expression of the muscles of the nasopharynx and chin, manifested in the form of small deepening in the chin area ("triangle symptom"). The tongue will be inserted between the teeth. Infantile swallowing is accompanied by active contraction of the mimic muscles, closure of the eyes and wrinkles of the forehead. The second section of the work is devoted to a clinical study conducted on the basis of the medical and methodological center of the children's dental Polyclinic. 55 sick children were admitted for orthodontic treatment. Also, these sick children are divided into groups according to the stage of origin of the bite (sick children with permanent bites are not taken into account by us in the clinical part of the case). Group I includes children with molochnqy bites (ages 3-5), Group II early - exchanged bites (ages 6-9), Group III late - exchanged bites (ages 10-18).

The relationship of the apical bases of the Jaws is determined by the angle of the ANB. Typically, its value is 2 ± 2.3 degrees. With lower retrognathia and micrognathia or upper prognathia and macrognathia, as well as their various combinations, the angle can exceed 4 degrees. At the same time, as a rule, according to the Englya II Class, the first constant corresponds to the ratio of molars.

The displacement of the angle to the negative Oblast provides information about the inferior prognathia and inferior macrognathia or superior retrognathia or micrognathia, which can also be in different combinations, and as a rule, the first permanent molars are interconnected according to the Englya III class.

Since the ANB angle value is influenced by the longitudinal dimensions of the jaws, we have determined the length of the lower jaw and upper jaw for differential diagnosis. In the case of Schwarz, the length of the upper jaw is 0.7 from the length of the front part of the base of the skull (Nse).

Conclusion. Jacobson proposed that "Wits" indicates the magnitude of the imbalance in the development of the front parts of the apical bases of the thigh upper and lower jaws. The occlusion plane is defined as the distance of OA and ov in the occlusion plane by the projections of points A and V. The occlusive plain runs through a line connecting the cutting edge of the central Lower cross section, the top of the distal hills of the second lower molar, and the middle of the retromolar bugorok. With competent development, it is equal to 1 mm, and in patients with sagittal anomaly bite, treatment with a number from 3 to 6 mm can be carried out without removing individual teeth.

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