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Indicators of Risk Factors of Dental and Jaw Anomalies in Children with Physical Development Backwards

Qalandarov Eldor Shermatovich
Urgency branch of Tashkent medical academy

Abstract: Tooth-jaw anomalies and deformations in children with delayed physical development appearance to be their development only due to endo- or exogenous factors to be possible no, this of the disease multifactorial the base shows . It should be noted that some of the identified risk factors are of an integrative nature and are the result of a combination of many antecedent causes. Only by eliminating the most important factors influencing the occurrence of dental and maxillofacial anomalies and deformations can their prevalence be reduced.

Keywords: *Indicators, Dental, Backwards.*

Introduction

Tooth-jaw anomalies and deformations in children with delayed physical development appearance to be their development only due to endo- or exogenous factors to be possible no, this of the disease multifactorial the base shows . It should be noted that some of the identified risk factors are of an integrative nature and are the result of a combination of many antecedent causes. Only by eliminating the most important factors influencing the occurrence of dental and maxillofacial anomalies and deformations can their prevalence be reduced. A large number of antenatal and postnatal risk factors can influence the formation of this pathology. The probability of the influence of a causal factor (and in no case its unconditional effect) is reflected in the currently accepted very successful term "risk factor". This term does not indicate the absolute strength of this cause, but only its possible effect, which acquires a quantitative characteristic under certain conditions. This quantitative characteristic is determined by the frequency of repeated events. Dental and maxillofacial anomalies and deformations reasons different. Management to the ability according to all danger factors three to the group divided into : " managed ", " management difficult ", " managing which will not be . Danger factors most of management can, that is. their the effect own on time elimination verb or weakening tooth - jaw of anomalies to the formation obstacle does.

t work - jaw in children with delayed physical development anomalies and deformations was in mothers pregnancy the process in detail learned Studies as a result tooth - jaw anomalies and deformations was in more than 55% of children mother's pregnancy first and second in the middle complications with past was determined. The most high indicator preeclampsia, anemia and the threat of abortion with complicated during pregnancy was.

In children with delayed physical development tooth - jaw anomalies and deformations of formation danger factors determination and arrangement 787 people aged 5-16 years children between request was conducted . Research to the results according to children for " manageable " risk factors between artificial feeding the most high the place possession was determined. Mestizo children for of teeth exit and change Pathology is a " controlled " risk factors between the most high the place occupies Children of 6 months for The diet is soft of food The advantage is" manageable " risk factors between the most high the place owns and.

In children with delayed physical development tooth - jaw anomalies and deformations appearance to be the most big impact indicative danger factors antenatal era is: in mother previous from birth later short period , pregnancy and of birth complications. Antenatal history heavy from 1.5 to 15 years old was in children bite pathology development the risk is 3.7 times, enamel hypoplasia - 1.8 times, temporary caries development in

teeth - 1.3 times increases. Postnatal during tooth - jaw anomalies and deformations , deformations and hard tooth of fabrics pathology development 2 times the risk more, artificial feeding is bad breastfeeding habits with, often sick was in children - 1.5 times increases. Atmospheric air high to the extent polluted and drink fluoride concentration in water high was in the regions of anomalies development 2.2 times more likely increases.

In children with delayed physical development first permanent molars early disappearance lateral of teeth shift as a result tooth - jaw system deformation development for danger is a factor.

In children with delayed physical development tooth - jaw in the system breath to take diseases and functional disorders only pathogenetic to the chain combines. Through the nose breathing of the violation main reasons adenoids enlargement of the nasal cavity slope, downward of the turbinates hypertrophy and chronic rhinitis . Above jaw bow of the tongue internal side, narrows, stretches and lunge, chew muscles under the influence forward comes out . Mouth in the meantime created negative pressure choose high ("Gothic") palate to the formation help gives , lower jaw back moves . Rule as , a typical deformation develops - deep cutlet with to each other stuck distal Occlusion. Dentoalveolar of anomalies other shapes less It happens .

138 in children with physical retardation that only 19 had no dysfunction determined . So checked all in 38 of the patients breath to take function disruption identified - in the nasopharynx pathological processes is considered In 22 out of 138 children examined speech and articulation disorders found , they are often of the tongue , upper or lower your lip frenulum contraction and lower jaw in the territory mouth of space small vestibule with together comes.

aged 7 to 14 years with physical retardation 37 people who were tooth - jaw anomalies with sick the patients orthodontic treatment before when checking , all through the nose breath take, 29 people and correct disruption detected. The physiological changes associated with the removal of primary teeth affected by caries and its complications are well-known as the early loss of teeth. Premature removal of one of the primary teeth disrupts the structure of the teeth, which leads to a change in the function of the teeth, which initially has an adaptive nature, and subsequently becomes an etiological factor in the development of dental and maxillofacial anomalies.

Natural feeding plays a very important role in the formation of orthognathic dentition in children with delayed physical development. Incorrect artificial feeding is one of the causes of the development of dental and jaw anomalies. Currently, the number of children who are transferred to early artificial and mixed feeding is increasing. According to the World Health Organization, artificial feeding occurs in 13.0% of 1-month-old children, 45.0% of 4-month-old children, and 62.0% of children are transferred to full artificial feeding from the age of 6 months.

Analysis of the results of clinical examinations of children with a lag in physical development showed that, regardless of the average absorbed dose of ionizing radiation in the examined children, the level of malocclusion is significantly higher and ranges from 47.27% to 54.0% in children aged 8-10 years. From 34.62% to 41.87% - in children aged 12-14 years . When examining children exposed to radioactive radiation, the prevalence of dental and jaw anomalies was found to be 1.8 times higher in the group of children born after the Chernobyl accident than in the control group.

Physical development has a significant impact on the prevalence of dental and maxillofacial anomalies in children with delayed development. It was found that the lowest prevalence of anomalies was observed in areas with optimal fluoride content in drinking water, and the highest in areas with high levels. According to other authors, the frequency of dentoalveolar anomalies in areas with low fluoride content was found to be 2 times higher than in areas with endemic fluorosis.

Conclusion. Thus, in children with delayed physical development, the prevalence of risk factors for dental and jaw anomalies and impaired functions in children in the period of temporary occlusion is 47.37±3.18%, and with an increase in the number of dental and jaw anomalies in early mixed dentition, the frequency of risk factors increases to 54.24±1.93%. In late and permanent dentition, the frequency of risk factors decreases to 27.10% and 25.93%, respectively.

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