EARLY DETECTION OF PATHOLOGICAL TOOTH ERASURE AND OPTIMIZATION OF COMPLEX TREATMENT

A.V. Axatov 1, A. A. Saidov 2

1 2 Bukhara State Medical Institute

Relevance of the study. Over the past 20 years, researchers in all developed countries of the world have noted an increase in the prevalence, "rejuvenation" of PSZ, the appearance of new forms of the disease (Trezubov V. N., 2007; Gandara V., Young W. G., 2001; Pickles M. J., 2006). The most common causes of the development of PSZ are functional insufficiency of the hard tissues of the teeth, their morphological inferiority, overloading of the teeth, chemical exposure, and occupational hazards (Rogozhnikov G. I., 2002; Lussi A., 2006; Moazzez R., 2000; Mok T. V., 2001; Oginni O., 2002; Shellis R. P., Zero D., 2005). The classification of PSZ varieties developed by a number of authors (Bushan M. G., 1988; Kalamkarov H. A., 1990; Kurylyandsky V. Yu., 2001) facilitates the diagnosis and treatment planning of patients with PSZ. The issues of diagnostics and clinics for concomitant diseases, complex treatment, and preliminary preparation of the oral cavity before final prosthetics are insufficiently studied, especially in cases of a combination of increased tooth erasure with dental anomalies, dentition defects, deformities complicated by periodontal diseases, and TMJ dysfunction. A number of signs relate to endogenous factors. They are defects in enamel and dentin, which appeared as a result of hereditary diseases; impaired metabolism; improper functioning of the glands of the internal secretions; some diseases of the nervous system, gastrointestinal tract; nutrition system. The reasons that have an exogenous nature include: deviations in the development of the dentoalveolar system (incorrect bite or location of teeth); lack of teeth and the resulting increased chewing pressure on the remaining antagonizing teeth; poor-quality prosthetics; bad habits (smoking a pipe, clicking seeds, biting off a thread); professional habits and the use of harmful substances in work. Thus, with increased tooth erasure, a progressive loss of hard tooth tissues is determined, accompanied by a complex of morphological, aesthetic and functional disorders. The formation of facets of erasure, changes in the anatomical shape of the teeth are revealed, which causes a violation of aesthetics with changes both at the level of the macrostructures of the tooth and at the level of its microstructures. Violation of occlusion is the main symptom of increased tooth abrasion; its clinical picture is very diverse one of the most serious consequences of the disease is a decrease in the height of the lower third of the face. In the modern literature, many methods of correcting increased tooth erasure are described, which become more complicated as the pathological process progresses. In the literature of the last century, complex, multi-stage and expensive methods of orthopedic treatment were described. With the development of adhesive technologies, all-ceramic restorations have become widely used for the same purpose. New ceramic materials with 18 improved strength properties and a high aesthetic effect were developed. Thus, it became possible to use the so-called "tooth-preserving preparation". Manufacturers of dental materials, as well as dentists, always strive to improve the quality of dental treatment, improving methods and technologies in providing dental care to patients, including those with the discussed pathology. Of course, the most important criteria for the quality of treatment of any pathology of the hard tissues of the teeth are the durability and aesthetics of the work performed, which is successfully achieved the purpose of the study. Complex treatment of decompensate increased tooth abrasion, combined with dent alveolar anomalies and deformities.
Research objectives:
1. Dental prosthetics, to determine the frequency of occurrence among them of increased tooth abrasion, its varieties, possible concomitant diseases and their complications.
2. Features of the clinical course of increased tooth abrasion in combination with dental anomalies and deformities.
3. Clinical and functional state of the dent alveolar system in patients with increased tooth abrasion with dent alveolar anomalies and deformities.
4. Teeth with decompensate PSZ, combined with dent alveolar anomalies.
5. Complex treatment of patients with decompensate PSZ in combination with dent alveolar anomalies and deformities, to determine the clinical and functional effectiveness of the results based on the assessment of the quality of life of patients before and after the treatment.

For the first time, the clinic of combined forms of increased tooth abrasion with dent alveolar anomalies and deformities was studied. The indications and features of preliminary orthodontic preparation in the complex treatment of increased tooth abrasion in combination with dent alveolar anomalies and deformities were determined, and complications in the form of traumatic occlusion, chronic periodontitis, and TMJ dysfunction were identified. The electrical excitability of individual erased teeth in combined pathology was studied. An algorithm for diagnosis and complex treatment, preventive measures aimed at preventing further tooth abrasion, normalization of occlusion with the restoration of the bite height and the restructuring of the myotatic reflex with the installation of the lower jaw in a centric position is developed. A monoblock trainer is proposed to achieve functional usefulness and the desired aesthetic effect of restorative prosthetics in the decompensate form of PSZ, combined with dent facial anomalies and deformities, a new method for determining the central ratio of the jaw is proposed.

Practical significance of the work. The conducted studies allowed us to determine the features of the clinical course of PSZ, combined with dental anomalies, deformities, which will facilitate the diagnosis of PSZ, combined forms of pathology, their complications, and the planning of complex treatment. The specific orthodontic therapeutic methods proposed by the author for the elimination of dysocclusion after increasing the height of the bite in decompensated PSZ by means of inter-jaw traction have a preventive orientation due to the reduction in the volume of preparation of teeth, which do not need further manufacturing of a restorative structure.

The creation of cutting-tubercle contacts in the frontal area after increasing the height of the bite helps to obtain a stable occlusion, prevent speech disorders, bad habits and secondary deformities. The developed algorithm for the diagnosis of PSZ, combined with dental anomalies and deformities, will allow doctors, especially beginners, to determine the types of PSZ, concomitant diseases and their complications, which will contribute to achieving positive treatment results at the stages of rehabilitation of patients with increased tooth abrasion, and ultimately - improving the quality of life of dental patients.

Literature

