IJCNP, Volume 3, Issue 2, 2025 ISSN: 2995-536X
https://medicaljournals.eu/index.php/IJCNP

INTERNATIONAL JOURNAL OF COGNITIVE NEUROSCIENCE AND PSYCHOLOGY

MODERN ORTHODONTIC DIAGNOSTIC METHODS OF UPPER JAWPATOLOGIES

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Relevance of the study. One of the harmful habits in patients with high jawprotrusions is difficulty breathing which affects the formation of the facial jaw causing disorders of the skeletal muscle system. Oral breathing causes various inflammations in the oral cavity, oral cavity and throat mucosa. Also, the development of preventive programs for the early diagnosis and effective treatment and Prevention of this type of deformities remains one of the pressing problems that await the solution. To introduce into practice the methods of early diagnosis of children with high jawprotrusions, the development of methods for timely elimination of various external factors, as well as the application of effective treatment and complex preventive methods to the practice of orthodontic dentistry. It consists in early detection of the causative causes of the disease in patients with high jawprotrusions, as well as introduction into medical practice. Changes in the prevalence, incidence and clinical aspects of high jawprotrusions among children are caused by the child's age, nutritional level, exogenous and endogenous effects during maternal pregnancy, side diseases in children, lack of microelements and vitamins in the child's body. The spread of upper jawprotrosias among children the first molar tooth protrusion bilash begins. Upper jawprotrusions are observed skeletal imbalance, disorders of the growth and development of the complex of the tooth –jaw joint [2.4.6.8.10.12.14].

According to the Engel classification, the second class is caused by macrognathia of the lower jaw in Upper jawprotrusions or by a combination change in both jaws. According to the sources of foreign and scientific literature, the clinical picture of morphological diseases of the facial skeleton in the minor 1st Class of the II according to the Engel classification of upper jawprotrosias is different, since it is difficult to determine the most characteristic sign for this pathology; the condition of the gnatic part of the facial skeleton is associated with In Upper jawpatologies, the upper jaw is one of the pathologies in which the incisors protrude forward and the upper jaw narrows, in some cases the lower jaw is caused by diastema and tremors, and the tight placement of teeth in the tooth rows occurs. According to the Engel classification of upper jawprotrusions, characteristic facial features in the minor 1st Class of Class II are considered convex faces. In such patients, the chin is bent back. The lower third of the face contracts, as a result of which the incisors of the upper jaw bend, come into contact with the lower lip, are observed in the forward movement of the upper lip and in the teeth of the upper jaw. Intraoral signs in Upper jawprotrusias are the displacement of the upper front teeth to the vestibular side, which is often combined with the narrowing of the trema and upper jaw with the sagittal space between them; in the lateral area, the teeth of the upper and lower jaws are assessed in the ripeness, with deep pathology. The eye bowl of patients with upper jawprotrusions forms an incorrectly proportional position in its combination with the nose-lip angle with a pronounced protrusion of the jaws above the limit of the orbital line. In patients with this pathology, the angle of the upper lip line with nasal perpendicularity is greater than the normal physiological state.

With this pathology, due to a decrease in chewing efficiency, the beneficial area of tooth cipslability is reduced, during the chewing process, the crushing and crushing movements of the lower jaw, the duration of the chewing period and the number of chewing movements prevail, and the violation of chewing movements increases by an average of 30%, while the severe The tongue does not protrude beyond the teeth, but beyond the lips and cheeks. The dysfunction in which high jawprotrusions occur is largely due to what other anomalies it is combined with, as well as changes in the size and topography of dental row defects, if they occur. Optimal conditions are created for the colonization and reproduction of acid-forming microflora. This condition is especially unfavorable for patients in

children and adolescents, since at this age the enamel does not have sufficient acid resistance resulting in an increase in the resistance of the enamel [1.3.5.7.9.11.13.14].

In 75% of patients, there is an exit of the upper jaws from the point of the tooth – jaw joint. In 20% of patients, the normal condition of the upper jaws was determined. When assessing the condition of the upper jaws in relation to the a-Pg line, the conclusion is that the displacement of the teeth distal to the back of the upper jaw-bearing teeth is observed.

Also, foreign and domestic authors note that this indicator depends on the condition of the lower jaw, and therefore, the more accurate the retrognathic indicators of the lower jaw, the more the condition of the upper jaws is observed. The protrusive position of the upper jawing teeth is visible in relation to the a-Pg straight line. To assess the condition of the lower jaw relative to the base of the skull in patients, ja Mak Namara used two signs. The proportions of the SNB angle and PG from N to perpendicular as well as 30% have a neutral position of the lower jaw. The condition of the lower jawrethrusion is most often observed.

The mesio-distal position of the upper jaw is moderately neutral, and its retrosion has been more studied compared to that of the protrusion. In addition in 15% of cases, incisors were found in retrusion and in 20% – in protrusion. The nature of cephalometric data in occlusion of patients with high jawprotrosis depends on its clinical appearance, in particular, its combination with gnatic or other diseases of the facial skeleton.

Conclusion. Upper jawprotrusion the skeletons of the face were analyzed according to the Engel classification in domestic and foreign literature, where there are any studies on the effect of vertical growth disorders on sagittal imbalance of the jaws. In conclusion, according to the Engel classification of clinical manifestations of upper jawprotrusions Class II, upper jawprotrusion of the minor 1st grade is characterized by typical intraoral and facial symptoms, and information about very diverse clinical manifestations is expressed in scientific sources of foreign and domestic authors.

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