



## CLINICAL-DENTAL CHANGES IN THE ORAL CAVITY AFTER REMOVABLE DENTAL PROSTHESES.

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**Abstract.** Patients with partial or complete loss of teeth and chronic diseases of the oral mucosa often come to orthopedic dentists. The complexity of the rehabilitation of patients with partial or complete loss of teeth (adentia) is one of the pressing problems of orthopedic dentistry. One of a number of objective and subjective reasons for this is the myan complexity of patients ' restorative orthopedic treatment.

**Key words.** Gerontology issues, adentia, objective-subjective causes, atrophy metaphilactics, osteoporosis.

In our country, in the years of independence, comprehensive targeted measures have been implemented to radically improve the provision of quality medical services to the population, especially for the protection of motherhood and childhood, and for the elderly. As a result of the measures implemented in this regard, significant, high results were achieved in the provision of dental care, including for elderly patients to live a full - fledged life [1,6].

According to the All-Around Health Organization, tooth loss rates in people aged 65-75 years and older range from 30% to 70%. With the improvement of living conditions and quality, there is an increase in the age of the population all over the world, Gerontology issues have shifted from a medical category to a problem of national importance. At the same time, among older people, not only somatic pathology is observed, but also the adentia Ham cup of teeth of various manifestations.

At this point, the complexity of the rehabilitation of patients with complete loss of teeth (adentia) is one of the pressing problems of orthopedic dentistry. One of a number of objective and subjective reasons for this is the myan complexity of patients ' restorative orthopedic treatment [3,6].

According to the results of research carried out in the jaw, a number of scientific results were obtained to improve the results of the use of complex removable dentures in patients with adentia: practical dental achievements in the correction of atrophy of the alveolar tumor in the lower and upper jaw caused by bone tissue defect in elderly patients are not sufficient the arrival has been proven. As a result of the lack of pressure on the adjacent tissues when completely losing teeth, functional disorders, atrophy of the facial skeleton and the soft tissues covering it are strained [4,7].

Currently, scientific research is being carried out in the world on improving the results of removable dental prosthetics, including in the following priority areas: improving clinical and laboratory treatments in the application of fully removable dentures in adentia; developing alternative, highly effective orthopedic treatments for the treatment of the disease; developing new methods of treatment-preventive measures in order to [2,4].

After a long period, the reasons for re-prosthetics are the inability to use prostheses due to negative fixation, deterioration of chewing efficiency due to the absorption of plastic teeth,

a decrease in the volume of the oral cavity, a decrease in one-third of the lower part of the face, discomfort and exhaustion of the tongue during speech, violation of speech accuracy.

A comparative analysis of atrophy levels and age showed that in the group of patients under 60 and older than 60 years, the  $\chi^2$  criterion was 14,321;  $df=4$ ;  $P=0.006$ , which was observed in the older group with increased jaw atrophy, atrophy of the alveolar tumor and alveolar nodule with greater imbalance, thickening of the hard palate dome, and alveolar tumor peak transposition. Therefore, in the process of planning a complete prosthesis in patients with adentia, the level of lower jaw atrophy is the main factor.

Research has shown that the results of prosthetics in a group of patients over 60 years of age have led to negative indicators, as a result of increased atrophy rates depending on the age of the patient. Then, a retrospective evaluation of the results of the traditional fully removable prosthetics was carried out. Analysis of the results of prosthetics was divided into good, satisfactory and unsatisfactory, depending on the types of jaw atrophy. Then, at the first level of atrophy, a good prosthetic result was observed in 83.3%, satisfactory in 16.7%, and the unsatisfactory result of prosthetics did not occur.

At the fourth level of atrophy, the frequency of unsatisfactory results was 28.6%, while the frequency of good results that did not require correction was 40.5%. Overall, the good results of conventional fully removable prosthetics in the examination group were 46.1%, the satisfactory 34.8 and the unsatisfactory 19.1%.

Thus, when the teeth are completely lost, the grinding of jaw atrophy is more pronounced in patients over 60 years of age, in which I.M. In the case of Oxman, levels III and IV reach 78.1%, with no more than 36.8 indications in patients under 60 years of age. In turn, fully removable prosthetics at Level I are characterized by a positive result of 100%, in the rest of the cases, the frequency of unsatisfactory results was at Level II – 11.1%, at Level III – 17.5%, and at Level IV – 28.6%. In older patients, the prevalence of dental diseases is manifested in a nonspecific view of the course of the disease, with a sharp deterioration in the condition, as well as a high indicator of the complications of the necessary rehabilitation as a result.

In this regard, an analysis of the complications observed after conventional prosthetics was carried out on our side. The lack of adaptation of patients to fully removable dentures was observed in 3.5% of cases, unsatisfactory stabilization to fully removable dentures in the upper and lower jaws in 9.6% and 3.5% of patients respectively, pain symptom 8.7% of patients after prosthetic installation. The frequency of complications in the overall verifiable group was 39.1%.

One of the important projections of fully removable dentures is the period of adaptation of fully removable dentures. As shown in Figure 1, the adaptational period in patients over 60 years of age was long – lasting, averaging  $46.8 \pm 2.9$  days, while patients under 60 years of age adapted to prostheses in  $31.4 \pm 1.9$  Days ( $t$  – Meson-4,442;  $P < 0.05$ ).

### Literature used:

1. Alexander Agafonov. Denture teeth: features / / new week: rŷznoma. — 2013. November 26. Archived On November 28, 2013.
2. Teeth from reproduction (English) (December 18, 2015). - Press Release. Introduction: September 11, 2021. Archived 3. on September 17, 2016.

3. Danilina T.F., Zhdanov A. V. The cause of galvanic az is mycosazole Guzarish az disorders ba tioratorat dar state ast. Volgograd scientific and medical maqallaho. -2012. But. 3. Pp. 37-39.
4. Danilina T. F., Jidovinov A. V., Poroshin A. V., Khvostov S. N. prevention of oral galvanosis in patients with metal prostheses / / Bulletin of new medical technologies. -2012. - Vol. 19, No. 3. - PP. 121-122.
5. Danilina T. F., Jidovinov A. V., Poroshin A. V., Khvostov S. N., Maiboro Had A. Yu. Diagnostic capabilities of oral galvanosis in patients with metal orthopedic structures / / modern high-tech technologies. -2012. - No. 2. - PP. 49-51.
6. Danilina T. F., Mikhalchenko D. V., Jidovinov A. V., Poroshin A. V., Khvostov S. N., Virabyan V. A. expanding the functionality of potentiometers in the diagnosis of oral galvanosis / / Bulletin of new medical technologies. Electronic edition. -2013. - No. 1. - p. 260.
7. Danilina T. F., Mikhalchenko D. V., Naumova V. N., Jidovinov A. V. casting in orthopedic dentistry. Clinical aspects. Volgograd: publishing house Volgsmu, 2014. p. 184.
8. Danilina T. F., Poroshin A. V., Mikhalchenko D. V., Jidovinov A. V. Khvostov S. N. method of prevention of galvanosis in the oral cavity / / Patent No for the invention of the Russian Federation. 2484767, application 23.12.2011, publ. 20.06.2013. - Byul. 17. -2013.
9. Danilina T. F., Safronov V. E., Jidovinov A. V., Gumilevsky B. Yu. Clinical and laboratory evaluation of the effectiveness of complex treatment of patients with dental defects//Journal of Health and education scientific articles in the 21st century. -2008. - Vol. 10, No. 4. - PP. 607-609.
10. Zhidovinov A. V. justification of the use of clinical and laboratory methods of diagnosis and Prevention of oral galvanosis in patients with metal prostheses / Zhidovinov A. V./ / dissertation. - Volgograd State Medical University. - Volgograd, 2013.
11. Zhidovinov A. V. justification of the use of clinical and laboratory methods for the diagnosis and Prevention of oral galvanosis in patients with metal prostheses: Referat. Dis Med. SSI.- Volgograd, 2013.-23 p.
12. V. I., Mikhalchenko V. V., Poroshin A. V., Jidovinov A. V., Velichko A. S., Maiboro Had A. Yu. Method of temporary prosthetics of dental implantation during the period of Osseointegration / / modern high-tech technologies. -2013. - No. 1. - Pp. 55-58..