

ORTHOPEDIC STOMATOLOGY FOR ADENTIYA IN ELDERLY PATIENTS DEVELOPMENT OF ASSISTANCE

Babayeva N.M

Bukhara State Medical Institute

Abstract. *Currently, despite the development of dentistry, rows of teeth the high prevalence of defects and the high frequency of their complications, determines the urgency of improving the provision of orthopedic dental care.*

Key words: *orthopedic dental care, morphometry, patients, dental arch defects, biometric research.*

INTRODUCTION

Scientists dental and jaw anomalies, their diagnosis [1, 2, 3, 14, 16, 18] and treatment methods [4, 5] and the problems of organizing dental care for them [6, 7, 8, 21, 24] are paying attention. At the same time medical the importance of using a patient-centered approach to care is emphasized [9]. Dental orthopedic care decrease in the level of receiving opportunities [10, 11, 12] specialized assistance to the population improvement of display standards, and making amendments to the staff table testifies to the necessity, it is medical to improve the quality of assistance gives.

Materials and methods.

Partly and Current observation of 112 patients with complete dentition was carried out and 16 patients with physiological occlusion of permanent teeth were examined in the comparison group. Morphometric in the maxillofacial area from research and descriptive statistics used. We are between linear dimensions we studied the main morphometric parameters in the face and dental arches, evaluating their correlation. Temporomandibular joint jaw-face, taking into account the variants of the location of the elements, the peculiarities of the gnathic and dental types of faces the functional state of the field was studied.

As the basis of anthropometric studies, we have determined the correspondence of the gnathic and dental types of the dental arches to the facial types of the same name we proposed a method of detection. For research we are in the pit of the top of the eardrum (tragus) opposite the eardrum we chose the point "t" ("tragion") located. The width of the face is a large barbell circle between the opposite parts of the earlobe measured using.

Corner of the nasal wall "sn" defined as midpoint (subnasale) from the lower part of the nose, where the lower part of the nasal wall joins the upper lip, we draw the diagonal of the face from this point "t" used to measure the distance to the point.

83% to 93% for mesognathic facial type an indicator in the numerical range of up to is suitable it happened. When the face type indicator increases, it is called dolichognathic, and when it decreases, it is called brachygnathic entered.

As a criterion for determining the dental type of the face from the distal dimensions of the face was used. Numbers 122 to 130 mm changes up to became characteristic of the normodont type. Macrodonatism when the diagonal indicator increases was recorded.

Results.

Teeth for measuring the main indicators of the face, dental arches and jaws to partially and completely absent patients in providing orthopedic dental care is a condition. Has physiological occlusion the main facial and dental arches in patients

the need to measure the indicators (compare group) each of gnathic and dental types of faces type and craniofacial complex correlation between individual elements development of compatibility coefficients occurred with. Diagonal dimensions of dental indicators in microdental types of faces less reliable than other options and 116.01 ± 1.83 mm in mesognathia, brachy- and 115.83 ± 3.39 mm and It was equal to 116.54 ± 2.68 mm. Orthopedic dentistry clinic in order to modernize the methods presented for use, we have both jaws teeth were measured and presented in order to determine the size of antagonists we determined the ratio of indicators.

Thus, knowing the size of the upper teeth, it is possible to divide the length of the upper tooth arch by the calculation coefficient and get the dimensions of its antagonists. The dental type of the face is diagonal on the right and left is calculated as the sum of dimensions.

Physiological mesognathic of dental arches 6 of the 14 sets of teeth that make up the length of the upper dental arch in the normodont type front teeth (from incisor to incisor) the ratio to the total was 2.48 ± 0.03 . In this, the proportions sought in the lower jaw. It was equal to 2.88 ± 0.0 .

In dolichognathia, the ratio of the length of the upper dental arch to the sum of the 6 front teeth. It was 2.44 ± 0.04 . Proportion in the lower jaw it was equal to 2.93 ± 0.03 . Bolton's advance ratio was equal to $77.8 \pm 0.5\%$. Macrodonatism absolute dimensions in existing humans compared to other physiological variants has grown up reliably. 14 upper teeth the ratio of the sum to the sum of 6 front teeth was 2.44 ± 0.04 in mesognathia. In this case, the proportions sought in the lower jaw. It was equal to 2.96 ± 0.04

Microdental type of dental arches with a variety of relative indicators made a difference. 6 of the length of the upper dental arch the ratio of front teeth to total is 2.43 ± 0.03 in meso-, brachyva dolichognathia respectively, it was equal to 2.45 ± 0.05 and 2.42 ± 0.02 .

The results of the study showed that gnathic type of face width of dental arches affects the indicators.

When the plaster models of the jaws were biometrically studied, the width between the molars (m2-m2) to the sum of the width of 14 tooth crowns A gnathic index of $61.98 \pm 2.91\%$ (or a range of 59% to 65%) of incisors, calculated as a percentage, indicated mesognathia. Thus, the dental arches were of the mesognathic normodontal

type gnathic index value in humans is $53.83 \pm 2.43\%$ was equal to, where the length of the dental arch. It was 116.9 ± 2.87 mm in people with mesognathic macrodental dental arches the value of the index is $53.7 \pm 2.59\%$ but the length of the dental arch is normal it was significantly larger than that in the system, and formed exactly 120.91 ± 2.92 mm.

Dental arch in the mesognathic and microdental type, its gnathic index was $54.55 \pm 2.46\%$, tooth the length of the arc decreased to 109.29 ± 2.37 mm was equal.

Brachygnathic normodental of the dental arch the value of the gnathic index in physiological occlusion with type was equal to $57.13 \pm 2.27\%$, the length of the teeth is 115.2 ± 2.87 mm organized. Dental arches brachygnathic macrodental the size of the index in people who are in the species was $58.04 \pm 2.66\%$, but of the dental arch the length is significantly larger than normal values, 122.81 ± 2.98 mm was equal. Its gnathic index in the brachygnathic and microdental type of the dental arch $58.47 \pm 2.71\%$, teeth arc length decreased to 107.32 ± 2.85 mm was equal.

The part opposite the eardrum the width of the face between the points is the width of the dental arches between the second molars that it was compatible and that the compatibility coefficient was 2.25 ± 0.1 in all physiological variants of the face and teeth we noted. The jaws of patients with a physiological bite were made in a plaster model as a result of biometric research law was determined, which allowed us to choose three main templates (small arc, medium arc and major arc).

From this data, in orthopedic dentistry departments, the dentition has multiple teeth defects, and in particular, the teeth are complete can be used in the preparation of prosthetic structures for non-existent patients. The geometry of the wax base is the odontometric parameters of the dental arches and the main linear sizes are placed, among which the most between the second molars is the width.

Discussion.

Partial and complete teeth in order to scientifically justify the improvement of morphometric research methods in the provision of orthopedic dental care in the treatment of patients who do not have teeth, we partially and orthopedics to a population that is not fully available measures on the need to improve dental care and preprosthetic orthodontic treatment considering issues related to development we went out. When the teeth are not fully present shape and dimensions of artificial dental arches serve as basic information for drafting alveolar arc indicators that can do are also important.

In addition, alveolar arch dimensions tell us that teeth are not completely present the geometry of the face circumference, which can be used when choosing a treatment method for patients and pay attention to the main linear indicators mathematical modeling of templates allows you to define the main options for gave.

Conclusions.

Anomalies in the maxillofacial area from morphometric study in the maxillofacial area and teeth in harmony with deformations patients with line defects

diagnosis of the craniofacial complex taking into account individual characteristics and can be used to choose treatment tactics. Proposed anthropometric teeth are fully available from the research algorithm absent and numerous teeth in tooth rows scientifically based in providing orthopedic dental care to patients with disabilities use as an approach and adapt it proposal to include the incoming patient category as an addition to treatment standards can be done.

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