



Characteristic Features of the Spread of Traumatic Injuries of the Oral Mucosa After Orthodontic Procedures

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Relevance of the study. Orthodontic structures can cause tooth enamel demineralization by covering the surface part with soft caraches, causing an increase in microorganisms. In addition to the change in the microflora of the oral cavity which with an increase in pathogenic and conditionally pathogenic microorganisms, dysbacteriosis can be observed. The above factors can lead to dental caries and inflammatory diseases of the parodont tissue and oral mucosa. Non-removable orthodontic aparates can cause erosion, scarring, and aphthae as a result of jarring the lining of the oral cavity. This can cause discomfort, pain, and difficulty eating for patients. Results and analyzes. In the process of examining children – directly from them, Anamnesis was collected and analyzed, the opinion of children and parents about what the disease began and how it developed was listened to, and a detailed objective examination of the patient was carried out. The dental examination and examination was carried out with a generally accepted standard set of dental equipment: survey, patient complaints, objective examination, oral mucosa, teeth and tooth rows, periodont tissue, chewing muscles and examination of the chakka-lower jawbone. It was found that previously orthodontic treatment, surgery was performed on the face and jaw, what complaints the patient had. At the time of the request for a clinical examination, Anamnesis was collected, we also paid attention to whether there are diseases of the local and general organism, salivation. During the examination of the teeth, we paid attention to its color, size, location, presence of cracked and broken teeth, increased or decreased sensitivity, trembling, the condition of the alveolar tumor in the position of the teeth obtained. In the vertical, transversal and sagittal directions, lower jaws were evaluated. In the functional part of the diagnosis, dynamic tests were performed (breathing, speech, swallowing).

From clinical-dental examinations: KPO index (caeris, perforated and derived teeth), gi (hygienic index), RMA (papillary-marginal-alveolar) indices were identified. For the assessment of clinical anthropometric parameters-face parameters N.X.Shomirzaev (1998) was measured according to his methodology. Quality of Life Survey, OHIP-14 – "dental health impact profile"(Oral Health Impact Profile). The survey consists of 36 items, which are combined into 9 scales. The research materials were subjected to statistical processing using parametric and non-symmetric analysis methods. The first data collection, correction, systematization and visualization of the results obtained were carried out in the Microsoft Office Excel 2016 spreadsheets. Statistical analysis IBM SPSS Statistics v.26 was implemented using. Our studies have shown that oral mucosal traumatic jaroachatations caused by orthodontic treatment have been found to be caused mainly by non-removable orthodontic aparates. In 124 of the 485 patients we examined (25.7%), the oral mucosa was subject to traumatic jaroachatations. Patients complained about one nechata at a time: 64 people (51.6%) complained of discomfort and pain when eating, 18 (14.5%) complained of pain alone, 14 only uncomfortable when eating (11.2 %), 16 patients (19.84 %) complained of changes in pain and loss of life, and 12 patients (9.66 %) complained of changes in loss of life alone. In the treatment of non-removable orthodontic apparatus, the following types of tooth - jaw anomalies were encountered: concomitant occurrence of one nechata anomaly - 63.7%, occlusion anomalies – 13.71%, aloxida dental guru anomalies (vestibular placement of teeth) - 14.5%, dental row anomalies (tooth row compression) -8.06 %. Criteria for the inclusion of patients in the study include: - constant orthodontic apparatus reinforced in the oral cavity or the presence of orthodontic aparates with removable mechanical action; - the presence of traumatic erosive-lateral damage to the mucous membrane caused by the application of



the orthodontic apparatus; - the age of the patient should be in the range of 10-18 years; - that the patient has written consent to participate in the study. Criteria not to include in the study: - the presence of orthopedic constructions obtained in the oral cavity; - erosion and other types of mucosal damage from Yarra; - the age of the patient is less than 10 years and older than 18 years; - severe allergic conditions; - have severe somatic pathologies. Research exclusion criteria: - patient's refusal to participate in the study again; - non-compliance with Doctor's recommendations; - change of residence. It was found that the oral mucosa was most frequently jaroxed by the sharp edge of the end of the orthodontic arc protruding from the metal tube at 54.8 % (68 individuals), the bracket loops at 20.1 % (25 individuals), the metal tube loops at 9.68 % (12 individuals), the metal wires at 8.88 % (11 individuals), as well as the free part of the arc located between the braces at 6.45 % (8 individuals). The following morphological elements and signs were observed on the mucous membrane of the injured oral cavity: hyperemia and edema, dotted blood spills, traumatic aphthae and ulcers.

The results of a preliminary study of the hygienic condition of the oral cavity of children with dental-jaw abnormalities and the condition of periodont tissues are presented in Table 1. As can be seen in this table, the RMA index was 29.13 ± 0.65 in the main guru; 1.5 times less than 12.67 ± 0.51 in the control guru. This is a sign that the main guru has signs of inflammation. In children in the main group, milkmaster and milkmaster stones were also identified. The children of the main Guru were found to be in love with professional hygiene. Sick children complained more about bad breath, bleeding gums, and difficulty receiving solid foods. The hygienic index in the main group of children was 2.78, the highest in the group of children aged 14-18 years. The comprehensive treatment of dental-jaw abnormalities presented in Table 2 showed that the initial hygiene condition in children with planned treatment is not good. In the main group, tartar was detected in 69.52%.

In summary, 25.7% of the 485 patients had traumatic oral mucosal jarochatations. It has been found that the oral mucosa is most often jaroxed by the sharp edge of the end of the orthodontic arc protruding from the metal tube at 54.8 %, the brake loops at 20.1 %, the loops placed on the metal tube at 9.68 %, the metal wires at 8.88%, and the free part of the arc located between the braces at 6.45 % In the course of orthodontic treatment, the treatment of oral mucosal lesions remains one of the pressing problems of Dentistry.

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