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TO STUDY THE FEATURES OF CLINICAL CHANGES IN THE ORGANS OF THE ORAL CAVITY IN DISEASES OF THE DIGESTIVE SYSTEM

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Abstract:

This paper provides clinical examples of restoring the color and shape of the frontal group of teeth. Modern means and methods of whitening are used, as well as composite materials for the restoration of the crown part.

Keywords: kappellaners, generalization of the process, purulent-inflammatory diseases.

The widespread prevalence of periodontal diseases, resistance to ongoing treatment lead to a significant deterioration in the quality of life of patients, a decrease in efficiency, and an increase in the cost of treatment. One of the leading causes of this unfavorable situation is the polyetiology of periodontal diseases. In turn, in a significant number of cases, its cause is comorbidity with somatic pathology, primarily with diseases of the digestive system (8). Thus, changes in the oral cavity can serve as an early marker of diseases of the digestive system (10).

It is reliably known that diseases of the gastrointestinal tract can be an important starting point, causing pathological changes in the oral cavity (2). There is a close direct correlation between the severity of diseases of the stomach and duodenum and the severity of chronic catarrhal gingivitis, including resistance to standard treatments, recurrent and complicated course (6). A number of clinical studies are devoted to the study of the etiology and pathogenesis of periodontitis in individuals with chronic gastroduodenitis (12). Changes in the oral cavity depend on the secretory and acid-forming functions of the stomach.

Every year , millions of children and adults begin orthodontic treatment. According to statistics, more than 80% of people over the age of 15 have one or another malocclusion [1]. It is the improvement of appearance that is the decisive factor in the decision to conduct orthodontic treatment. But only a few decide to take this step, and since most people are afraid of the high financial costs of treatment and the rather long time of wearing traditional braces. However, it should be noted that the overestimated requirements for improving aesthetics are paired with the desire of the patient to preserve their teeth as much as possible. An alternative to braces in some cases has become a system of kappellaners for teeth alignment [2]. The use of orthodontic braces obliges the patient to carefully and conscientiously observe personal hygiene using additional means for prevention. Often, patients, in particular children and adolescents, do not heed the doctor's recommendations, so an important factor is the possibility of choosing the use of orthodontic appliances that do not have a significant impact on the level of hygiene.

The study of the phenomenon of discoloration of permanent teeth has its own history, including the - development of diagnostic and treatment methods. Characteristically, for a long period of time, teeth whitening was more often considered an ineffective and unpromising procedure. Discolorations were eliminated mainly by orthopedic constructions (ceramic crowns). Since the end of the 20th century, there have been active developments in the field of dentistry, which allow us to rather optimistically consider the problem of discoloration of enamel and dentin.

Depending on the causes of pigmentation, a variety of methods can be used to correct the color, from the simplest measures to lighten teeth in the presence of surface stains to the combined use of intensive bleaching with subsequent restoration work when enamel pigmentation is combined with defects in its surface or with deep staining of hard surfaces. tooth tissues.

methods in dentistry include preliminary teeth whitening followed by veneer coating. Indications are intravital pigmentation of the teeth, discoloration during hypoplasia, discoloration after depulpation or as a result of a carious lesion.

An example is the following clinical case. Patient A. complained of an aesthetic defect in the anterior teeth. On examination, white and brown spots of hypoplasia were found on the vestibular surface of the teeth of the upper and lower jaws.

A decision was made to use the home safe bleaching method. Self-fulfillment by the patient of the procedures prescribed by the doctor will provide a positive effect if the following requirements are met: optimal interaction between the doctor and the

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patient; the correct choice of means and methods of treatment by the dentist; the ability to combine whitening in the clinic with home exposure, as well as restoration work, such as veneers.

In the process of communication, special attention was paid to the discussion of the final result of the treatment, since the effect of the desired level of whitening may not always be achievable.

dentist in a conversation explained some features of the color change after treatment, namely: the "whiteness" of the teeth stabilizes by the end of the second week after the completion of the procedures, and their color is somewhat darker, black immediately after bleaching. This is due to the drying of the enamel during treatment and their subsequent rehydration .

Sanitation of the oral cavity is carried out, including the removal of dental deposits. The shades of the teeth are assessed using the VITA scale with filling in the form and the numerical designation of the color of hard tissues expected after bleaching. At the initial visit, the dark areas of the teeth correspond to the C4 shade.

Perfect gel is used as a home whitening system Bleach (VOCO), containing 16% carbamide peroxide as an active agent, as well as additives that give taste, smell, gel-like consistency (Fig. 2). Carbamide peroxide decomposes into water and hydrogen peroxide, which releases atomic oxygen, which eliminates tooth pigmentation.

The patient used a whitening system with a protective design that remains in the mouth for 1 to 4 hours per day or overnight.

Aligners are transparent aligners that are used to correct malocclusion and position of the teeth. The company Align Technology in 1998 was one of the first to release such mouthguards. The design of the product provides for a slight constant pressure on the tooth, causing the resorption of the bone tissue of the alveoli in the direction of movement of this tooth and the formation of bone tissue in the opposite direction.

As a result, gradual movement of the tooth along a given trajectory is ensured [3].

Orthodontic treatment with aligners includes the following steps [4]:

1. Clinical and additional diagnostic methods for diagnosis and treatment planning. 2. Taking impressions, making working plaster models or virtual impressions for printing a model in a 3D printer. 3. Obtaining a virtual setup model and drawing up a treatment plan with visualization of the final result. Familiarization and coordination of the treatment plan with the patient. 4. Making an individual set of mouthguards for the patient. 5. Clinical stages of patient management.

In modern society, the number of people who play sports is increasing. The number of gyms and specialized sports facilities is actively increasing. The development of sports in Russia plays a key role. The Government of the Russian Federation, together with the Ministry of Sports, has developed the state program "Development of Physical Culture and Sports". The results of this program are the development of physical culture and sports, an indicator of which is the growth of quantitative achievements and a qualitative assessment of the changes taking place in the field of physical culture and sports; involvement in systematic and regular physical culture and sports, as well as familiarization with a healthy lifestyle of the broad masses of the population, which has a positive effect on improving the quality of life of citizens of the Russian Federation [6, 13, 14].

In connection with these conditions, it is necessary to pay great attention not only to sports equipment, training of athletes, but also to take care of the health of Russian athletes. It is necessary to apply high-quality injury prevention tools and monitor the constant use of these tools. This will help avoid injuries and, as a result, a long rehabilitation period and expensive treatment.

One of the important sections of injury prevention is the use of protective dental splints (kappa). So protective dental splints can prevent not only tooth injury, but also reduce the risk of concussion. In modern dentistry, mouth guards are singled out as a separate, independent direction, called " splint therapy". Within this direction, there are many variations both on the topic of injury prevention, and some therapeutic and preventive actions that are not related to sports in any way [1-5, 6-12].

The intensity of injuries is directly related to a particular sport. In this case, the experience of the athlete and his length of service does not matter, but there are gender differences and the number of injuries for women is significantly less than for male athletes [9].

From all of the above, it follows that the use of protective dental splints, or, as they are also called in another way, mouthguards, it is advisable to include in the competition regulations. It is also important to ensure that they are of high quality, and for this it is necessary to comply with the technologies for the production of blanks and their further molding.

It is best and most convenient to use individual protective dental splints based on EVA (ethylene vinyl

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acetate) for prevention. Since they are easy to manufacture, hypoallergenic, quickly produced and satisfy all aesthetic needs. A large number of manufacturers supply plates for the manufacture of these trays. If the question of the thickness of the blanks is not so acute, then the hardness according to Shore A must be controlled and verified, because this indicator directly affects the damping properties. It should correspond to 80 units according to Shore A [9].

One example of the manufacture of protective mouthguards is the "method for the manufacture of a combined three-layer individual protective dental splint" according to a patented technique and allows you to place cores with different physical properties inside the mouthguard. All materials for their manufacture must meet all requirements [16].

It is important during the study to comply with the requirements of providence measurements. The test specimen is a plate or washer with parallel planes. When measuring, the distance between measurement points must be at least 5 mm, and the distance from any measurement point to the edge of the sample must be at least 13 mm. When testing products and samples from them, a different distance from the measurement point to the edge is allowed, which must be established in the regulatory and technical documentation for rubber products and their test methods. The sample thickness must be at least 6 mm. When testing products and samples from them, it is allowed to use samples consisting of several layers of the same rubber, but not more than three, the thickness of the upper layer must be at least 2 mm; the thickness of the sample is indicated in the regulatory and technical documentation for the products. The surface of the sample must be smooth, without depressions, cracks, bubbles, pores, scratches, roughness, tears, foreign inclusions and other defects visible to the naked eye. The test is carried out on one sample [15].

However, the mechanism of occurrence and progression of periodontal diseases is currently not fully understood and is often the subject of experimental research and discussion. Given the important role of microorganisms in the occurrence and development of periodontal diseases, one of the most important components of therapy for this pathology is the use of antimicrobial drugs (V.N. Tsarev, R.V. Ushakov, 2004). The issue of choosing the optimal therapeutic regimens for the treatment of comorbidity has not been fully resolved in our days. The situation is complicated by the fact that the microbial plaque matrix forms an ecological refuge that protects bacterial cells from the action of antibiotics, which leads to the need to increase the concentration of the drug by 1500 times (6). In addition, it has been proven that some microorganisms, including periodontal pathogens, are localized in soft tissues (Aggregatibacteractinomycetemcomitans, Helicobacter pylori (HP)), which excludes their elimination by mechanical action or antiseptic treatment. Subsequently, they are the cause of rapid recolonization of the tooth surface and the mucous membrane of the stomach and duodenum, respectively (4). Recently, the methods of treating defects in the dentition have undergone great changes, so the use of fixed (partially removable) orthopedic structures has become widespread in dental practice (8); .This is due to the fact that patients have higher requirements for the quality and results of treatment, however, the percentage of complications that occur at the stages of orthopedic treatment and during the operation of orthopedic structures remains quite high.

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