

ORAL PROPHYLACTIC EXAMINATION IN CHILDREN WITH DISABILITIES

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Relevance of the study. The effect of pathological changes in the microbiocenosis of periodont tissue on Oral hygiene in children with disabilities according to data in the literature until full sexual maturity in children, the body's immune defense is now beginning to form, and the presence of many caries foci of chronic infection in teeth, low levels of hygiene in the oral cavity lead to the development of

Effective treatment of periodont diseases in children with limited access is a no-delay, preventative measure of the recovery of the soft tissues of the periodont and the subsequent acceleration of the inflammatory-destructive process in the periodont in adulthood. To date, however, there is no optimal scheme of treatment, prophylaxis and rehabilitation of patients with it, depending on their specificity in clinical manifestations, which is due to its versatility and etiological and pathogenetic mechanisms in its development. Taking into account all this, in the development of treatment-prophylaxis and rehabilitation measures, it is necessary to take into account as much as possible the most significant factors leading to the formation of chronic forms of the disease and strive to get a qualitative picture of the etiological and pathogenetic nature of the disease, and based on this, develop a solution to.

Detection and effective treatment of pathological changes in the microbocenosis of parodont tissue in children with limited capacity is the identification of leading bacteria that provoke the inflammatory process in the parodont tissues of acute patients. In addition to leading etiological triggers of various clinical manifestations of the disease, as well as providing biosidality in the oral cavity in the first place, a large role belongs to the state of local immune microbiocenosis in the oral cavity.

The purpose of the study. the effect of pathological changes in the microbiocenosis of periodont tissue on Oral hygiene in children with limited capacity study.

Results and analyzes. In the expression of inflammation in periodont tissue, it is important to develop simple and popular methods for diagnosing and treating periodont diseases in children with limited access to insufficient information of generally accepted clinical indicators.

Pathological changes in microbocenosis of parodont tissue in children with limited capacity have been studied for the specifics of mammary tissue microbiocenosis in children.

Pathological changes in the microbocenosis of parodont tissue in children with disabilities quantitative and qualitative analysis of oral microflora helped to compare their norm with healthy children in the control group. It has been observed that the total number of anaerobic and facultative group microbes in children with disabilities is largely at the same level. It should be mentioned that the leading place in the facultative group of microbes belongs to staphylococci and streptococci. The Epidermal Staphylococcus and Streptococcus salivarius stamps form the largest group among the grammusbat coccus group. Grammanphium is low in flora and was mainly manifested by the Esherich, Proteus and Klebsiella.

In children with limited capacity and children in the control group, studies of the frequency of

occurrence of oral microorganisms have shown that streptococci are superior in frequency of occurrence, thus *Str.salivarius* is in almost 100% of cases, second to *Str.mutans* 65%. Gram-negative microbes have been found to be slightly less than one: *Escherichia* were found in 15%, *Proteus* in 10%, *Klebsiella* in 3%, and Droid fungi in more than 17% of cases.

With the development of periodont diseases in the oral cavity of children with disabilities, the ratio of microflora changes slightly. In the mild form of periodont diseases, there is a sufficiently reliable displacement of microorganisms in the facultative Group, a decrease in the amount of microflora of the anaerobic group. *Str.against* the background of a decrease in the amount of *salivarius*, *Str.mutans* *kokk* Flora has been found to grow. Some types of negative flora have a tendency to grow. This is especially noticeable in microbes belonging to *Proteus*. This species characterizes the growth of this microflora, predicts the possible development of decay processes.

Significant changes were found in the quantitative and qualitative types of oral microflora of intermediate and severe levels of periodontitis. A decrease in the amount of lactobacilli by almost 2 times was established, which testifies to a sharp shortage of anaerobic flora. It should also be mentioned that there is a significant increase in the formation of Gram-negative and Gram-negative flora. Studies of staphylococcal culture have found a decrease in the amount of epidermal staphylococci and the occurrence of *tilla Staphylococcus* in the amount of 3.97 ± 0.15 Koe/ml, in fact, in the norm it should not be formed [2.4.6.8].

Defined the growth of *Escherichia*, *Proteus*, and *klibsiel* strains in studies of the grammanphian flora in periodont diseases in children with disabilities. In this group, it should be mentioned that the microflora of the *Proteus* has grown significantly, from 1.30 ± 0.04 Koe/ml to 4.95 ± 0.21 Koe/ml in the norm, from which the increase is occurring in order 3-4. Against this background, there was also an increase in fungi of the *Candida* type, which are able to call the development of candidiasis stomatitis when it accumulates in large quantities. The character of the frequency of occurrence of microorganisms in the Middle-heavy and heavy nightshade was as follows: the leading places were occupied by fungi and *Proteus* of the *tilla Staphylococcus* and *Sandida* species, respectively: 50%, 60% and 45%.

In the oral cavity of children in the control group, the main flora should be streptococci, but in periodont diseases, the dynamics of the frequency of occurrence of microorganisms changes, streptococci lose their leadership ability. This is especially true of *Str.salivarius* appears in a decrease in number. The amount of this type of coccus, which is 100% in moderation, drops to 30-35%. Thus, quantitative and qualitative changes detected in automicrophlora in the oral cavity of children with periodont diseases can lead to prolonged course of the disease, frequent recurrence and chronicness of the process.

Microorganisms that are permanently present in the oral cavity can include highly detectable streptossus species of aerobes as well as fungi of *Candida* species. The leading flora in the oral cavity of children when the tissues of the parodont are clinically healthy are streptococci. In the case of periodontic diseases in children, however, all stamps of Streptococci lose their leadership position, which is especially true of the STR, which in moderation will be equal to 100%.noticeable on *salivarius* [1.3.5.6.7].

In the development of periodont diseases in the oral cavity, an increase in fungi of the *Candida* type was also found, which leads to a sharp development of candidiasis stomatitis in the oral cavity of children.

In case of middle-severe and severe parodont diseases in children with disabilities, the average level of microflora and their incidence of detection was significantly lower than with children with a severe form of parodontitis, when the average level of parodontitis was equal to the average of healthy children was studied in the results of the examination. On the basis of this, in subsequent studies, it was necessary to divide children with periodontitis with limited chances into 2 Groups: 1 – mild form of periodontitis and 2 – medium weight form of periodontitis, and a comparative study was carried out between these 2 groups

and, in principle, Str. two types of microorganisms were compared, salivarius and Candida, with staphylococci undergoing the greatest alteration from Gram-negative cocci. So St. John's Church was built. epidermes decrease significantly, and against this background St. aureus has been found to increase quantitatively once. In the normal physiological state, this process does not increase. Perhaps the appearance of this pathogenic strain characterizes the subsequent clinical manifestations of periodontitis, which was taken into account by the fact that treatment measures were carried out in patients with periodontitis.

In children with disabilities, 3-stage treatment was carried out depending on the treatment and preventive measures carried out in the treatment of periodont diseases, and the effectiveness of the type of treatment was studied by US clinical manifestations and changes in 4 types of the most influential microorganisms that are detected in the periodont tissue regardless of the severity of the disease. The data obtained by treatment groups are presented in the results of the study of a sufficiently significant increase in the number of treatment-prophylactic measures carried out in groups to microbiological indicators of the content of parodont tissue in the presence of parodont diseases in children.

Str. salivarius study shows a significant decrease in its amount in children with periodontitis, showing a 1.9 increase in its amount from 4.15 ± 0.12 to 1.8 times in the mild form of periodontitis when treated in treatment group 1, with a 1.9 increase in the middle-severe-from 2.00 ± 0.11 to 3.95 ± 0.13 . St. Louis changes in the dynamics of epidermidis change were found. St., which should not be formed in moderation. when aures was studied, the occurrence of this microorganism was found in the medium-heavy and heavy forms of parodontite, which was studied to be 1.50 ± 0.05 in the medium-heavy form of parodontite and 1.28 ± 0.15 Koe/ML in the heavy form. After conducting 1 treatment-prevention complex in a medium-weight form, the indicator was found to have decreased 1.1 times compared to initial data (1.40 ± 0.3 to 1.30 ± 0.05).

Candida alb in the mild form of periodont diseases in children with limited chances. the amount of fungi in the species decreases within the framework of the norm after complex lavage, compared to the initial data in the Middle heavy form from 4.13 ± 0.14 to 3.1 ± 0.11 , with results 1.33 times higher. In the second group, the following change was observed under the influence of these indicators 2 treatment-preventive measures. Thus, Str. salivarius is 2.30 ± 0.11 to 4.20 ± 0.7 in mild form of periodontitis after 2 types of treatment, 1.1 times higher compared to type 1 treatment (s 3.95 ± 0.13 to 4.20 ± 0.7), other microorganisms under study have been found to have similar variations. When a type 3 treatment-prophylactic complex is used in Group 3, Str. salivarius rose to the range of normative values in the mild form of parodont diseases after the course performed, to 4.0 ± 0.1 , which increases 2 times in the higher, medium-severe form from 2.00 ± 0.11 to 3.91 ± 0.03 , which is almost twice as high as studied.

Conclusion. St. Louis under the influence of the auyers 3 treatment-prophylactic complex, even mild or severe forms of periodontitis were not detected. Str. salivarius, St. Louisepidermidis, St. Louis the effect of the treatment-prophylactic complex, in which the studied amount of microorganisms colonies of aures and Candida albicam is used, varies in OST. If the treatment-prophylactic Complex 1 and 2 has affected many microorganisms in the predominantly mild course of periodontitis, then type 3 has a good effect on the entire pathological microflora in the oral cavity and can be used when severe forms of periodontitis are observed in children.

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