Soxta proginik prikus sagittal yo'nalishdagi prikus anomaliyasi hisoblanib, pastki jag' tish qatori yuqoriga nisbatan oldinda joylashadi. Bunda Engl bo'yicha oltinchi tishlar holati 1-sinf bo'yicha bo'lib, nuqson asosan pastki jag' tish qatori frontal tishlarning yuqoriga nisbatan mezial joylashuvi bilan ifodalanadi. Bundan tashqari yuqori jag'ning mikrognatiyasi , yuqori va va pastki jag'larning o'zaro munosabati buzilishi,yuz chuqurligini o'zgarishi bilan namoyon bo'ladi.

Xulosa. Soxta progenik prikus mavjud bolalarda yuz skeletini sefalometrik tekshirish natijalarni baholashushbu nuqsonning formalari va tarqalish darajasini aniqlashga yordam berdi. Ushbu nuqsonning ko'p uchraydigan shakllaridan biri paski jag'ning qisman makrognatiyasi(19.2%) uchraydi. Nisbatan kamroq uchraydigan shakllariga yuqori jag' mikrognatiyasi va retrognatiyasi(17%). Yuqori jag' retrognatiyasi va paski jag'ning qisman makrognatiyasi bilan birga uchrashi bolalarning 10% ida uchraydi.

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IMPROVEMENT OF DIAGNOSTICS AND TREATMENT OF MEDICAL STOMATITIS

Shomuhamedova F.A, Nurullaeva I. 1st year master of TSDI
Supervisor: Kahharova D.J., Associate Professor of the Department of GTD
Tashkent State Dental Institute

Relevance. Allergic inflammatory reactions occurring on the oral mucosa while taking the drug are nonspecific. Drug stomatitis is a lesion of the oral cavity that occurs

with the systemic administration of drugs. The lesion can range from a burning sensation to extensive areas of ulceration with or without vesicle or bulla formation (Shaik Asif, Kaleem Sultan Mohammed, 2012). Frequently used groups of drugs in medicine: antibiotics, sulfonamides, enzyme preparations, vitamin complexes, vaccines and serums, some anesthetics, preparations with bromine and iodine can cause this disease. (Matthews TG: Medication side effects of dental interest. J Prosthet Dent, 64: 219-226, 1990). In this regard, the issues of improving the treatment of drug-induced stomatitis do not lose their relevance.

Aim. Improving the treatment of medical stomatitis.

Materials and methods. A 32-year-old patient came to our department with complaints of painful ulcers on her tongue during the last 5 days. The patient was relatively asymptomatic 5 days ago when she noticed tongue ulcers. The ulcers were preceded by vesicles that eventually ruptured to form painful ulcers. The pain is severe, constant, burning, aggravated by eating. She also complained of increased salivation, altered taste, difficulty speaking and brushing her teeth. On the 4th day I visited the dentist, they recommended Mucopain gel and capsules of Vit B complex. There was no relief. There were no previous episodes. There was no significant personal or family history. On examination, erythema is detected on the ventral, lateral surface and the tip of the tongue. Numerous small, shallow ulcers less than 1 cm in size are seen on the tip, right and left margins, dorsal and ventral surfaces of the tongue, floor of the mouth, mucous membranes of the upper and lower lips, and muco-buccal folds. Ulcers of regular shape, the bottom is covered with a yellowish-white coating and surrounded by an erythematous halo. There were no discharges associated with ulcers. The patient was carefully questioned about habits, and she said that a few days ago she used a new antimicrobial drug. A working diagnosis was made: drug-induced stomatitis. The patient was advised not to use her new toothpaste. Kamistad gel (lidocaine analgesic) - one to two drops of gel to cover ulcers 3-4 times a day, hydrocortisone ointment 0.1% - 3 times a day for 7 days. General desensitizing drugs were also prescribed. An allergy test was recommended and repeated after 7 days. Complete healing was observed after 7 days. The patient failed an allergy test and later lost control.

Results and Discussion. Drug stomatitis is a hypersensitivity reaction (type IV) that only affects individuals previously sensitized to the allergen. Contact stomatitis does not appear until several hours or even days after exposure to the antigen; hence the term "delayed hypersensitivity reaction". The allergic process develops in 2 phases: the induction phase, in which the immune system is sensitized to the allergen, and the effector phase, during which the immune response is triggered. Allergens infiltrate the mucosal epithelium and bind to epithelial proteins. The oral mucosa is less prone to contact allergic reactions compared to the skin due to various biological and physiological differences. Saliva acts as a solvent that dissolves, dilutes, digests potential allergens and flushes them out, limiting the duration and number of molecules in contact with the oral mucosa. Limited keratinization makes hapten binding difficult, and the limited number of antigen-presenting cells in the oral mucosa reduces the likelihood of antigen recognition.

Conclusion. The clinical presentation and histopathological features of allergic contact stomatitis are not very specific and are easily confused with other oral mucosal

lesions. Therefore, careful history taking is critical to the diagnosis. Healthcare professionals should consider contact allergic stomatitis in the differential diagnosis of non-specific oral lesions to ensure appropriate treatment and avoid recurrence.

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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,