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PATIENTS WITH PARTIAL EDENTAL DISEASE DENTAL STATUS ASSESSMENT INDICATORS

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Relevance of the study. Despite the significant improvement in the quality of orthopedic dental care for patients, the problem of restoring the lost functions of the dentofacial system in the absence of teeth has not yet been solved. Factors that contribute to the development of pathological reactions of the body to removable prostheses include: the influence of microorganisms, the allergic and toxic effects of the substances that make up the prosthesis, the thermal insulation effect of the prosthesis base on the tissues under the prosthesis, a decrease in the tone of blood vessels, a slowdown in blood and lymph flow, impaired permeability of the vessel walls and the associated exudation processes - the release of blood elements and blood plasma.

The great need for orthopedic treatment with removable prostheses and their widespread use in daily clinical practice indicate the need to study the effect of removable prostheses on tissues and prosthetic replacement. The above-mentioned justifies the search for effective means of disinfection, deodorization, hygienic elixirs for oral care in people using partial removable dentures. It is necessary to compare the degree of contamination of removable prostheses and the degree of contamination of the mucous membrane of the prosthetic replacement, and to correctly select the raw materials for prostheses in order to reduce the colonization of the normal and conditionally pathogenic microflora of the oral cavity.

Results and analysis. During the examination, attention is paid to the appearance of the examinee's face, whether there is asymmetry, to what extent the natural folds on the face are evident, changes in the lower part when the face is divided into three parts, and similar important signs on the face. Then the examination was carried out in the mouth, the condition of the oral cavity, floor of the mouth, palatal dome and soft palate tissues, the teeth preserved in the oral cavity, and the alveolar barrier without teeth were checked.

The following are the comorbidities of the patients in the study groups. Among the patients , chronic tonsillitis was observed in 17.5% of the main group and 13.2% of the control group, chronic gastritis in the main group and 3.3% of the control group. Chronic pyelonephritis was observed in 9.1% of the main group and 6.6% of the control group. Partial secondary adentia of the lower jaw with a change in the height of the bite was observed in 12 patients, partial secondary adentia of the lower jaw without a change in the height of the bite in 44 patients, partial secondary adentia of the upper jaw with a change in the height of the bite in 17 patients, and partial secondary adentia of the upper jaw without a change in the height of the bite in 47 patients. When treating patients with removable dentures, the effectiveness of orthopedic treatment can be assessed by the short time it takes for patients to get used to the removable dentures, that is, how quickly the patient's oral cavity adapts to the prosthesis.

The following indicators were obtained from microbiological examinations : the microflora of the oral mucosa was also detected in smears taken from the inner surface of the denture base . In the analysis of smears, representatives of normal and less often conditionally pathogenic microflora can be seen. Quantitative indicators of bacteria and fungi in the oral fluid were given. Streptococcus Mutans was 18.3, Candida albicans was 17.4.

As a result of the study of the condition of the oral mucous membranes of both groups of patients, it was found that there are colored inflammatory foci of different degrees in the place of the prosthesis.

the resistance of the tissues of the oral mucosa and, as a result, leading to the formation of erosions and ulcers, inflammations, and vascular changes.

The resulting deposits create a breeding ground for various types of bacteria and microbes, which naturally leads to a decrease in the local immune response of the oral cavity and the formation of various inflammatory foci. The above indicates the need for morphological control of the surface of removable dentures. Such deposits of a harmful nature are mainly formed on the subgingival surface of hard dental deposits, and it has been found that they accumulate in large quantities on the supragingival surface . Morphologically , parietal microorganisms are located on the inner and outer surfaces of dentures. Especially in large quantities, they are located on the hard dental deposits in the subgingival area, as well as on the dental deposits in the supragingival area. Optical studies reveal a significant amount of detritus and microorganisms on the smooth surface of dentures . At the same time, according to electron microscopy data, special discrete stains were detected, consisting of detritus and various microorganisms and dental plaque residues. Staphylococci, streptococci, yeast-like fungi, fungal spores, bacteria and pathological forms of erythrocytes (discocytes, echinocytes, stomatocytes), confirmed by histograms and scanning electron microscopy, were important factors in the formation of soft and hard stains, which caused the appearance of brown to dark brown, and sometimes black dental plaque on the surface of the dentures.

Thus, the results of observation show that the removable tooth uses prostheses In spite of adherence to preventive measures , oral microbiocenosis, immune resistance and mucosal reactivity b uz i li ş i is aimed at some there are conditions is the development of defects in the form of inflammation in the tissues of the oral cavity with , and on the surface of complete removable dentures , its smooth surface is deformed by soft and hard teeth manifested by the emergence of views It happened.

The resting tone (RT) and the contracted tone (CRT) of the masticatory muscles and the occipital muscles were determined by myotonometry. The results showed that the main group of patients had a higher resting tone of 9.04 ± 0.4 grams in men than in women.

The tone of the masticatory muscle during contraction was found to be 169.7 ± 3.6 grams in men, which was higher than in female patients. The tone of the masticatory muscle during relaxation was found to be 2.7 ± 0.2 grams higher than the tone of the temporal muscle on average.

Biopotentials of the original masticatory muscle and temporalis muscle were recorded on EMG. Chewing was carried out unilaterally and bilaterally. Straight line Bioelectric peace (BET). The sum of BEF and BET was calculated as "Dynamic cycle" (DTs). Quantification of masticatory muscle readings was measured in time (seconds) and amplitude readings (μV). The duration time of one dynamic cycle (DTs) is equal to the sum of the times of the BEF and BET cycles.

Maximum amplitude of biopotentials during the entire chewing period, MA is the amplitude of biopotentials during maximum contraction of the chewing muscles.

The maximum amplitude of the biopotentials of the masticatory muscles during the entire chewing period was determined to be 371.2 + 8.1 in men and 352.4 + 9.6 μV in women. The amplitude of the biopotentials of the masticatory muscles during maximum contraction was 434.5 + 12.2 in men and 392.6 + 10.1 μV in women .

The maximum amplitude of biopotentials of the scapular muscles during the entire chewing period was 364.2 + 9.1 in men; this was 12.2 + 2.1 μV less than that of the main chewing muscle. In women, the maximum amplitude of the biopotentials of the temporomandibular muscle during the entire chewing period was 314.4 + 11.6 μV. The amplitude of the biopotentials of the masticatory muscles during maximum contraction was 434.5 + 12.2 μV in men and 392.6 + 10.1 μV in women.

The data obtained through the questionnaire showed that patients wearing dentures in groups 1A and 2A, compared with those in subgroups 1B, 2B and 1C and 2C, noted the comfort and lightness of the prosthesis, which was not very noticeable in the oral cavity, that is, it was more aesthetically pleasing. Since the prosthesis base is made monolithically with dentures, these prostheses have the advantage of being very durable .

The onset of optimal adaptation to the prosthesis was different in the groups of patients using Dentalur, nylon and rigid removable dentures . The rapid onset of the adaptation period in patients using Dentalur dentures can be explained by the small size of the prosthetic design and the convenience of using the prosthesis. Such a convenient prosthesis significantly shortened the adaptation period for patients and reduced the number of unnecessary visits to the doctor.

The most interesting indicators from the survey were the cleanliness of the dentures . According to the results of the survey on the hygienic care of the dentures after prosthetics of patients in the main groups, it was found that 47.6% of patients with dentures made of Dentalur raw materials hygienically care for the dentures once a day, 37.4% twice a day, while 34.1% of patients with dentures made of Valplast raw materials care for the dentures once a day and 43.4% twice a day. During the 6- month follow-up period, only 11 people applied for a qualified cleaning of the dentures.

The changes in the quality of hygienic cleaning of dentures received by patients were evaluated at 1, 3, and 6 months. The base of removable dentures, due to direct contact with the mucous membrane and the inflammation caused by microorganisms accumulated in it, does not affect the local blood circulation system, and as a result, any atrophic processes that occur in the jaw bones. Any uneven atrophy of the jaw bones affects the stabilization of the prosthesis, increasing the likelihood of prosthesis failure, that is, its fracture. At the same time, uneven atrophy prevents the prosthesis from functioning in the oral cavity, causing inconvenience to the patient and causing patients to have negative impressions of the prosthesis.

According to the data on the cleanliness of dentures obtained from all patients with different dentures in the three main groups, the worst result - "very poor cleanliness level", which corresponds to 5.0-5.5, was not detected during the entire period of use of the dentures.

After the first month of using the dentures and assessing their cleanliness, the indicators changed dramatically among patients in groups 1A and 2A, and the following data were obtained: 31.2% were satisfactory, 49.1% were good, and the remaining 19.7% were poor. At the same time, the hygienic condition of the dentures of patients in groups 1B and 2B after one month was 25.2% good, 37.3% satisfactory, and the rest were poor.

When treating patients with removable dentures, the effectiveness of orthopedic treatment can be assessed by the short time it takes for patients to get used to the removable dentures, that is, how quickly the patient's oral cavity gets used to the prosthesis. As a result of studying the condition of the oral mucosa of the three groups of patients, it was found that there were foci of inflammation of varying degrees of color in the place of the prosthesis.

There were no significant changes in the pH of the oral fluid even 10 days after prosthetics. In patients with dentures, the pH of the oral fluid shifted to the alkaline side after 90 days and reached a pH of - 7.35 ($P < 0.01$), and after 180 and 360 days after prosthetics, the pH value was 7.56 and 7.61, respectively. Therefore, an important condition in the formation of soft and hard dentition, violation of hygienic conditions and the mechanism of storage and use of partially removable dentures is the alkaline pH of the oral fluid.

The long-term interaction of dentures with the oral environment and denture tissues is one of the most difficult and unresolved problems of modern orthopedic dentistry. Prosthetic materials interact with denture tissues and often have a negative impact on the condition of the oral cavity. Undoubtedly, this depends on the material from which the prosthesis is made, the peculiarities of its structure, the state of oral hygiene and the individual characteristics of the organism. The use of dentures is an intervention that changes the biological balance and microflora in the tissues of the oral cavity, which, as a result, plays an important role in the formation of soft and hard deposits on the surface of dentures and the formation of a structure of damage in it.

Morphologically, parietal microorganisms are located on the inner and outer surfaces of dentures. Especially in large quantities, they are located on the hard dental pulp in the subgingival region, as well as on the dental pulp in the supragingival region. Optical studies reveal a significant amount of

detritus and microorganisms on the smooth surface of dentures. At the same time, according to electron microscopy data, special discrete deposits are detected, consisting of detritus and various microorganisms and dental pulp residues. These compounds are located directly on the surface of dentures and are considered to be the formation of a damaged denture surface.

The aforementioned justifies the search for effective means such as disinfection, deodorization, and hygienic elixirs for the care of the oral cavity in persons using partial dentures.

Conclusion. There are pre-dissolved tablets "Korega bio formula" for cleaning dentures, which consist of special cleaning solutions and hygiene products. To use the tablet, it is placed in a clean container and heated water is poured over it. After the tablet dissolves, the denture is soaked in this water for fifteen to twenty minutes, then rinsed under water and put back on. Before conducting general clinical and orthopedic examinations, we conducted targeted, in-depth examinations of our patients. The following indicators were also obtained from microbiological examinations: the microflora of the oral mucosa was detected in smears taken from the inner surface of the denture base.

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