

DETECTION OF HERPETIC STOMATITIS WHEN USING BRACKET SYSTEMS

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Among viral diseases, herpes (from the Greek word herpes – fever) occupies a leading position. It is currently considered the most widespread human infection. One-third of the world's population is affected by recurrent herpes, and over half of these patients experience several attacks of the infection annually (Bork K., Burgdorf V., Khede H. 2011). It manifests in various clinical forms, affecting the skin, mucous membranes, eyes, nervous system, internal organs, and genitals, and it also plays a significant role in intrauterine fetal pathology. The wide range of clinical manifestations makes herpes a significant medical and social problem.

Herpes and herpetic stomatitis are caused by herpes virus types 1 and 2. The immunological state of the patient, usually an immunodeficiency condition, plays an important pathogenic role. According to some studies, the significance of HSV-1 in the disease's development is increasing worldwide, and its prevalence is 50%. Herpes virus infections associated with HSV-1 are more widespread and associated with recurrence in over 95% of cases (Lutskaia I.K., Martov V.Iu., 2013).

One of the most common complications of wearing braces is stomatitis or mucositis, which is characterized by damage to the oral mucosa with ulcer formation. Ulcers may not always appear, but painful sensations are a clear sign that the disease has started to manifest. Contrary to popular belief, stomatitis can be a consequence of prolonged use of braces due to improper treatment of minor oral wounds or internal disturbances.

The study involved the examination of 9 patients: 4 men and 5 women, aged 14-22 years. The research included a detailed protocol involving patient complaints, medical history collection, clinical examination, oral hygiene status assessment, and microbiological testing. The inclusion of a multivitamin treatment significantly increased the effectiveness of herpetic stomatitis therapy in patients with braces.

The results showed that comprehensive treatment, including the use of multivitamin preparations, improved treatment outcomes and reduced the duration of the disease to 7-14 days, effectively healing soft tissues and alleviating pain.

Keywords: Herpes, herpetic stomatitis, bracket systems, multivitamin treatment, oral hygiene.

This is a high-level summary of the text, emphasizing the key findings and purpose of the research. If you'd like to delve into a specific part or need more detailed translation, feel free to ask!

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CEPHALOMETRIC INDICATORS OF THE OCCLUSAL PLANE IN PATIENTS WITH MESIAL BITE

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Relevance. In recent years, orthodontists have been paying increasing attention to the occlusal plane. It is common for the upper and lower teeth, therefore, it is often used as a guideline for determining the violation of the interposition of the apical bases of the jaws (Jacobson) and the interposition of the teeth (L.S. Perzin, G.L.Kuznetsova, I.V.Popova). According to the literature, the direction of the occlusal plane is unequal at different anomalies of occlusion.

The purpose of our study is to study how the level of the occlusal plane changes in patients with mesial occlusion before and after treatment.

Materials and methods of research. The method of quadrilateral analysis according to R. Di Paolo. Studied 62 TRG of the head, performed in the lateral projection, 31 patients with mesial occlusion, before and after treatment, aged from 6 to 22 years. On each TRG, an occlusal plane was drawn through the occlusal surfaces of the upper and lower first molars and through the hillocks of the first premolars in the upper and lower jaws, respectively, heights M and N were obtained. The following points were determined: point- (A) the projection of the deepest point on the anterior contour of the apical basis of the upper jaw on the SpP plane; point M posterior nasal spine; point B - projection of the deepest point on the anterior contour of the apical base of the mandible onto the mandibular plane (MR); point J is the projection of the distal surface of the last molar on the lower jaw onto the mandibular plane (MR). The anterior (A) and posterior (P) heights of the gnathic part of the facial cranium, as well as the distance from the spinal to occlusal plane and from the occlusal to the mandibular plane in the anterior and posterior sections, were measured. According to R. Di Paolo, there is a relationship between the heights of the gnathic part of the facial cranium, which is expressed by the following formulas:

$$I = P / (I + A / P); f = A / (I + A / P).$$

The proposed parameters were studied on each head of the TRG and measurements were carried out using the proposed formulas. The data obtained was statistically processed.

Research results. Identified violations in the front upper and rear upper height. In patients with mesial occlusion prior to the start of orthodontic treatment, the direction of the occlusal plane is different from normal (calculated by the formula). A more horizontal direction of the rear upper height and a decrease in the front height are observed. However, if before treatment the rear height (N = 19 mm) was 5 mm (24 mm) more than the calculated one, and the front height (M = 23 mm) was 8.5 mm less (14.6 mm), then after treatment of the rear height (N = 21.19 mm) was less than the