



DIAGNOSIS OF CHILDREN WITH DENTOALVEOLURAL ANOMALIES AND DEFORMATIONS

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Article history:	Abstract:
Received: March 1 st 2023 Accepted: April 4 th 2023 Published: May 6 th 2023	Today, the number of diseases that lead to dentoalveolar anomalies and indirect factors affecting them, the decrease of attention given to children by parents, shows the increase of this disease. Early diagnosis of clinical signs of disease in orthodontic patients, restoration of physiological functions of chewing efficiency in children is one of the urgent problems of children's orthodontic dentistry today.

Keywords: dentoalveolar anomaly, restoration, Congenital clefts, palate, infectious and inflammatory diseases.

The concept of short-term use of standard nasal coverings after reconstructive plastic surgery on the nose, including in patients with congenital clefts, has long been used [1]. However, there is currently no information in the literature about the possibility of using completely individual high-precision nasal stents or liners, which can affect the shape of the nose for a long time. Thus, for patients with clefts, the problem of preventing complications after cheilorhinoplasty and ensuring the normal breathing function of the nose with minimal risk, as well as having a positive effect on the correct formation of the nasal cavity during the growth of the patient, is still relevant. [2] is also aggravated by an anatomical defect of the upper jaw and palate [3].

Thus, medical rehabilitation of such patients should be carried out from the first hours of the child's life. The task of early rehabilitation of patients with congenital complete clefts is to separate the oral cavity and nose, to ensure the normal eating process, as well as to restore the shape of the alveolar processes of the upper jaw damaged by congenital pathology. [6]. Chasovskaya's local school of orthodontics laid the foundation for comprehensive rehabilitation of children with congenital developmental anomalies [5]. However, today in Uzbekistan, as in the whole world, there is no universally accepted standard for the treatment of patients with this pathology.

In the last two decades, with the rapid development of digital and optical technologies such as non-contact surface laser scanning, digital modeling and 3D prototyping of physical models, there has been an increased interest in their application as more accurate, safe and secure. With their help, a minimally invasive tool for carrying out, anthropometric diagnosis and treatment, especially in congenital developmental anomalies [7]. The transition to the digital description of the birth defect model, followed by the construction of a computer drawing of

the intraoral apparatus using volumetric prototyping technology, increases new design and technological possibilities for the successful implementation of the first examination. The most important stages of complex treatment are early rehabilitation of children with TLTY.

Congenital clefts, especially when it comes to complete defects, inevitably accompany nasal deformities. With congenital cleft lip and palate, the configuration of the nose, as well as the bones of the face, occur reciprocally in all three planes [9]. Against the background of hypoplasia of the bone base, with a unilateral cleft of the upper lip and palate, the wing of the nose is sharply flattened and its tip moves down [8]. Deviation of the nasal septum, clear narrowing of the nasal passages until their complete disappearance, due to the violation of free nasal breathing, significantly worsens the quality of life of the patient, as well as disrupts their harmony. face in the nasolabial region. Disorders of free nasal breathing that occur in almost all patients with congenital complete clefts are infectious and inflammatory diseases of the ENT organs, cardiopulmonary pathology, obstructive sleep apnea syndrome, delayed cognitive development in children, as well as impaired. formation of the bones of the facial part of the skull, etc.

are affected by the effectiveness of preventive measures to prevent the deformation of the skin and the structure of the nasal cavity, the curvature of the nasal septum, the narrowing of the nasal passages, and the pathological changes in the nasal passages and their mucous membrane. The use of standard and partially individual nasal appendages or stents of various designs after reconstructive plastic surgery on the nose is associated with the need to prevent cicatricial deformation of the nasal mucosa and narrowing of the nasal passages. [4]



THE STUDY . Case-group analysis of secondary morbidity seen in children with dentoalveolar anomalies and deformities

RESEARCH MATERIAL AND METHODS: Children with pathological occlusion were examined by objective, subjective and dental examination methods (Tonn, Dolgopolova, Snagina, Gerlach, Tanaka-Johnson methods) as well as by anthropometric methods. In our research, children were divided into 3 groups. . 47 patient children aged 13 to 17 years were examined during permanent teeth pricus .

RESULTS OF THE STUDY Traditional treatment methods and complex examination methods were carried out for the examined child patients. The main and additional methods of examination of the child patient under investigation were used. In the objective examination, attention is paid to the location of the child's head and face, the morphological structure of the upper and lower jaw, the inside of the mouth, and the location of the teeth in the dental row. In the subjective examination, inquiries were made about the parents of their children (criteria for the transition of the condition during pregnancy, types of childbirth, types of nutrition of the child). Among the additional examination methods, the examination was carried out by the orthodontic methods listed in the plan.

When children diagnosed with mesial occlusion were examined through orthodontic examination methods, it was found that the incidence rate was higher in girls compared to boys. Table 1 shows the distribution of children with mesial occlusion by age and gender.

Table 1
Composition of groups

	Group 1	Group 2	Group 3	Total
abs	23	27	124	440
%	5.23±1.06	6.14±1.14	28.18±2.14	100.00

Table 2
Gender differences

	Group 1	Group 2	Group 3	Total

Boys	12 (52.17±10.65)	15 (55.56±9.56)	57 (45.97±4.48)	170 (38.64±2.32)
Girls	11 (47.83±10.65)	12 (44.44±9.56)	67 (54.03±4.48)	270 (61.36±2.32)

Table 3
By age group

	average	4-7 year s old	8-11 year s old	12-14 year s old	15-17 year s old	18-25 year s old
Group 1	9.48±0.32	1 (4.35±4.25)	18 (78.26±8.60)	4 (17.39±7.90)	0	0
Group 2	8.70±0.51	7 (25.93±8.43)	15 (55.56±9.56)	5 (18.52±7.48)	0	0
Group 3	11.48±0.56	9 (7.26±2.33)	51 (41.13±4.42)	48 (38.71±4.37)	13 (10.48±2.75)	3 (2.42±1.38)
Total	13.21±0.16	17 (3.86±0.92)	98 (22.27±1.98)	181 (41.14±2.35)	110 (25.00±2.06)	34 (7.73±1.27)

Table 4
The child's experiences and achievements

No	Illness	abs	%
1	Allergic reactions	6	22.22 ± 8.00
2	ORVI	23	85.19±6.64
3	Chicken pox	5	18.52±7.48
4	ENT	24	88.89±6.05
5	Hepatitis	3	11.11 ±6.05
6	Heart diseases	1	3.70 ±3.63
7	Stomach-intestinal system, liver diseases		4.35±4.35
8	Anemia	1	3.70 ±3.63
9	Rickets	3	11.11 ±6.05
10	Broken letters	6	22.22 ± 8.00



11	Pain in the oporno-dvigatel'nogo apparatus	2	7.41±5.04
12	Endocrine diseases	3	11.11 ±6.05
13	Krasnukha	3	11.11 ±6.05

That's the research showed that it is under investigation children and in teenagers dentoalveolar anomalies and prevalence of deformities is quite high (62.48%) and variation with age with is described . Dentoalveolar anomalies of frequency the most low level temporary occlusion period for characteristic - 37.52%. It's early and it's late mixed biting in stages , jaw growth processes of speed the difference as a result their in size as well as teeth sequence __ and in order temporary imbalances appear when , this the indicator is up to 66.90% rises . . Permanent occlusion formation at the beginning tooth anomalies of frequency clear trend of decrease (63.65%). is available being this _ dentoalveolar in the system happened to be self - management processes _ can be explained with Observed in the oral cavity secondary diseases because of dentoalveolar origin _ anamalaria data analysis for the population of Bukhara city 7-17 years old category many p observed This is the highest level (11.54%). showed . However, Bukhara of the region some districts orthodontists budget rates for didn't happen children and A different trend is observed in teenagers : eng many p secondary from illness then it was observed in the age groups of 10-12 years (3.55%) with a defect in the oral cavity . A specified diseases common 54.08 % of the numbers are incorrectly occluded children and teenagers organize did _ Elementary school age in children tooth anomalies were found in 45.92% . Children's growth and development with occlusion of anomalies frequency decreases and constant occlusion makes up 37.69% during the period , which is a part of the facial system compensatory mechanisms development related to Ours to our data according to , the distal occlusion was checked in 48.76% of children , deep bite - 40.10%, open bite - 4.05%, mesial occlusion is the most less occurs - 4.58% and correlation - 2.51%. Theirs to all orthodontic help shown , however some reasons according to (late visit to the orthodontist , financial situation, some low education of parents , teeth fear from the doctor winter) this views are incomplete or minimum way provided . Children and teenagers between dentoalveolar of anomalies frequency in learning depending on age , not only the number of anomalies , but also their species were also found to change . Research results that's it shows that the individual of the teeth anomalies the lowest indicators are temporary occlusion during in children observed and is 0.49% , constant occlusion formation

to the end come , this k indicator is up to 7.87% increases . Abnormalities in the position of the teeth are common dentoalveolar of anomalies other types _ between occurs , but because they are rarely isolated , common in the picture dentoalveolar the frequency of the distribution of anomalies share significant level decreases . We dentoalveolar anomalies and of deformations the most important etiological consider the factors as well . We by studied etiological factors between the most large spread is bad of habits existence with related q. Among them the most the most common: finger sucking (45.88%), infant swallowing (40.27%) and mouth breathing get (13.85%). That's it with together , children grow up as he grew older bad decrease in the spread of habits common trend there is Attachment of soft tissues of the face anomalies are also orthodontic important place in practice holds _ That's it based on attachment of soft tissues of the facial region pathology has been individuals epidemiological from inspection in transfer , another dentoalveolar anomalies otherwise , they are orthodontic not included in the group of diseases .

CONCLUSION. Inspections on the basis of the Area in section take went based on statistical analysis in children from illness after social control lack of parental care and from illness next observable complications because of dentoalveolar anomaly tooth and biting with of related problems increased was seen Epidemiological from inspection in transfer , individual of the teeth anomalies the lowest indicators are temporary occlusion during in children observed and is 0.49% .

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