15. Нигматов, Р., Нодирхонова, М., Арипова, Г., Нигматова, И., & Муратова, Г. (2024). Экспресс оценка состояния стопы при диагностике зубочелюстных аномалий. *in Library*, *1*(1), 49–52. извлечено от https://inlibrary.uz/index.php/archive/article/view/44530
16. Нигматов, Р., Нодирхонова, М., Нигматова, И., & Муртазаев, С. (2022). Метод рентгенографии в диагностике функциональных нарушений позвоночника у детей с зубочелюстными аномалиями. *Стоматология*, *1*(2-3), 54-58.
17. Нигматова, Н. Р., Шамухамедова, Ф. А., Нигматов, Р. Н., Муратбаева, Д. Б., & Абдукаюмова, Д. (2023, November). Состояние зубочелюстной системы у детей с первичной адентии в период молочного и сменного прикуса и оказание им стоматологической помощи. In *Conferences* (pp. 187-190).
18. Рузметова, И. М., & Нигматов, Р. Н. (2017). Анализ ортопатомограммы при вторичных деформациях зубного ряда у детей сменного прикуса. *Stomatologiya*, (4), 56-58.
19. Рузметова, И., Шамухамедова, Ф., & Нигматов, Р. (2015). Изучение частоты первичной адентии у детей со сменным прикусом и оказание им стоматологической помощи. *Stomatologiya*, *1*(3 (61)), 17-21.
20. Хабилов Н.Л., Шомухамедова Ф.А., Арипова Г.Э., Муртазаев С.С., Насимов Э.Э., Мирсалихова Ф.Л.. «Ортодонтия с детским зубным протезированием», 2016
21. Шифобахш ўсимликларнинг стоматология амалиётида кўлланилиши /Монография/ //Олтоева Н.О., Шоисломов Б.Ш., Нигматов Р.Н., Пулатова Т.П. – Тошкент, 2001.- 186 с.

EFFECTIVENESS OF A COMPLEX OF MEASURES FOR THE PREVENTION OF CATARRHAL GINGIVITIS IN PERSONS UNDERGOING ORTHODONTIC TREATMENT.

Shomuhammedova F., Nigmatiova I.M., Ibodullaeva Sh.
Tashkent State Dental Institute

Relevance. Due to the fact that orthodontic treatment is a risk factor for the occurrence of periodontal pathology, close attention to this problem seems relevant and timely. In individuals over 18 years of age, dental anomalies are characterized by a greater severity of the clinical picture, which leads to an increase in the duration of orthodontic correction and an increased risk of complications (Benkovsky V.V., 2011; Usachev V.V., et al., 2011; Makeeva I.M. et al., 2013). In individuals undergoing orthodontic treatment, there is an increase in the amount of soft plaque and microbial mass around the bases of the locks, in the cervical areas and contact points, the pathogenic activity of microflora and the cariogenic effect of Streptococcus mutans increase, which contributes to the appearance of foci of demineralization (Blashkova S.L. et al., 2014; Krikheli N.I. et al., 2016; Sviridenkova E.S., 2016; Urzov S.A., 2016; Klaus K. et al., 2016). The braces system and poor oral hygiene lead to constant mechanical trauma and inflammation of the gum tissue, as well as the oral mucosa,

especially the cheeks and lips (Kolobova E.B., 2001; Sakharova E.B., 2002; Slabkovskaya A.B., 2006). Materials and methods. A total of 223 patients undergoing orthodontic treatment using fixed and removable orthodontic techniques were examined. The sample included 180 patients (138 women and 42 men) aged 18 to 35 years, undergoing orthodontic treatment using bracket systems and aligner caps. The observation period was 12 months (repeated examination was carried out after 1 week, 1, 3, 6, 12 months). The average period of orthodontic treatment in patients with bracket systems was 15 months, in patients with aligner caps - 20 months.

Results and discussion. At the time of installation of orthodontic structures, patients had a sanitized oral cavity. However, after 1 month of using the bracket system, signs of periodontal disease were detected in 70.0% of the patients. By 6 months of orthodontic treatment, the prevalence of periodontal diseases in patients with braces increases by 20%, and by 12 months it decreases by 4.3%. The values of the PMA index in patients with fixed and removable orthodontic appliances before treatment were determined on average at the level of mild gingivitis. After professional hygiene and the appointment of a set of therapeutic and preventive measures, the intensity of inflammation in periodontal tissues in patients decreased by 7.0 times.

In the course of the scientific study, we studied the microbial composition of oral fluid in patients with fixed and removable orthodontic appliances. At the beginning of the study, Neisseria spp., Streptococcus viridans, Staphylococcus aureus prevailed. After 12 months of orthodontic treatment, the amount of microflora that provokes the development of the carious process and maintains inflammatory reactions in the periodontal tissues and oral mucosa in individuals undergoing orthodontic treatment increases by an average of 70 times.

Conclusions: 1. In young individuals undergoing orthodontic treatment using fixed orthodontic appliances, a high prevalence (99.8%) and intensity (11.01±0.95) of caries according to the KPU(z) index were determined. The RMA index averaged 5.4%, bleeding according to the CPI index was observed in 0.08±0.02 areas of the gums of the teeth and tartar in 0.16±0.03 surfaces of the teeth, which indicates a mild degree of gingivitis. In individuals undergoing orthodontic treatment with removable orthodontic appliances, there was a high prevalence (100%) and intensity (8.75±0.80) of caries according to the KPU(z) index. The RMA index was at an average level of 1.8%, bleeding according to the CPI index was observed in 0.04±0.01 of the gum areas of the teeth and tartar was noted in 0.05±0.01 of the tooth surfaces, which indicates a mild degree of gingivitis.

2. The hygienic condition of the oral cavity was better in those patients who used the entire set of hygiene products and items (manual brush, orthodontic brush, single-tuft brush, interdental brush, superfloss, irrigator).

3. The developed complex of treatment and preventive measures for individuals undergoing orthodontic treatment has proven its effectiveness and has allowed to reduce the increase in the intensity of carious lesions by an average of 45.0% after 12 months in patients with braces and by 10.0% in patients with aligners, to reduce the intensity of gum tissue inflammation in patients with braces by 47.2% and by 33.3% in patients with aligners.

References.

1. Benkovskaya S.G. The influence of fixed metal prostheses and orthodontic appliances on the condition of organs and tissues of the oral cavity: Diss. .cand.sci. / Omsk.- 2020. 200 p.
2. Nigmatov R.N. Prosthodontics in pediatric dentistry. / Textbook. In English. - T.- 2024. - 240 r.
3. Nigmatov R.N. Shomuxamedova F.A., Nigmatova I.M. Ortodontiya Darslik. 2-jild Tibbiyot oliy o'quv yurtlarining "Stomatologiya" fakulteti Talabalari. T. 2021.
4. Vasiliev V.G. Morphology and biology of the periodontium. Irkutsk: 2017. - 194 p.
5. Vavilova T.P., Korzhukova M.V. Prevention of dental diseases in treatment with modern fixed orthodontic appliances: Method, rec. M., 2007. - 37 p.

CONDITION OF THE ORAL MUCOSA IN CHRONIC RECURRENT APHTHOUS STOMATITIS AGAINST THE BACKGROUND OF CHRONIC CHOLECYSTITIS

Shomukhamedova F.A. Ubaydullaeva N.I. Abdalieva.U.P.
Tashkent State Dental Institute

Relevance. Chronic recurrent aphthous stomatitis is an inflammatory disease of the oral mucosa, characterized by the appearance of aphthous lesions, a long course with periodic relapses and is often accompanied by diseases of the gastrointestinal tract. Chronic cholecystitis is an inflammatory disease of the gallbladder wall. It develops due to the formation of stones in the gallbladder, which leads to stagnation of bile. Periodically arising and passing inflammations lead to changes in the wall of the gallbladder with the development of chronic calculous cholecystitis in it. Along with the general clinical signs of chronic calculous cholecystitis, changes in the oral mucosa develop.

In most cases of chronic calculous cholecystitis on the oral mucosa, patients feel discomfort caused by swelling, the appearance of aphthae, erosions, ulcers and other changes. In chronic cholecystitis, we observed patients with chronic recurrent aphthous stomatitis, which occurred equally often in both women and men. Diagnosis of chronic recurrent aphthous stomatitis is often limited only to objective data on the clinical manifestations of the disease on the oral mucosa. Biopsy of aphthae on the oral mucosa is usually not performed. The prevalence of chronic recurrent aphthous stomatitis in chronic cholecystitis is very variable, ranging from 5 to 60% and depends on the population studied, environmental factors and diagnostic criteria. A number of authors believe that the results of treatment of chronic recurrent aphthous stomatitis against the background of digestive diseases are not always satisfactory due to frequent relapses.

The purpose of the study: justification of pathomorphological studies for the diagnosis of chronic recurrent aphthous stomatitis in chronic calculous cholecystitis.

Material and methods. Analysis of the diagnosis and treatment of 72 patients (main group) with chronic recurrent aphthous stomatitis in chronic calculous cholecystitis. According to severity, they are divided into mild, moderate and severe forms. The age