



## INDICATIONS FOR MORPHOMETRIC PARAMETERS OF THE CRANIOFACIAL REGION OF ELDERLY PEOPLE WITH PARTIAL AND COMPLETE ADHESION

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<p><b>Received:</b> January 4<sup>th</sup> 2022 <b>Accepted:</b> February 4<sup>th</sup> 2022 <b>Published:</b> March 12<sup>th</sup> 2022</p>	<p>As a consequence of advances in medicine, the average life expectancy in highly developed countries has increased significantly. At the same time, the number of elderly and old people is increasing as a percentage of the entire population, and probably in the third millennium more than 40% of the population will be people over 60 years old. Dental care systems should be guided by the changed demographic situation, it is necessary to develop a strategy in providing assistance to this part of the population. A high level of knowledge of the peculiarities of the oral cavity and effective methods of therapeutic and preventive dental care in the elderly population will improve the dental status and, consequently, the quality of life of this population group</p>

### Keywords:

**RELEVANCE.** Currently, the problem of adentia affects the entire population of the Earth, regardless of race, age, gender. This pathology of the maxillary system is formed even during the development of teeth at the stage of laying. In this regard, it is very important to know all the reasons that can cause primary adentia.

As a consequence of advances in medicine, the average life expectancy in highly developed countries has increased significantly. At the same time, the number of elderly and old people is increasing as a percentage of the entire population, and probably in the third millennium more than 40% of the population will be people over 60 years old. Dental care systems should be guided by the changed demographic situation, it is necessary to develop a strategy in providing assistance to this part of the population. A high level of knowledge of the peculiarities of the oral cavity and effective methods of therapeutic and preventive dental care in the elderly population will improve the dental status and, consequently, the quality of life of this population group [1.3.5.7.9.11.13].

The prevalence of anomalies and deformities of the maxillofacial region in the adult population with adentia is 33.7-61.9% of observations. According to some data, various types of abnormal bite occur in 82% of the examined (Nesterenko O.M., 2009; Kuroedova V.D., Makarova A.I., 2012).

Many authors note that dentofacial anomalies and deformations of the maxillofacial region are accompanied by structural and functional restructuring in the temporomandibular joint, since there is a close

relationship between the neuromuscular apparatus of the maxillofacial region, the dentofacial apparatus (Lepilin A.B. et al., 2010).

In scientific research, dentists focus on the individual variability of the maxillofacial region. It is proved that one of the main ways to assess the self-regulation of the dental system is the data of morphometric parameters that determine the correspondence of the size of teeth to the parameters of the dental arches. Therefore, before carrying out orthopedic, orthodontic treatment of patients with dental pathology with the help of biometric studies, it is advisable to establish and personalize the topographic features of anatomical formations of the maxillofacial region [2.4.6.8.10.12].

Complete or partial tooth loss is a debilitating and irreversible condition and is described as "the final marker of disease time for oral health" by Elham Emami, Raphael Freitas de Souza, Marla Kabawat, Jocelyne S. Feine The Impact of Edentul-ism on Oraland General Health // International Journal of Dentistry. Vol. 2013. Article ID 498305. P. When teeth are lost, changes occur in the dental system. Teeth devoid of antagonists and the bone surrounding them gradually move in the direction of the missing antagonists of the opposite jaw.

If the deformation is not prevented by timely dental prosthetics, the displacement of the teeth becomes so pronounced that morphological and functional disorders occur. Naumovich S. A. (2014) notes that displaced teeth create blocking conditions for free movements of the lower jaw, and the greater the



degree of displacement, the more severe the blocking conditions. As a result, traumatic articulation of the periodontal dislocated and limiting teeth defect may occur, leading to its diseases, changes occur in the temporomandibular joints until the appearance of arthrosis. In addition, teeth devoid of antagonists can shift to such an extent that they reach the mucous membrane of the alveolar process of the opposite jaw. All this restricts dental prosthetics and makes it impossible to perform it without prior preparation for normalization of the occlusal curve of the dentition [14.15].

The subject of a lively discussion is still the question of whether there is a main cause of periodontal disease or it develops due to the interaction of a number of factors in their specific combination, when the periodontal complex loses the ability to maintain its morphological essence, adapt to changing conditions of the internal and external environment, maintain mechanisms of active self-regulation at an optimal level, quantitative and qualitative changes in the processes of vital activity and function.

Individual features of the structure of the jaws are manifested by changes in their shape, size, as well as the parameters of individual parts that make up them [16.18].

At the same time, knowledge of the variability of age and sex patterns of dental arches in the structure of the craniofacial complex helps to distinguish possible structural variants that occur normally from pathology, as well as to increase the effectiveness of diagnostics that precedes surgery, including on the jaws. In this regard, the study of issues related to the morphology and morphometry of dental arches seems relevant, determining the morphofunctional basis for the improvement and development of new diagnostic methods and surgical interventions [15.17].

The prevalence of pathology of the maxillofacial region, accompanied by a decrease in the height of the gnathic part of the face, is quite high and, according to various experts, ranges from 11% to 60% [11.15.17]. This variability is due to the imperfection of diagnostic methods, differences in terminology, lack of classifications and definitions of forms of reduction of the gnathic part of the face. In addition, specialists clarify the etiological factors and the dynamics of the development of pathology.

Partial absence of teeth directly affects the quality of life of the patient. Partial absence of teeth causes a violation, up to complete loss, of the vital function of the body - chewing food, which affects the processes of digestion and the intake of necessary nutrients into the body, and is also often the cause of

the development of diseases of the gastrointestinal tract of an inflammatory nature. No less serious are the consequences of partial absence of teeth for the social status of patients: violations of articulation and diction affect the patient's communication abilities, these violations, along with changes in appearance due to loss of teeth and developing atrophy of the masticatory muscles, can cause changes in the psycho-emotional state, up to mental disorders. Partial absence of teeth is also one of the reasons for the development of specific complications in the maxillofacial region, such as the Popov-Hodon phenomenon, dysfunction of the temporomandibular joints and the corresponding pain syndrome. Untimely and poor-quality restoration of the integrity of the dentition in their partial absence causes the development of functional disorders such as periodontal overload of the remaining teeth, the development of pathological erasability, violations of the biomechanics of the dental system. Untimely and/or poor-quality treatment of partial absence of teeth leads to the development of such diseases of the dental system as periodontal diseases, in the long term - to complete loss of teeth — complete absence of teeth of both jaws [18].

Partial adentia, no matter how long it may be, means a violation of the integrity of such a structural element in the chewing apparatus as the dentition. This is a very significant violation in the structure of the whole system, since it is the dentition of the upper and lower jaws that ensure the usefulness of chewing as one of the functions of the body. In the changed conditions, adaptive and compensatory mechanisms are activated in the functional chewing system to adapt to these conditions [16].

Anomalies of the maxillary system lead to a violation of occlusion, the occurrence and rapid progression of periodontal diseases, violation of the aesthetic optimum of the individual.

With the development of secondary deformities of the dentition against the background of anomalies of the maxillary system, the pathological symptoms characteristic of anomalies and deformations with partial loss of teeth are summarized [17]

Partial absence of teeth is widespread among the adult population all over the world, so the problem of restructuring in the chewing apparatus is very relevant. The presence of defects in the dental arch leads to a violation of the integrity of the dentition and the appearance of morphofunctional changes in the dentition system that occur first near the defect, and then spread to the entire dentition. This leads to vertical movement and tilt of the teeth, violation of occlusion, changes in the temporomandibular joint [11].



## CONCLUSION.

Thus, the incidence of partial secondary adentia in the population remains currently at a high level. Untimely treatment of patients for medical care for caries and irregular visits to dentists for preventive purposes, as well as non-compliance with personal preventive measures by the population, leads to an increase in the frequency of tooth loss, as well as dental changes associated with the absence of individual teeth.

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