

## CLINICAL EVALUATION OF THE ORAL CAVITY IN PARTIAL SECONDARY TOOTHLESSNESS

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**Relevance of the study.** According to the World Health Organization as a whole, functional disorders in the gums caused by untreated periodontitis are 5 times more common than complications of caries. The main causes of tooth loss are caries and its complications, severe levels of periodontitis, as well as injuries. As a result of the loss of teeth, various changes occur in the body. First of all, changes occur that complicate the process of chewing food, the process of digestion and the fall of the necessary nutrients into the body is disrupted. Also due to the partial absence of teeth, articulation, diction and the patient's communication skills are impaired, which can directly affect the mental-emotional state of the patient and lead to a violation of the psyche. The most serious consequence of tooth loss is the development of complications in the jaw-facial area as well as in the chakka-lower jaw as a result of the lack of timely orthopedic treatment. Dental prosthetics are characterized by various systems and organs of the body, they have impaired function, as well as a negative effect on the parodont tissue, as a result of which this cause, together with other negative factors, leads to premature tooth loss [1.3.5.7.9.11.13].

The purpose of the study is to improve orthopedic dental care based on a clinical assessment of periodont tissue diseases and partial secondary toothlessness. Object of study. Medical examinations were carried out in 387 patients with periodont diseases and partial secondary toothlessness aged 25-74 years, who applied to the educational and scientific-practical center of Dentistry of the Bukhara State Medical Institute. During the interrogation of patients, the main attention was paid to increased sensitivity of the teeth to pain, the appearance of pain from the effects. During the examination of patients, Anamnesis was collected and analyzed from the patient, his opinion about what the disease began and how it developed was listened to and a detailed objective examination was carried out. Complaints were found to be related to duration and factors in their production. Most patients complained of hypersensitivity of teeth and a cosmetic defect. Objective examination of the Parodont tissue revealed dental caries and the depth of the tooth-gum pocket, the condition of the gums, atrophy, swelling, color, degree of tooth decay, the opening of the tooth root and part of the neck. We studied the condition of the mucous membrane of the lips, langes, tongue, the presence of tooth marks or bite marks, the condition of the tongue and lip grooves, the depth of the corridor part of the oral cavity, found the condition of the gum Coast (color, shape, presence of edema, leakage paths), the presence of mineralized and non-mineralized gum surface and sub-gum stones, the presence and

The dental examination first examined the appearance of the patients, namely the face, and after that the oral cavity was examined. The same disease was diagnosed with developmental Anamnesis, lifestyle-life Anamnesis, patient complaints, objective examination, oral mucosa, teeth and tooth rows, functional state of the chewing muscles, and bite height measurements. We also paid attention to whether the body has common somatic diseases. The examination of the teeth and tooth rows began from the side of the upper jaw, during the examination we paid attention to the color, size, location of the teeth, pathological movement of the teeth, whether there are acquired teeth and the condition of the alveolar tumor. In the vertical, transversal and sagittal directions, lower jaws were evaluated [2.4.6.8.10.12.14]. Dental special examination methods were carried out: electro-odonto-diagnostic (EOD), X-ray (orthopantomagram), anthropometric measurement of bite height, study of diagnostic models. Electrical excitability of the pulp was found by passing an electroodontodiagnostic examination to find out the pulp holiness in periodont diseases. At 1-2 degrees of parodontitis, the

electrical excitability of the pulp increases by 7.5-15 mkA, and at 3-level, the electrical excitability of the teeth decreases by 30-45 mkA. For electroodontodiagnostics, eom-1 (electroodontometer), eom-3, osm-50 (odontosensimeter) are used from aparates and generally accepted (L.R.Rubin) method was used. KPO is the total sum of caries (K), plotted (P), and derived (o) in those examined. The sum of K+P+o reflects the intensity of the caries process in a given patient. The hygienic condition of the oral cavity was studied using the green-Vermilon hygiene index – OHI-s (1964) index. For evaluation, the vestibular surface of teeth 11, 16, 26, 31 and the lingual surfaces of teeth 36, 46 were used for Schiller-Pisarev (potassium iodide 2.0 g. + iodine Crystal 1.0 g. +distilled water 40.0 m/ml) or stained with a fuchsin solution, tooth decay and stones were detected. For the assessment of clinical anthropometric parameters-face parameters N.X.Shomirzaev (1998) was measured according to his methodology. X-ray examination of the teeth, jaw and jaw-lower jaw within functional examinations plays a key role. Our examinations through the orthopantomogram showed that the main group gave the opportunity to analyze the attitude of the bite, the cases of the arc of the upper and lower jaw rows in our patients. A.V. A proposed method was used by Kuzakova (2012) to test CHPJB in dental computed tomography. The study of Chpjb using computed tomography was carried out in the right and left joints. The parameters of the lower jaw and joint pit were studied. On the albulator card of the dental patient, a dental formula was recorded, in which caries and non-carious diseases, the presence of fillings, orthopedic structures and acquired teeth were noted. During the study, nocarious lesions of the tooth such as erosion were noted when the oral cavity was examined, which were identified in 11 of the main group of patients and 1 in the control group. Wedge defects were not detected in 15 of the main group and in the control group.

During the study, 28.5% of primary Guruh patients complained of pain when eating in the gums, 41.9% of bleeding from the gums, and 20.5% of patients complained of bad breath. During the study period, the following complex of Examinations was carried out in all its participants: hygiene and periodontal indices (OHI-s hygiene index, PI periodontal index), PH was measured in the mixed saliva, the depth of the periodontal pockets, the weight level of the periodontitis was studied. Hygiene levels of the oral cavity are important, so when this indicator was studied, taking into account tooth decay as well as the amount of tartar, it was found that the OHI-s hygiene index accounted for a "good" result in 9 patients (8.0%) in the main group, 18 patients (60%) in the control group. It was found that the "satisfactory" result was found in 36 patients (32.1%) in the primary group and 10 patients (33.3%) in the control group. It was found that the "unsatisfactory" result was found in 48 patients (42.8%) in the primary group and 2 patients (6.7%) in the control group. It was found that the "poor" result was not observed in the main group in 19 patients (16.9%), the control group ( $r > 0.005$ ).

**Conclusion.** The OHI-s hygiene index was found to have a "good" result in 9 patients (8.0%) in the primary group, and 18 patients (60%) in the control group. It was found that the "satisfactory" result was found in 36 patients (32.1%) in the primary group and 10 patients (33.3%) in the control group. It was found that the "unsatisfactory" result was found in 48 patients (42.8%) in the primary group and 2 patients (6.7%) in the control group. It was found that the "poor" result was not observed in the main group in 19 patients (16.9%), the control group. When a bleeding fracture was performed on mulman, the study's control group Patient Index showed a result 2.5 times lower than the primary group Patient Index.

## LITERATURE USED

1. Абдувакилов Ж.У., Ризаев Ж.А. Особенности течения воспалительных заболеваний пародонта при метаболическом синдроме // Вестник проблем биологии и медицины - 2018. – Т. 1. – №. 2 (144). - С. 353-355
2. Абдуллаев Д.Ш., Гадаев А.Г., Ризаев Ж.А. Матриксные металлопротеиназы у больных с болезнями пародонта и хронической сердечной недостаточностью // Stomatologiya. – 2017. – №. 2. – С. 104-106.

3. Баяхметова, А.А., Екешева А.А. Исследование пародонтопатогенной микрофлоры пародонтальных карманов при пародонтите молекулярно-генетическим методом // Наука и Мир. – 2016. №3(31). – С. 73-76.
4. Беркутова И.С. Комплексное лечение хронического генерализованного пародонтита с применением современных антибактериальных препаратов: дисс. ... канд. мед. наук: 14.01.14 / Беркутова Ирина Сергеевна. – Москва, 2015. –116 с.
5. Еременко, А.В., Шумилина В.А., Хачатурян Э.Э. Диагностика, лечение и профилактика воспалительных заболеваний пародонта у пациентов, находящихся на ортодонтическом лечении // Актуальные вопросы клинической стоматологии: материалы 51 Всерос. науч. - практ. конф. — Ставрополь, 2016. — С. 93—96.
6. Забежинский М. М. и др. Системный остеопороз и патология костной ткани пародонта: патогенетические связи, атистические корреляции, значение для клинической практики // Российские биомедицинские исследования. – 2021. – Т. 6. – №. 3. – С. 27-35.
7. Мамедова Л.А., Ефимович О.И. Применение методов функциональной диагностики при лечении заболеваний пародонта // Медицинский алфавит. - 2016. - Т. 2. - № 9 (272). - С. 25-35.
8. Ризаев Ж. А. и др. Персонафицированная терапия генерализованного пародонтита на основе интегральной оценки клинико-лабораторных показателей //Журнал «Проблемы биологии и медицины. – 2021. – №. 3. – С. 120.
9. Ризаев Ж. А., Рахимова Д. А., Жумаев С. Ю. Особенности поражения тканей пародонта у пациентов с хронической обструктивной болезнью легких // Здоровье, демография, экология финно-угорских народов. – 2020. – №. 3. – С. 63-65.
10. Усманова Ш.Р., Хожиметов А.А. Состояние системы гемостаза при хроническом генерализованном пародонтите у лиц с хронической ишемией мозга // Пародонтология. - 2021. - Т.4(81). - С.44-46.
11. Bui, F.Q., Almeida-da-Silva C.C., Huynh B., Trinh A., Liu J., Woodward J., Asadi H., Ojcius D.M. Association between periodontal pathogens and systemic disease // Biomed J. – 2019. – Vol. 42(1). – P. 27–35.
12. Hernández-Vigueras, S., Martínez-Garriga B., Sánchez M.C., Sanz M., Estrugo-Devesa A., Vinuesa T., et al. Oral microbiota, periodontal status, and osteoporosis in postmenopausal females // J Periodontol. -2016. – Vol. 87(2). – P. 124–133.
13. Plessas, A. Nonsurgical periodontal treatment: review of the evidence / A. Plessas // Oral Health Dent Manag. - 2014. - Vol.13, N1. -P.71-80.
14. Ramya, K.S.Expression of VEGF in Periodontal Tissues of Type II Diabetes Mellitus Patients with Chronic Periodontitis -an Immunohistochemical Study // J Clin Diagn Res. - 2014. - Vol.8(8). - P. 1101-1103.