IJACT, Volume 2, Issue 6, 2024 ISSN: 2995-5378
http://medicaljournals.eu/index.php/IJACT

INTERNATIONAL JOURNAL OF ALTERNATIVE AND CONTEMPORARY THERAPY

Stages of Clinical Examination of Pathological Changes in the Dentition in Early Childhood

Eshonkulov G‘olibjon To‘rakulovich
Bukhara State Medical Institute Department Of Pediatric Dentistry

Relevance of the study: In recent years, many studies have been carried out in this regard in our country and abroad to determine the frequency of tooth-jaw disorders and deformities at the age of children. Knowing the prevalence of diseases is necessary to properly plan and organize orthodontic treatment at the regional level, as they can vary depending on the local conditions and the quality of dental care. The result of the analysis of the literature shows that some pathological changes in the existing dentition at the age of children indicate large differences. Ospanova G.B.according to ning (2000), more than 80% of the world's population under the age of 25 had an anomaly expressed to one degree or another in the location of the teeth, as well as 35% to 65% of the children studied, indicating that they were in favor of orthodontic treatment. The main focus of pediatric dentists is on orthodontic problems of school-age children and their prevention, treatment in the ham. The introduction of a medical examination for the first time among them made it possible to achieve significant preventive and therapeutic results. In recent years, the main focus of maintaining health has been on maintaining the dental health of children from an early age, that is, in preschool age, since dental anomalies begin to appear at an early age. According to the data given by some authors, in children from 1 to 3 years of age, the frequency of dental – jawomalia is 5.5%, while in children 3-6 years old, this figure increases from 6.12% to 33.02%. Dental arch series anomalies during the mixed bite period in children aged 7-12 years are observed in 49.2% of those examined, and in adolescents aged 13-16 years in constant biting in 43%. In children, the prevalence of dental arch anomalies during the exchange bite period is 3-5% higher than in permanent teeth, which is explained by the age at which it manifests itself in older children, that is, by self-regulation processes [1.3.5.7.9.11.13].

The process of clinical examination of children with defects in the gums is an important stage in the diagnosis of defects. In the process of subjective and objective examination, the doctor will be able to identify the most necessary information and symptoms, and on their basis an idea of the disease and its peculiarities will appear in him. It is known that the justification and formation of different members of the tooth-jaw system does not occur at the same time. For this reason, when examining a child, it is important to identify factors that can affect one or another period of development of the child's organism. Insufficient misery of anamnestic data can lead to diagnostic malformations as a result of unsystematic, neglected examination. Continuing the stages of examination of children in this way, we focused further skirts on such as the general dynamic condition of the child, facial configuration, chakka lower jaw, soft tissue condition, basic functional discomfort, chewing, breathing and speech, oral mucosal condition, tooth – arch dimensions, Hamda dental condition. As the jaw grows and the permanent tooth covering is minirelized, the follicle moves to the edge of the jaw, and in some cases to its corner. During this period, it is necessary to radiologically distinguish the following limb-specific features: the roots of temporary molars are fully formed, the periodontal fissure is widely visible, its boundaries are much more pronounced and pronounced in relation to the outer surface of the roots. On the inner surface, the border of the periodontal fissure is a little hira. It appears to be constricted, especially in the part of the root bifurcation. All areas between the roots are filled with bone tissue in the form of a small and medium lattice structure. The permanent dental follicle is

located at the level of the upper end of the temporal tooth roots, The Shape of which is determined by the elongated appearance.

The final stage of the diagnosis of dental-jawomalia is the diagnosis. Diagnosis is a brief summary given by a doctor about the nature of the disease and the patient's condition, expressed by the terms of modern medical science. Two different types of diagnosis are distinguished: initial and final. The initial diagnosis is made during a subjective and objective examination, that is, based on the data obtained in front of the patient's seat. The final diagnosis, on the other hand, is shaped after further examinations have been carried out. Let's consider the structure of the initial diagnosis. In the orthodontic clinic, it is accepted to formulate a descriptive diagnosis, which will be made up of the main and future diagnosis. The following cases should be reflected in the main diagnosis: - The main anomaly-the bite anomaly is the main one; if the patient has a sum of bite anomalies in several planes, the main thing is an anomaly in the sagittal plane – distal and mesial occlusion, and the pathogenetically related basocrates with it are chiobized; - Dental row and isolated dental anomalies; - Anomalies of oral tissue, lips, tongue groove; - Defects in the dental Corona and tooth rows; - Functional disorders; -Physician (physician) - dental diseases that are not related to the orthodontic sphere (caries, gingivitis, etc.k.) It is advisable to use the terms corresponding to the classification adopted in this clinic or department (section) when the diagnosis is expressed. Patients with comorbidities include diseases that should be under the supervision of other specialists (for example, chronic tonsillitis, adenoidalr, scoliosis, etc.k.). There are also other perspectives on the interpretation of basic and satellite diagnoses. The authors estimate that dental diseases are all pathogenetically related, so they should be included among the main diseases. The doctor-dentist profile only determines their sequence in the diagnostic structure. For example, after completing the clinical examination of the child, the doctor made the initial diagnosis as follows: "a distal occlusion, which is complicated by deep occlusion of the back tooth, protrusion of the front teeth and jawing of the top. Impaired breathing through the nose. Diffuse catarrhal gingvitis. Adenoids?". No doubt, such a diagnosis reveals neither the etiology nor pathogenesis of the anomaly; nor its clinical pictures. For this reason, treatment planning becomes more complicated. It follows from this that it is necessary to specify a list of additional checks that will be appropriate to apply in this case [2.4.6.8.10.12.13].

The indication for the appointment of one or another additional method of diagnosis is determined by the doctor in the case of a specific clinical condition. The use of any method should be not one goal at a time, but a specific goal-oriented necessity, expressed in the desire to give the most objective assessment of the patient's condition. In addition to applying additional examinations, the doctor will solve the issue of the need for advice from other specialist doctors to the patient. After additional examinations are carried out, the doctor will be able to make the final diagnosis. The final diagnosis does not differ in its structure from the initial diagnosis and should consist of two parts – basic and satellite diagnoses. At the same time it is associated with the etiology of the anomaly, its pathogenesis (for example, incorrect location of the jaw in relation to the skull, macro - and micrognathia, impaired development of alveolar tumors, etc.k.), should include the clinical form of the anomaly, the degree of tooth row spacing, and the apical base deficiency. In this way, the difference of the final diagnosis from the initial diagnosis will consist in its Holda structure, which follows three basic rules: 1) nosological (indicating the type of anomaly according to the accepted classification); 2) etiological (indicating the cause); and 3) pathogenetic (indicating the classification (characteristic) and location of disorders present in development).

Orthodontic treatment it is a form of exposure (interference) to a whole organism, in which the organism being affected responds to it with certain reactions of a general and local nature. Any orthodontic apparatus is a source of a complex of non-adequate triggers, which is why it is perceived

by the patient as a foreign body. The patient's attention and opinion will be under the influence of this intuition for a long time, as well as delve into his usual way of life. This is especially true for patients whose nervous system is not stable. In most patients, problems in treatment and social adaptation occur in the team during orthodontic treatment, which include speech disorders, Costhetics, chewing aesthetics, etc.k. will be associated with. The degree of manifestation of the listed disorders depends on many factors – the appearance and severity of the anomaly, the complexity of treatment, the hardware construction being used, the presence of common diseases in the approach, the type of nerve activity, the age of the patient and its psychological specifics. Local reactions to orthodontic treatment include increased secretory activity of the salivary glands, changes in motor activity of chewing, mimic muscles and tongue muscles, impaired food mechanical processing activity and decreased chewing efficiency, impaired oral microbiocenosis. When determining the indications for orthodontic treatment, the doctor must solve the main issue, these are: to what extent the existing anomaly in the patient and the disorders caused by it come out of the limits of our perception of stable morphological, functional and aesthetic norms of the tooth-jaw system. At the same time it is necessary for him to know that the concept of "norm" in orthodontics is extremely individual, the reason is that each person is morphologically unique. This uniqueness is conditioned by the non-recurrence of the developmental lineage program that occurred during the individual development of a person.

Conclusion: Most of the parents of the children we have learned have not noticed the congenital and later dressing anomalies that exist in their child (if it is a small anomaly) or have not paid adequate attention to it. Also, the supervising tutors of kindergarten educators do not have enough information regarding the subsequent Form disorders of existing harmful habits (sucking on a finger, tongue, lip, lunj, falling asleep with a bottle). The results of the survey from children's parents are explained by the lack of information about the low level of knowledge of the features of the tooth – jaw system in children, as well as the presence of preventive devices for the Prevention of harmful habits.

LITERATURE USED

1. Ayupova, I.O. Improvement of treatment of patients with dental alveolar shortening in the retention period 14.01.10: dis. ... candidate of medical Sciences / Ayupova I.O. // S., 2016. - 149 p.
2. Ayupova, F.S. Modern trends in the choice of tactics and method of treatment of growing patients with distal occlusion (literature review) / F.S. Ayupova, R.A. Khotko // Pediatric dentistry and prevention. -2020. - vol. 20. No. 2 (74). - pp. 156-159.
3. Bazilevich, A.G. Orthodontic treatment of patients with dental anomalies in the sagittal direction complicated by secondary partial adentia. / Bazilevich A.G. // 72nd Final scientific conference of students of Rostov State Medical University. collection of materials. - 2018. - pp. 113-114.
4. Bimbas, E.S. Diagnosis of dental anomalies: A textbook / E.S. Bimbas, N.V. Myagkova. // Yekaterinburg: State Educational Institution of Higher Education "UGMA Roszdrava".— 2017. - 81s.
5. Lugueva, D.S. Biomechanics of dentition expansion using removable plate devices / D.S. Lugueva, A.B. Slabkovskaya, N.V. Morozova // Orthodontics. - 2019. - № 3 (87). - Pp. 32-42.
6. Melnikova M.A. Development of the facial skeleton in children after early loss of temporary incisors of the upper jaw. / M.A. Melnikova, E.S. Bimbas, A.S. Shishmareva. // Problems of dentistry. - 2017. - № 3 (37). - Pp. 96-99.

7. Nalbandian, M.S. The role of aesthetics in modern orthodontic diagnosis and treatment / M.S. Nalbandian, G.Y. Ter-Poghosyan, L.K. Yesayan, E.R. Kazaryan // Problems of dentistry. - 2018. - Vol. 14, No. 3. - pp. 86-90.
8. Rizaev, J.A. The influence of the basis of orthodontic devices on the tissues of the hard palate at various stages of the expansion of the upper jaw / Rizaev J.A., Muslimova D.M., Rizaeva S.M., Rakhmanova O.A. // Dentistry. -2018- No.2. - pp. 41-42
9. Abdurazzokovich, F.U., Sharifovich, O.S. (2022) Early Detection, Treatment and Rehabilitation Management of Dental and Maxillary Anomalies and Deformation in Children of Early Age. Journal of Pharmaceutical Negative Results, 13, DOI: 10.47750/pnr.2022.13. S 09.138.
10. To'raqulovich E. G. The Modern Concept of the Origin of the Dental Anomaly //International Journal of Integrative and Modern Medicine. – 2024. – T. 2. – №. 4. – C. 16-19.
11. To'raqulovich E. G. Methodical Approach to the Occurrence, Early Diagnosis and Complex Treatment of Anomalies in the Gums //International Journal of Alternative and Contemporary Therapy. – 2024. – T. 2. – №. 4. – C. 23-25.
12. To'raqulovich E. G. Analysis of the Share of Scientific Literature on the Spread and Causes of Dental Anomalies //World of Medicine: Journal of Biomedical Sciences. – 2024. – T. 1. – №. 4. – C. 40-44.
13. Eshonqulov G. T. Criteria for evaluation of early diagnosis of tooth-jaw system anamalies //Community Dent Health. – 2002. – T. 19. – C. 161-165.