PROTEZ STOMATITLARINI DAVOLASH VA OLDINI OLISHDA ZAMONAVIY YONDASHUVLAR

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Kalit so’zlar: protezli stomatit, proteolitik sistema, olinadigan tish protezlari, alginat kislota tuzi, ksilitol.

Organizmning har qanday sohasidagi, shu jumladan og‘iz bo‘shlig‘idagi yallig‘lanish o‘zgarishlari ko‘pincha makroorganizmning proteolitik tizimidagi nomutanosiblik bilan bog‘liq, ayniqsa somatik kasalliklar mavjud bo‘lganda. Turli mualliflarning tadqiqotlari olib qo‘yiladigan protezlardan foydalanuvchi bemorlarda protezli stomatitning organizmning proteolitik tizimiga ta’sirini tasdiqlaydi. Mahalliy va xorijiy mualliflarning ishlarida og‘iz bo‘shlig‘ida yallig‘lanish ko‘rinishlarining paydo bo‘lishi va organizmning turli tizimlari kasalliklari, masalan, oshqozon-ichak yo‘li, qon, endokrin, immun, yurak-qon tomir, bronx-o‘pka va boshqalar o‘rtasidagi bog‘liqlik aniqlangan.

A.K. Iordanishvili va V.V. Lobeyko o‘z ishlarida "quruq og‘iz" sindromi bo‘lgan keksalarda travmatik protezli stomatitni davolashni o‘rganganlar. Tadqiqotning maqsadi "quruq og‘iz" sindromi bo‘lgan keksa va qari yoshdagi bemorlarda travmatik protezli stomatitni davolashda turli dori vositalarining samaradorligini taqqoslashdan iborat.

Tadqiqot 61 yoshdan 82 yoshgacha bo‘lgan orofaringeal sohaning xavfli o‘smalarini kombinatsiyalangan davolashdan keyin paydo bo‘lgan nurli va/yoki dori-darmonli sialoadenopatiyalar natijasida "quruq og‘iz" sindromi bilan og‘rigan 44 nafar bemorda (9 erkak va 35 ayol), shuningdek, yuqori va pastki jag‘larga olinadigan protezlarni taqishdan keyin paydo bo‘lgan travmatik protezli stomatit bilan og‘rigan bemorlarda o‘tkazildi.

Bemorlarda davolash-profilaktika tadbirlari boshlanishidan oldin nazorat guruhida yengil, o‘rta va og‘ir darajadagi travmatik protezli stomatit bilan mos ravishda 3, 9 va 9 kishi, asosiy guruhda 5, 8 va 10 kishi kasallanganligi aniqlandi. Barcha kuzatuvdagi bemorlarda eroziyalar sohasida og‘iz bo‘shlig‘i shilliq qavatining giperemiyasi va shishi, ba’zan esa protez o‘rnining eroziv-yarali zararlanishi aniqlandi, ular turli dori vositalaridan foydalanganda vaqt o‘tishi bilan kamaydi.

Tadqiqot natijalari shuni ko‘rsatdiki, yangi Gerpenoks gel kompozitsiyasi "quruq og‘iz" sindromi bo‘lgan keksa yoshdagi bemorlarda travmatik protezli stomatitni davolashda katta samara ko‘rsatdi. Bu algin kislotasi tuzi va ksilitolni o‘z

ichiga olgan preparatning yallig‘lanishga qarshi va yara bitkazuvchi faolligi bilan bog‘liq. Gerpenoks stomatologiya amaliyotida og‘iz bo‘shlig‘i shilliq qavati, lablar va tilning travmatik jarohatlarini davolashda istiqbolga ega.

Shuni ham ta’kidlash kerakki, tarkibida metiluratsil bo‘lgan preparatlar og‘iz bo‘shlig‘i shilliq qavatining travmatik eroziv-yarali shikastlanishlarini davolashda o‘z samaradorligini saqlab qoladi va stomatolog amaliyotida yaxshi terapevtik natijalar bilan qo‘llanishda davom etmoqda.

Protez stomatiti rivojlanishining oldini olish uchun xavfni kamaytirish choralarini ko‘rish muhimdir. Bunga protezlarni to‘g‘ri rejalashtirish va tayyorlash, yeyilgan protezlarni o‘z vaqtida almashtirish, og‘iz bo‘shlig‘ining muntazam gigiyenasi va protezlar va og‘iz bo‘shlig‘i to‘qimalarining holatini tekshirish uchun stomatologga muntazam tashrif buyurish kiradi. Shuningdek, yallig‘lanishni kamaytirishga va infeksiya xavfini kamaytirishga yordam beradigan maxsus stomatitga qarshi vositalardan foydalanish tavsiya etiladi.

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ORTHOPEDIC DENTAL TREATMENT OF DENTAL DEFECTS AND DENTITION IN CHILDREN WITH SPASTIC CEREBRAL PALSY

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Introduction. It is known that chronic diseases (CD), including respiratory system pathology (RSP), and central nervous system disorders (CNS) can significantly affect the growth of the dentofacial system (DFS) bones. In the case of cerebral palsy (CP) in children, isolated and combined forms of pathology are often observed. Authors assert that disruption of the function of the circular mouth muscle, which closes the oral cavity (OC), combined with obstructions in the respiratory tract such as adenoid hypertrophy and tonsillar hypertrophy, along with the harmful habit of mouth breathing, can lead to systemic changes in the body. Systemic changes associated with nasal obstruction may also include pulmonary heart conditions. According to some authors, mouth breathing (MB) can disrupt the swallowing process. Normal swallowing does not cause this, as the dental arches are tightly closed and held in the correct position by tight antagonistic contacts between the teeth. The lack of lip closure reinforces the MB habit, creating a "vicious circle" in the pathogenesis of dentofacial anomalies (DFA). It has also been established that the motor defect in CP is disabling not only due to the lack or insufficiency of certain skills but also because of the impairment of crucial functions such as movement, speech, and psyche. Children with CP differ from their healthy peers; they experience dental erosion, easy trauma to the front group of teeth, extraction of a significant number of teeth, leading to the development of malocclusions, bruxism, and periodontal tissue pathologies [2, 13], among other issues. Considering the above, the study of the structure, frequency of occurrence, and mechanisms of DFS pathology formation in children and adolescents with CP is crucial for the development of early diagnosis methods and effective treatment.

Objectives: The early diagnosis of jaw crowding and oral pathology in patients with cerebral palsy and assessment of the effectiveness of timely treatment.

Materials and methods: Comprehensive anthropometric, dental, laboratory and sociological studies were carried out on 299 children and adolescents from 6 to 18