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CHANGES IN THE ORAL CAVITY OF PATIENTS WITH PARTIAL SECONDARY EDENTULISM

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Resume: The article discusses changes in the oral cavity of patients with partial secondary edentulism. changes in the oral cavity of patients with partial secondary edentulism, basic and additional methods of examination were carried out in 35 patients. Among those who participated in the survey, there are women and men. changes in the oral cavity of patients with partial secondary toothlessness, based on the methods of studying them, to solve the medical and social problem and to develop new technologies for effective complex treatment of patients with partial and partial absence of teeth there was a need to develop.

Key words: primary partial edentulism, partial secondary edentulism, congenital and acquired partial edentulism, Supple, Lund.

IMPORTANCE OF THE SUBJECT

The urgent problem of modern dentistry is to study partial toothlessness in patients, which is the cause of partial absence of teeth, to determine and prevent changes in the oral cavity of patients with partial secondary toothlessness, and orthopedic treatment.

Primary, genuine and congenital partial toothlessness - lack of development of tooth follicles or lysis due to some reason. In this type, the tooth does not erupt. When asked, the patient says that the tooth has not come out at all. Alveolar tissue atrophy occurs when the tooth cavity is formed. X-rays can show the absence of a tooth or its ridge.

Secondary, increased toothlessness - a tooth erupts and is lost for some reason. for example, caries and its complications, trauma, orthodontic indications.

False edentulism occurs when the tooth ridge does not develop initially or erupts late because it has stopped developing or remains in a state of retention. later the tooth may crack. therefore, it is also called false toothlessness.

Partial edentulousness occurs when 1 to 13 teeth are missing. depending on the level, it is divided into light, heavy and heavy types. Partial edentulousness is divided into types with preserved bite height (antagonist is preserved in the area of small and large food teeth) and non-preserved bite height (antagonist is lost in the area of small and large food teeth).

Partial edentulousness occurs when the teeth are partially lost. Partial edentulism is secondary in many cases.

Etiology - In some cases, toothlessness of the tooth row is caused by the lack of orthopedic treatment, trauma and chronic diseases, caries and its complications, orthodontic instructions and the influence of the living environment.

Clinic - when the teeth are partially lost, the third part of the face decreases, the nose-lip, chin folds develop, the progeny of old age develops. Aesthetic appearance, pronunciation disorder, loss of chewing gum, drooping of the corners of the mouth (angular folds), hearing loss, and jaw protrusion in severe cases.

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The purpose of the study. identification of types of toothlessness, study and prevention in patients, taking into account changes in the oral cavity of patients with partial secondary toothlessness in orthopedic treatment.

MATERIALS AND METHODS.

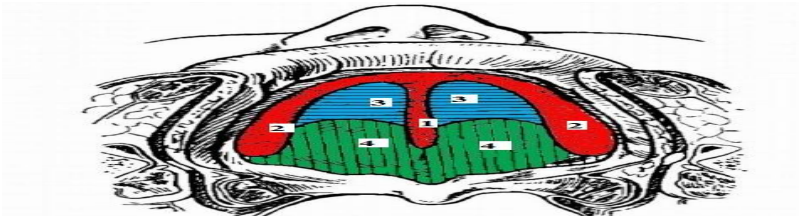
This method was tested in 35 patients. There are men and women among those who participated in the survey. All patients have a defect in the tooth row, that is, partial toothlessness.

RESULTS

As a result of these investigations, 100% of our patients remained secondary edentulous. In patients with secondary edentulous clinical manifestations, after the loss of teeth in the dental row, changes in the relationship of form and function and clinical appearance, number , the role of the teeth in chewing, the types of relationship between the teeth, the condition of the periodontal and hard tissues of the remaining teeth, the patient's age and general condition, and the clinical appearance is different. All patients underwent basic and additional examination methods. Palpation is used to determine joint, muscle, alveolar septal atrophy, mucous membrane yielding area, torus and exostoses.

There are 4 types of mucous membrane of the supple prosthetic area:

1- Ideal mucosa
2- Hard mucous membrane
3- Soft mouth
4- coronal mucous membrane of the Rooster



According to Lund, yielding areas of the upper jaw.
1-Saggital fork: palate fork;
2-Para saggital: alveolar obstruction;
3-fatty branch: anterior branch of the palatine cavity;
4-Glandular branch: posterior branch of the palatal cavity;

CONCLUSION

Determining the types of toothlessness and making a correct diagnosis, taking into account the changes in the oral cavity of patients with partial secondary toothlessness, helps to correctly approach orthopedic treatment.

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