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A comparative evaluation of changes in facial parameters in partial secondary adentia

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Anthropometric methods are methods Abstract: in which on the basis of which the continuity of the three sections of the face lies the pirincipus. They were invited by the circus" Golden Section " A. The method of quot; Yupis; gave the confirmation that the distance between the angle of the eye and the angle of the mouth is equal to the distance between the tip of the nose and the chin in the case of Central occlusion F. Quot; Vutsvord method; determined the height of the lower part of the face by the expression of the nasal-lab layers A. Gizi method. These techniques are mainly used in prosthetics in different manifestations of adentia. In partial secondary adentia, it is impossible not to use anthropometric measurements.

Key words: Anthropometric methods, Golden Section, Mongoloids.

Introduction

There are theoretical principles of orthopedic treatment with bridge prostheses, which justify the favorable direction of the chewing load, the prevention of overload of the supporting teeth and side effects on the chewing muscles and TMJ, to a lesser extent-the functional effectiveness of the prostheses. At the same time, the key role is almost always given to the design features of the occlusal surface of prostheses. It is proposed to implement these principles by numerous, sometimes mutually exclusive methods.

Modeling of occlusal surfaces of bridge prostheses is the most urgent problem due to the variety of methods of designing prostheses and the inconsistency of data on their effectiveness. In a number of studies, in order to reduce the vertical component of the masticatory pressure on the periodontal support teeth, it is recommended to model the intermediate part of the bridge prostheses

significantly narrowed in the vestibular-oral direction. In other studies devoted to the theory and practice of orthopedic treatment, it is recommended to restore the anatomical shape of the occlusal surfaces of lost teeth when constructing bridges. With this method of modeling dentures, the stability of the teeth and dentition during chewing is ensured due to the coincidence of the direction of the longitudinal axis of the tooth with the resulting direction of the chewing pressure. Based on the morphological features of the structure of the occlusal surfaces of teeth in different age periods, methods for the functional formation of the masticatory surfaces of bridge prostheses have been developed. To improve orthopedic treatment, it is necessary to study more deeply the relationship between the effectiveness of the masticatory function and the ethnic and age characteristics of the masticatory system. The morphological parameters of the dentoalveolar system differ significantly in individuals of different nationalities. In Caucasians, microdontism was found, and in Mongoloids, including Buryats, the size of the teeth has a tendency to hypermacrodontism due to the large size of the jaws.

Morphofunctional evaluation of the results of orthopedic treatment is associated with significant difficulties. They are caused by the use of imperfect methods for determining the chewing efficiency, subjective methods of its assessment and the lack of a unified interpretation of the terms that characterize the effectiveness of chewing, different approaches to the interpretation of quantitative data on the bioelectric activity of the chewing muscles and their functional significance, the lack of accurate criteria for assessing the functional state of the periodontal support teeth, insufficient development of methods for assessing and characterizing the severity of



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compensatory reactions. Many researchers note the development of complications after orthopedic treatment with bridges, which are often the result of structural defects. At the same time, there is conflicting information about the time and frequency of removal of bridges due to their destruction, the occurrence of musculoskeletal dysfunction, mucosal trauma, periodontal destruction of the supporting Contradictory information about effectiveness of various designs of fixed bridges, controversial results of clinical observations about the timing and frequency of certain complications leading to the removal of bridges, the lack of clear morphofunctional criteria for evaluating the results of orthopedic treatment of partial secondary adentia and insufficient information about the morphoethnic features of the teeth indicate the relevance of this study. Partial secondary adentia is one of the most common forms of pathology in the tooth-jaw. The reasons for partial secondary adentia are different. The most frequent among them are complications of dental caries, parodontic diseases, injuries, operations associated with new formations in the jaw-face area, etc. The change of one of them, as a rule, calls for a violation of the form and function of the other (Julev E.N.Y., 2000).

Purpose of the study

to determine the comparative evaluation of changes in facial parameters in partial secondary adentia.

Objectives of the study

- 1. To examine the manifestation of changes in facial parameters in partial secondary adenoma.
- 2. To examine and analyze the most altered parameter of the face in partial secondary adentia.
- 3. On the basis of the data obtained, to optimize the provision of dental care to patients with partial secondary adhesions.

For the first time in patients in the Bukhara region, partial secondary adentia, a manifestation of changes in facial symptoms is detected. For the first time, in partial secondary adentia, the signs on the face are studied and an assessment of their degree of

scalability is given. On the basis of the data obtained for the first time, the provision of dental care to patients in partial secondary adentia is optimized.

Materials

of different 100 patients ages, partially secondary ADHD, who applied to the dental center of Bukhara State Medical Institute will be studied.

Methods of the study

- Clinical-Dental Research Methods
- anthropometric methods
- statistical techniques.

Conducting chewing tests in combination with recording the bioelectric activity of the chewing muscles allows you to give a complete assessment of the chewing function. In the absence of lateral teeth, the amount of useful chewing work and especially chewing efficiency decreases. In the control, the temporal muscles contribute more to the total bioelectric activity in the chewing phase, and in the partial absence of lateral teeth - the chewing muscles themselves, since a significant increase in their bioelectric potentials was found. Treatment with bridges, the occlusal surface of the body of which corresponds to the shape and size of the crowns of natural teeth, is more effective than treatment with prostheses with a narrowed intermediate part. In patients with included defects of the lateral teeth, when constructing bridges, taking into account the morpho-ethnic norm of premolars and molars, as well as divergence angles, the volume of useful chewing work and chewing efficiency are almost completely restored after three months, and the reserves of the contractile ability of the chewing muscles are increased. In patients after treatment with fixed bridges with a narrowed intermediate part, the volume of useful work of chewing and chewing efficiency is partially restored. The index of bioelectric activity in the chewing phase and the duration of the period of bioelectric activity of the muscles exceed the control level. The indicator of the functional reserve of the masticatory muscles remains low. In the first four years after treatment, the main reasons for the removal of bridges in



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patients are periodontal destruction with abnormal mobility of the supporting teeth and the syndrome of pain dysfunction of the masticatory muscles and temporomandibular joints. In the next six years, the main reason for the removal of prostheses are violations of their integrity.

The use of morpho-ethnic, age-related and functional features of the masticatory system is the basis for more effective restoration of the masticatory function in partial secondary adentia by orthopedic treatment with bridges.

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