Comprehensive Program for Prevention and Treatment of Dental Caries

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The relevance of the study.

Disabilities of children with chronic catarrhal gingivitis, a decrease in the number of gum cells with cytopathological changes, against the background of an increase in the number of cells of the inflammatory infiltrate of PMN and intact monocytes, a decrease in the number of nucleated cells of the spiny layer and non-nuclear keratinized cells, is one of the important links in the pathogenesis of the disease.

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It is proved that quantitative and qualitative changes in the main microbiological parameters in the gingival furrow are gradually restored in parallel with the dynamics of changes in the intensity of gingival inflammation (PMA) with the improvement of the hygienic condition of the oral cavity in children;

the use of the developed algorithm for diagnosis, treatment and prevention proved the possibility of effectively stopping the inflammatory process that occurs in periodontal tissues in children at early stages.

the use of the cytological method in children in the absence of clinical symptoms of the disease is based on the fact that it is one of the diagnostic criteria for determining the risk of inflammatory changes in periodontal tissues and, accordingly, the appearance of complications of inflammation in periodontal tissues;

it is proved that the proposed method of complex treatment, chosen according to individual treatment tactics, is applied consistently, improving the quality of life of patients and reducing the risk of relapse of the disease;

It was revealed that in order to raise and maintain a high level of oral hygiene, a constant Modern approach to preserving the health of teeth in children is necessary only with early detection and a minimally sparing approach to the treatment of caries. Currently, ideas about the treatment of caries have also changed: there has been a transition from an aggressive strategy to a strategy of prevention and minimally invasive treatment. It should be borne in mind that early diagnosis of caries allows you to remineralize carious lesions at the initial stage of development and weaken risk factors and timely resort to preventive measures. In order to avoid the development of caries, or to detect it at an early stage, timely diagnosis is necessary. Timely diagnosis of caries in the initial stage is 50% success in its treatment.

Dental caries is the most common dental disease among children. According to many authors, caries is registered in children from 5-6 years old and its prevalence ranges from 70.5% to 82.3%. And by primary school age (7-10 years), more than 90% of the child population is affected by this disease [1.2.4.6.8.12]

Timely diagnosis and the correct choice of the method of treatment of dental caries contributes to the reduction of complicated forms of the disease, which in turn is the prevention of the occurrence of foci of odontogenic infection.

Methods of dental caries treatment offer preparation of carious cavities traditionally with the help of drills. Children in the process of preparing dental caries experience pain and fear, this therapeutic procedure negatively affects the behavior of children, develops stomatophobia in children. [15.16].
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The purpose of the work: To develop and justify the effectiveness of the use of complex anticarious therapeutic and preventive programs in children of primary school age during the formation of the roots of teeth and incomplete mineralization of enamel, at different levels of caries resistance of hard tissues of teeth.

Research objectives:
1. To study the dental status of children aged 6-13 years: prevalence; intensity; increase in the intensity of dental caries, GI of the oral cavity during the biochemical “immaturity” of enamel and the formation of the roots of permanent teeth.
2. To study the level of caries resistance and caries susceptibility of tooth enamel in children during the formation of tooth roots.
3. To study the biophysical properties of oral fluid: the rate of secretion of mixed saliva (CCC), viscosity, pH in primary school children.

Analysis of the results and data obtained showed that the frequency of localization of carious lesions in children of all studied ages is similar. So, at the age of 6-7 years, the frequency localization is more pronounced on the vestibular and occlusal surfaces, followed by palatal, mesial and distal surfaces (table. 3.2).

In the next age group of 8-9 years, the frequency of localization of carious lesions is mainly observed on the vestibular surface of the teeth (43.5%), then occlusive (37.2%), the medial surface (16.5%), the palatal and distal, respectively, of 6.1% and 7.5%.

In the third age group of 10-13 years, the frequency of localization of carious lesions is characterized by an increase in the occlusal surface of the teeth of 41.9%, in second place vestibular - 37.1%, medial - 10.4%, palatal - 6.0% and distal - 5.2% of the surface.

As the age of the studied schoolchildren increases, a different frequency of localization of carious lesions on the surface of the teeth is revealed (Table 3.2).

The initial lesions of caries (ICDAS II = d1,2,3) were more often localized on the vestibular and distal surfaces. Deep carious lesions (ICDAS II = d4,5,6) on occlusal and medial surfaces more often dominated.

Accordingly, the study of the prevalence of caries according to the ICDAS II criteria more accurately characterizes the clinic of carious disease by its stages, and also clearly determines the prevalence and intensity of caries with clarification of the localization of carious lesions on the
surface of the hard tissues of the teeth.

According to ICDAS II criteria, the initial stages of carious lesions increased with age. The d1-3/d1-3s index increased significantly enough with an increase in the age of the studied children (Table 3.2).

According to ICDAS II criteria, there is a characteristic increase in the prevalence and intensity of dental caries with increasing age of children (Table 3.2).

**Treatment results.** Using the ICDAS II system, the features of localization of carious lesions in the studied children were established and the prevalence of localization of the initial stages of caries (ICDAS II = d1,2,3) on certain surfaces of teeth and deep carious lesions (ICDAS II = d4,5,6) on the surfaces of hard tissues of teeth was revealed.

**Conclusions:** The use of the ICDAS II system in the examination revealed the features of the localization of carious lesions in children, depending on age. It was found that occlusal and vestibular surfaces (27.8%), palatine (18.9%) were affected most often (35.1%) in children aged 6-7 years, mainly at the same level, the frequency of lesions of the medial and distal surfaces, respectively, was 14.2%; 14.0%.

At the age of 8-9 years, lesions were more often noted (in 43.5%) on the vestibular and occlusal surfaces of the teeth (37.2%), on the medial (16.5%), less often on the distal (7.6%) and very rarely on the palatine (6.1%).

At the age of 10-13 years, the main percentage of the lesion falls on the occlusal surface (41.3%), vestibular 37.1%, rarely (10.4%) the medial surfaces of the teeth are affected, very rarely (5.2% and 6.0%) distal and medial surfaces.

**REFERENCES.**


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