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MODERN CONCEPT OF THE ORIGIN OF DENTAL-JAWOMALIA

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Introduction. One of the main areas of Orthodontics is the Prevention of tooth-jawomalias and deformities and their early treatment. As a result of the ever-growing rate of orthodontic morbidity of the population, the organization of dental free care in children and adolescents is gaining special attention for modern medicine. Particular attention should be paid to the Prevention of dental diseases, which requires much lower (5-6 barovars)costs than treatment. It should be noted that in the last few years, the availability of orthodontic assistance in Uzbekistan has increased due to an increase in the level of professional filling of the orthodontic service. However, many problems of the organization of the orthodontic service have not been solved, despite the fact that it is instructed to prevent tooth-jaw disorders, early detection and treatment of the disease is necessary. Information on the distribution and structure of defects of the tooth-jawomalia and tooth rows determines preventive measures and indications for treatment at the studied objects of the region. The incidence rate of human birth defects are important characteristics of the state of Public Health. Babies born with birth defects are 1% to 12% gacha within all newborns. It ranks 3rd in the structure of dental diseases in children, after dental-jawomalia (TJA), after dental caries and periodont diseases. Over the past 30-40 years, there has been an increasing trend of dental-jaw disorders in children. This is due to the fact that stable pathogenetic mechanisms work in their formation, which constantly maintain the level of distribution among the population. These mechanisms are associated with genetic factors, deterioration in the health of women and children:an increased frequency of pregnancy and childbirth in the mother,an increase in chronic diseases, a relative increase in congenital and acquired diseases.

Detailed information was provided by scientists of the Republic of Uzbekistan, studying the distribution of tooth-jawed diseases between urban and rural residents in some zones of the Republic of Uzbekistan. The author found a decrease in the incidence of TJA in the westward direction of the Northern Territories and an increase in its eastward course, which in turn accounted for 38.1% out of 8.5% among children and adolescents of urban residents, compared to 32.9% out of 7.61% among children of rural residents. In Tashkent, Nazarova V.F, Murtazaeva S.M and Shomukhamedova F.The incidence of TJA among children and adolescents aged 6-17 years was 60.3% out of 40.1% compared to Alaric data. Often in children, neutral biting occurs together with dental anomalies to the position of the teeth 39%, deeply located - 28%, distally located - 20%, mesial Location - 13%. According to data, in children from 7 to 12 years old, the orthognathic ratio of the jaw was found in 23.6% of cases,in observations,churur pile coating - 5.14%, poorly developed jaws - 18.58%, anomalies of individual teeth - 19.4%, prognathia – 13%, deep bite 10%, progenia - 4.3% and open bite - 2.14%. According to many authors, the spread of bite anomalies at this age is associated with early loss of milk teeth, which in turn leads to a decrease in chewing function, a low load on the jaws and a slowdown in their growth. Obviously, the prevalence of bite anomalies is variable in different age periods.

The prevalence rate of bite abnormalities in children aged 4-5 years is 35.5 - 36.2%. In subsequent years, the incidence of tooth-jaw disorders increased, reaching a maximum of 41.1% at age 7, and by age 12-13, the prevalence of anomalies decreased to 39.8 - 38.2% due to self-control. According to the data of anomalies of the upper lip Yugan, this condition is observed up to 15.5%, language anomalies in children 4.2%>, in preschool children 48.75%, in combination with diastema, there is a lower bruise of the upper lip Yugan. Urtane I.F. noted that the small size of the congenital Tongue Groove and the concomitant arrival of the small oral cavity corridor are recorded in 37-73% of children. Literature data on the small size of the oral corridor in children contradict each other, with figures showing 8% to 40% gacha. Anomalies of soft tissue bruising and the small size of the oral cavity corridor are not only

affected by the periodont state, but are also the cause of furnace damage, in most cases the roots of the teeth are affected. Researchers emphasize the need to consult the genetic of bite anomalies. Having studied children with a deficiency of dysgormonic physical and biological development, the author came to the conclusion that periodont diseases in them are common. Thus, catarrhal gingivitis was diagnosed 10 times more often, hypertrophic gingivitis was diagnosed more than 4 times when compared with physically and biologically developed children.

Conclusion. Thus, the prevalence of bite abnormalities in children, soft tissue attachment, and periodont disease is significantly higher. This is due to somatic diseases,as well as a violation of the structure of connective tissue, which is why it is difficult to take these into account when helping children with medicine.

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