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DEVICES USED FOR THE PREVENTION OF SECONDARY DENTITION DEFECTS

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Abstract: The possibilities of restoring the anatomical shape of the crowns of damaged teeth and replacing defects in the dentition through prosthetics in children in mixed dentition as one of the methods for preventing dentoalveolar anomalies are presented. The need for prosthetic treatment of children and the readiness of dentists to solve the identified problems were determined. A clinical analysis of complex treatment of defects in hard dental tissues using fixed structures was carried out [1].

Keywords: prevention of dental anomalies, prosthetics in childhood, standard crowns with composite veneering.

Partial absence of teeth is one of the widespread pathologies of the dental system and the main reason for seeking dental orthopedic care. According to WHO, it affects up to 75% of the population in various regions of the globe. In our country, this pathology accounts for 40 to 75% of cases in the overall structure of dental care. Despite the achievements of therapeutic and surgical dentistry in the treatment of complicated forms of caries and periodontal diseases, the number of patients with partial absence of teeth, according to the forecasts of a number of authors, will continuously increase. In this regard, the population's need for orthopedic dental care is significantly increasing [3].

Treatment and prevention of dental defects is based on the ability of the periodontium and alveolar process to change under the influence of mechanical load [2]. According to the purpose of application, the structures are therapeutic, retention (to consolidate treatment) and preventive [10]. Warning devices are needed in the presence of factors that provoke the development of anomalies (bad habits). The use of orthodontic structures helps:

• normalize breathing by making it nasal;

• get rid of speech defects;

• develop the muscles of the oral cavity;

• stabilize the position of the tongue.

Preventive devices are divided according to various criteria. By location (intraoral and extraoral). According to the source of energy, they are mechanical (impacted by an internal source - a screw, a spring) and functional (using the muscles of the person himself). Standard devices are made in factories, individual ones are made in the laboratories of medical clinics [3].

Vestibular shields

The orbicularis oris muscle develops, which allows one to get rid of bad habits (finger sucking, objects, mouth breathing). The design is shown when:

• mouth breathing;

• not closing lips;

• high probability of malocclusion formation due to bad habits [4].

The structure is installed for the child at night and used for training during the day. You need to hold the record in your mouth with compressed lips, and the adult pulls it out by the ring. The exercise is performed twice a day, from 5 to 15 repetitions [5].

Significant morphological and functional changes in the dental system, characteristic of this pathology, progress with increasing defects and time elapsed after tooth loss, and, as a rule, negatively affect the social status and psycho-emotional state of patients, which indicates the need for a timely and adequate approach in choosing method of treatment [6].

The duration of use of these devices depends on the severity of the anomalies, the correctness of the activities, and the efforts of the children [18]. The average period is several months. When performing myogymnastics, you need to be consistent, contract the muscles as much as possible, increase the duration and speed smoothly [19]. The pause between contractions is equal to the time of one contraction. After exercise, you should feel moderate muscle fatigue. Under such conditions, myogymnastics will bring positive results. Orthodontic devices can help you get rid of bad habits and disorders in jaw development [7, 8].

To a greater extent, these changes are observed when using plate prostheses with a clasp fixation system, which transfer the main part of the load to the mucous membrane of the prosthetic bed, resulting in a non-physiological distribution of the load in relation to the supporting teeth, a decrease in the reserve forces of the periodontium of these teeth, resulting in their mobility [9]. Clasp dentures are more favorable in this regard, since they ensure the distribution of the chewing load between the mucous membrane of the alveolar part and the supporting teeth, thereby increasing the functional value of these structures [10].

Thus, our analysis of the literature indicates that the issue of rehabilitation of patients with various types of dentition defects is still relevant, since this pathology leads to the development of a complex symptom complex of pathological changes in the tissues and organs of the dental system and requires timely, individual and thorough approach in choosing a treatment method with the aim of producing high-quality and complete dentures that allow restoring the functional and aesthetic standards of the dental system and preventing its further damage [11, 12, 13, 14, 15, 16, 17, 20, 21].

Thus, we have found that there are many structures for restoring the integrity of the dentition in children and their use is clinically justified. However, the level of orthopedic care significantly lags behind the real needs of the child population. From our point of view, timely prosthetics will prevent the development of secondary deformations and provide the most physiological conditions for the development and formation of the child's dental system. The main problems lie in the lack of knowledge and experience among dentists, the low level of material and technical base for providing this type of dental care and insufficient sanitary and educational work with the population.

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