

The Modern Concept of the Origin of the Dental Anomaly

Eshonqulov G'olibjon To'raqulovich

Bukhara State Medical Institute

Relevance of the study. Today, the negative impact of environmental factors associated with a global change in the ecological balance in the world, the social environment of the family, non-compliance with a healthy diet, lack of calcium and fluorine ions in biosphere objects in places of residence, leads to the emergence and acceleration of dental pathology in patients.

On a global scale, a number of scientific studies are being conducted aimed at developing a clinical justification, prevention, early diagnosis and treatment of dental anomalies. In this regard, it is necessary to provide a comparative justification of dental diseases among different age groups, as well as dental disorders, as well as to substantiate the course of dental disorders in patients of different ages, medical and social aspects of diagnosis, treatment and prevention. Of particular importance is the development of measures aimed at the treatment of a pathological condition, i.e. the clinical and functional state of the oral cavity, and the implementation of preventive measures, the development of a system for preventing risk factors of hereditary predisposition to this pathology, diagnosis and treatment of the disease, improvement of the treatment system to reduce complications. All of the above points to the need for targeted epidemiological studies, therefore, in the early stages it demonstrates the different effectiveness of methods of treatment of maxillofacial diseases.

The purpose of the study. Assessment of modern ideas about the origin of anomalies and deformations of the maxillofacial system.

One of the main directions of orthodontics is the prevention of dental anomalies and deformities and their early treatment. As a result of the constantly growing level of orthodontic morbidity of the population, the organization of free dental care for children and adolescents attracts special attention of modern medicine. Special attention should be paid to the prevention of dental diseases, which requires much lower costs (5-6 barovars) than treatment. The dental caries prevention program, which was launched in Uzbekistan in 2019, has already proven its effectiveness. It should be noted that over the past few years, the availability of orthodontic care in Uzbekistan has increased due to an increase in the level of professional content of the orthodontic service. However, many problems of the organization of orthodontic services have not been solved, despite the fact that it is prescribed to prevent dental disorders, early detection and treatment of the disease is necessary. Information on the distribution and structure of defects in the dental system and dentition determines preventive measures and indications for treatment at the studied sites in the region. The incidence of birth defects in humans is an important characteristic of the state of public health. Children born with birth defects account for between 1% and 12% of gacha among all newborns.

It occupies the 3rd place in the structure of dental diseases in children, after maxillofacial pathology (PCR), after dental caries and periodontal diseases. According to the results of the study, Maxillary anomaly occurs in 33.7% of the observed, in large cities – in 37%, in Moscow, the Russian Federation - in 41.3%, and in Kazan among children and adolescents - in 54%, the frequency of Maxillary anomaly formation is $32.9 \pm 0.6\%$ and $19.7 \pm 0.5\%$, respectively. of the 100 children under investigation.

Over the past 30-40 years, there has been a tendency to an increase in dental diseases in children. This is due to the fact that stable pathogenetic mechanisms work during their formation, which constantly maintain the level of spread among the population. These mechanisms are associated with genetic factors, deterioration of the health of women and children: an increase in the frequency of pregnancy and childbirth in the mother, an increase in the number of chronic diseases, a relative increase in congenital and acquired diseases.

Russian scientists claim that in the city of Perm, the prevalence of dental diseases in preschool children is 50.7%, and in primary school children - 61.6%. In the central regions of Russia, IT occurs in 25.0 - 75.0% of cases among children and adolescents. In Latvia, according to Urtane I.F., 54.6% of patients were diagnosed with tja, in Tallinn - from 25 to 45% of cases. In the Republic of Ukraine, this figure reaches 48.0-56.4%. For children aged 3 to 14 years in the city of Kharkiv and the Kharkiv region, this figure reached 50-63.6%.

In Cuneo, Italy, the most diverse dental diseases were found in 43.5% of cases among schoolchildren, while in the LFS of schoolchildren this figure ranged from 45.3% to 61.0% of cases. Grigorieva L.P. noted that 17-21% of dental anomalies, including occlusion, were genetically determined by the fact that they developed as a result of hereditary factors, and the rest as a result of adverse environmental factors.

Detailed information was provided by scientists of the Republic of Uzbekistan studying the spread of dental diseases between urban and rural residents in some areas of the Republic of Uzbekistan. The author found a decrease in the incidence of TJA in the western direction of the Northern Territories and an increase in its spread to the east, which, in turn, amounted to 38.1% out of 8.5% among children and adolescents of urban residents compared with 32.9% out of 7.61% among children of rural residents. In Tashkent, according to V.F. Nazarova, S.M. Murtazayeva. and Shomukhamedova F., the incidence of Maxillary anomaly among children and adolescents aged 6-17 years was 60.3% out of 40.1%, compared with alar data [1.3.5.7.9.11].

According to the World Health Fund, the average birth rate among dunes with upper lip and palate abnormalities is 1.5 per 1,000 newborns (0.1: 1,000 among the Pretoria and Bantu peoples, 5.38:1,000 in Singapore). According to WHO, the environmental factor plays an important role in the growth and development of children, by the end of the 2000s, more than 40,000 chemical compounds were produced, and 200 to 1000 chemical compounds were produced annually. Many of them have high strength, mutagenicity, teratogenicity and carcinogenicity.

Most often, neutral teething in children occurs together with dental anomalies of up to 39% of teeth, located with a chuckle of 28%, distally located 20%, mesial location of 13%. According to available data, in children aged 7 to 12 years, the orthognathic ratio of the jaws was 23.6%, the observed coverage of the churura pile was 5.14%, poorly developed jaws - 18.58%, anomalies of isolated teeth - 19.4%, prognathia - 13%, chukura bite - 10%, progenia - 4.3%. and open the bite was 2.14%. According to many experts, the spread of malocclusion in the jaw is associated with early loss of baby teeth, which, in turn, leads to a decrease in chewing function, low load on the jaws and a slowdown in their growth.

It is obvious that the prevalence of malocclusion varies in different periods of pregnancy. The prevalence of malocclusion in children aged 4-5 years is 35.5-36.2%. The following year, the frequency of dental disorders increased, reaching a maximum of 41.1% at 7 maxima, while the prevalence of anomalies decreased to 39.8-38.2% due to ultrasound self-control by 12-13 thousand [2.4].

According to the anomalies of the Jugan of the upper lip, this condition is observed up to 15.5%, anomalies of the tongue in children - 4.2%, in preschoolers - 48.75%, in combination with diastema, a lower bruise of the jugan of the upper lip is observed. Urtane I.F. noted that the small size of the congenital groove for the tongue and the concomitant appearance of a small corridor in the oral cavity are registered in 37-73% of children. The literature data on the small size of the oral passage in children contradict each other, while the figures show from 8% to 40% gacha.

In the city of Smolensk, a small part of the oral cavity corridor was found in 11.3% of the examined children aged 6 to 12 years. Most often, this pathology was detected by the author in 13% and 14.1% of cases in children aged 7-8 years.

Anomalies of soft tissue bruising and the small size of the oral cavity not only affect the condition of the periodontal, but also cause damage to the teeth, in most cases the roots of the teeth are affected.

The researchers argue that it is necessary to consult with the geneticist of malocclusion [6.8.9.10.11.12].

In children who often underwent gum resection (47.06%), a deep bite of the lower jaw was observed along with a dense row of teeth and an anomaly of individual teeth. Epidemiological data show that in the regions of Russia and Belarus, cases of inflammatory periodontal diseases are widespread among children of all ages. Among 10-year-old schoolchildren in Moscow, the incidence of gingivitis was 69%, in 12-year-olds - 77%, and in 15-year-olds - 87%. Periodontitis of moderate severity occurs in 3% of 12-year-olds, and by the age of 15 this figure increases to 12%. The most common disease in children is catarrhal gingivitis, less often hypertrophic gingivitis and, even more rarely, gum resection and periodontitis. According to the data obtained, with violations of the physiological state of the mucous membrane in children, chronic gingivitis is observed (47.6%), diffuse periodontitis - 3.15%. Having studied children with dys hormonal deficiency of physical and biological development, the author came to the conclusion that periodontal diseases are common in them. Thus, catarrhal gingivitis was diagnosed 10 times more often, hypertrophic gingivitis - more than 4 times compared with physically and biologically developed children.

Conclusion. Thus, it was found that in children with dental-jaw abnormalities and deformities, there was a prevalence of bite abnormalities, soft tissue attachment, and a high prevalence of periodont disease. This is due to somatic diseases than the data of many authors, as well as a violation of the structure of connective tissue, so these should be taken into account when helping children with medicine.

LITERATURE USED

1. Абдукадыров А.А. Современные взгляды на проблемы деформаций лицевого скелета : научное издание / А. А. Абдукадыров, А. С. Кубаев, Д. А. Абдукадырова // *Стоматология*. - Ташкент, 2010. - №1-2. С. 96-99.
2. Алмаматов А.Т. Отдаленные результаты септопластики с кристосутуротомией у больных с зубочелюстными аномалиями : научное издание / А. Т. Алмаматов // *Стоматология*. - Ташкент, 2010. - №3-4. - С. 163-164.
3. Баратов Ф. Б. Профилактика зубочелюстной аномалий и деформаций у детей и подростков Бухарской области: научное издание/ Ф. Б. Баратов, А. Б. Ахмедов, И. М. Рузметова, С. Ж. Назарова // *Stomatologiya*. - Ташкент, 2016. - Том 62 №1. - С. 60-63.
4. Бабаханов Г.К. Септумоперация с кристосутуротомией у больных с зубочелюстными аномалиями : научное издание / Г. К. Бабаханов, А. Т. Алмаматов, С. Н. Максудов // *Стоматология*. - Ташкент, 2010. - №1-2. - С. 100-102.
5. Виноградова Т. Ф. Защита зубочелюстной системы детей от вредных привычек: научное издание/ Т. Ф. Виноградова // *Медицинская сестра*. - М., 2015. - №5. - С. 19-20.
6. Гаффаров С. А. Взаимосвязь между аномалиями зубочелюстной системы и соматических заболеваний у детей: научное издание/ С. А. Гаффаров, С. Ш. Олимов, Н. Н. Ахмадалиев // *Журнал теоретической и клинической медицины*. - Ташкент, 2016. - №2. - С. 74-77.
7. Гаффаров С. А. Этиология, диагностика, лечение и профилактика зубочелюстных аномалий у детей, связанных с отоларингологическими заболеваниями : обзор / С. А. Гаффаров, Ш. Н. Нурова, Н. Б. Нуров // *Педиатрия : научно-практический журнал / Министерства здравоохранения Республики Узбекистан, Ташкентский педиатрический медицинский институт*. - Ташкент, 2019. - №4. - С. 154-158.
8. Даурова З.А. Оценка нарушения носового дыхания и его влияние на формирование зубочелюстных аномалий. Автореферат дисс. на соиск к.м.н. Москва 2017. –С.50-52

9. Евдокимова Н.А. Комплексный подход к диагностике, профилактике и лечению зубочелюстных аномалий у детей с аденоидами. Автореферат диссертации на соискание ученой степени кандидата медицинских наук. - Санкт-Петербург. - 2011. – С.28-29.
10. Загорский В. А. Функционирование твердых тканей зуба. Часть III: научное издание/ В. А. Загорский, И. М. Макеева, В. В. Загорский //Российский стоматологический журнал. - М., 2014. - №1. - С. 12-15.
11. Идиев О.Э. Детский церебральный паралич и зубочелюстные аномалии (обзор): обзор: научное издание / О. Э. Идиев, С. Н. Махсудов, Ш. Ш. Шомансуров, Ш. Ж. Тешаев // Стоматология. - Ташкент, 2011. - №3-4. - С. 70-75.
12. Казанцев А. В. КВЧ-терапия в комплексном лечении пародонтита у пациентов с зубочелюстными аномалиями: патогенетические и гендерные аспекты: научное издание/ А. В. Казанцев, Д. Е. Сутенков, И. В. Фирсова //Российский стоматологический журнал. - М., 2015. - Том 19 №2. - С. 18-26.