FEATURES OF REPEATED PROSTHETICS IN PATIENTS WITH COMPLETE ABSENCE OF TEETH.

Bekhzod Khabilov [1], Rashidov Rustam[2]

[1] DSc, associate professor of the department of Prosthodontics, Tashkent State dental institute, Tashkent, Uzbekistan

[2] DSc, associate professor of the department of Prosthodontics, Tashkent State dental institute, Tashkent, Uzbekistan

Abstract: Research in the field of prevention of premature aging and long-term maintenance of the functional and social activity of the population, according to the definition of the International Association of Gerontologists, is a priority area of medical science. Proportion of older people (for women over 55 and men over 60) of age.

Keywords: Removable prosthesis, adhesion, orthopedic treatment.

DOI Number: 10.48047/nq.2022.20.19.NQ99186 **NeuroQuantology2022;20(19): 2222-2226**

Research methods: The method of stereognosy was applied, which means the ability to assess the shape and geometric dimensions of solid objects using tactile receptors of various tissues of the oral cavity (Markskors R., 2005).

According to N.K.Gorshunova (2003) only 2% of the human population age smoothly, gradually, according to the physiological type. In other people, aging occurs at an accelerated rate, against the background of polymorbidity, which begins to form at the age of 30-55 years. The development of involutive processes in the body in combination with polymorbidity leads to a narrowing of functional and adaptive capabilities and requires a comprehensive rehabilitation, including medical, psychological and social aspects.

Among the problems of orthopedic dentistry, a large place is occupied by the feature of repeated prostheses in completely edentulous patients. Their origin is primarily associated with the practice of using prostheses developed over many years of practice. Secondly, structural changes are necessary when intraoral conditions change (for example, atrophy of the alveolar process, a change in the shape and width of the alveolar arch, flattening of the palate, a change in the position of the transitional fold) new prosthesis. Therefore, the doctor's tactics for repeated prosthetics should have unique differences from the tactics used in the primary treatment of the patient.

After completion of orthopedic treatment, as a rule, patients who are satisfied with the immediate result do not go to the doctor for a long time if there are no obvious signs of changes in the organs and tissues of the maxillofacial region or in the prosthesis itself. . As a rule, the reasons why patients go to the clinic for re-prosthetics in the near future are: The balance of the prosthesis, the fixation failure, the presence of pores

and cracks in the base. These observations of ours confirm the results of previously published studies by many authors.

In more remote times, prosthetics are repeated, mainly due to a decrease in the therapeutic and prophylactic properties of prostheses. According to the analysis of literature data and the results of our study, the reasons for repeated use of prostheses are most often the impossibility of using the prosthesis due to poor fixation and the effectiveness of chewing due to wear of plastic teeth, a decrease in alveolar height and a decrease in the third of the face, impaired speech clarity, pain in the temporomandibular - mandibular joint, violation of aesthetics.

There is one more feature of prosthetics in this group of patients, not noted in the domestic literature. We have in mind the psychophysiological side of this question. This is because patients with long-term removable dentures develop permanent habits that are less likely to change with age.

The peculiarity of the tactics of repeated prosthetics is also associated with the possibility and possibility of changing the interalveolar height in patients with long-term non-removable prostheses with a reduced interalveolar height. Changing the shape and width of the artificial dental arch, expanding the perimeter of the prosthetic base and changing its shape.

In the process of using complete removable dentures with plastic teeth, the chewing surface is gradually erased under the influence of chewing. This contributes to a tighter closure of the dentition, allowing the lower dentition to slide smoothly over the upper dentition, ensuring the stability of the prosthesis, improving chewing, speech, the work of the temporomandibular joint, jaw. Improves muscle function in the face.

However, as teeth wear further, the height between the alveolar bones decreases, resulting in a change in the appearance of the face, a decrease in mouth volume, and difficulty in chewing, speech, and temporomandibular joint function.

In such cases, as a rule, a new prosthesis is made without taking into account the features of the old prosthesis. Patients get used to them again for a long time, and if this does not happen, they refuse them and continue to use the old ones, which leads to an aggravation of the dysfunctional state of the masticatory apparatus. Therefore, the restoration of the interalveolar height of old prostheses is an urgent task of practical dentistry, if its change is not required for other reasons.

Observation of the results of repeated prosthetics, especially with the use of volumetric modeling, showed that the fixation of the new prosthesis was always higher than that of the old one. Patients quickly adapted without complaints of muscle fatigue, chattering of teeth and other unpleasant sensations. After installing a new prosthesis, 22 patients were called for re-examination at various times after treatment.

At the same time, after 1 year, all these patients had successful use of the prosthesis, free chewing of food,

maceration disappeared, pain in the temporomandibular joint disappeared in 1 patient after prosthetics, and recovered in 7 patients who complained of speech impairment.

Based on our clinical observations and literature data, we can conclude that prosthetics during repeated treatment should be performed after 3 years of operation. After 3 years chewing efficiency remains high, but is achieved with longer chewing times. This indicates a significant reduction in the grinding ability of artificial teeth - the ability to feel the shape and volume of the tooth. In recent years, publications have begun to appear on the use of a little-studied and highly informative indicator of fitness by measuring the tactile sensitivity of oral tissues (stereoscopic perception) (Marxkors R., 2005). The main criteria for evaluating the results of stereodiagnostics are the percentage of time and errors spent on the correct determination of the form of a standard sample.

Based on our research, we can make some assumptions. Less time is required to redefine the sample design for all patient groups. Apparently, the presence of complete removable dentures improves tactile sensitivity. This is especially noticeable in the group of patients who received prosthetics with the help of an articulator, namely in the fourth group.

An analysis of functional tests carried out after the patient got used to the prosthesis showed a gradual decrease in chewing time and an increase in the speed of grinding food, which led to an increase in the chewing index. The described regularity is obligatory for all patients. This trend persists for 1-2 years, and after the functional value of the prosthesis reaches its maximum, it begins to gradually decrease. Other authors have come to similar conclusions

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Table 1. The results of stereognosy of oral tissues at different times of observation.

Timing Age	Initial Data (mean)	In a day overlays prostheses (average value)	After 1 week After overlay prostheses (average value)	After 1 month after imposition prostheses (average value)
1 gr	12.5 s	—	9.7s	7.3s
2 gr	13.2 s	49.5s	45.1s	30.2s
3 gr	32.5s	24,,5s	19.1s	16.9s
4 gr	14.2 s	42.7s	31.0s	20.2s

Analysis of samples taken after two to three years of using prostheses also showed that the percentage of chewed food remains high. At this moment, the chewing index

decreases to 22.6±4.2 mg/s. The peculiarity is that the chewing time of the prosthetic leg is longer than usual. The increase in chewing time and the associated increased degree of chewing food are adaptive properties of the oral cavity.

Thus, the research methods used in the study make it possible to objectively evaluate the advantages of the developed methods for constructing prostheses in patients with complete edentulism, suggesting a significant difference in the design of complete removable dentures, and volumetric modeling increases therapeutic efficacy in patients with complete edentulism.

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