

## PATHOLOGICAL TOOTH ERASURE AND OPTIMIZATION OF COMPLEX TREATMENT

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### **Annotation:**

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

### **Relevance of the study.**

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.

The purpose of the study. complex treatment of decompensated increased tooth abrasion, combined with dentoalveolar anomalies and deformities.

For the first time, the clinic of combined forms of increased tooth erasure with dentoalveolar anomalies and deformities was studied. The indications and features of preliminary orthodontic preparation in the complex treatment of increased tooth abrasion in combination with dentoalveolar 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 erasure, 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 decompensated form of PSZ, combined with dentofacial 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 erasure, and ultimately - improving the quality of life of dental patients.