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To Study the State of Oral Mucosa Hygiene in Patients Using Orthopedic Dental Structures

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Relevance. Currently, a large assortment of base acrylic-free elastic polymers is offered for thermoinjective technology of various chemical character. The technology of injective formation of thermoplastic polymers is considered as a promising technology for achieving high aesthetic standards in modern dentistry. This technology is of great interest not only among specialists, but also among patients. A common feature of this group of materials is the absence of a residual monomer and, as a result, their bioinert to the body. Structures made from them are distinguished by their elasticity, lightness, comfort and high aesthetics. At the same time, the experience of specialists working with representatives of thermoplastic polymers has shown that they have serious technical disadvantages that lead to a decrease in the quality, durability and productivity of dental prostheses. These are the rapid loss of aesthetic characteristics of the denture due to the complexity and poor grinding of the processing, the fact that the prosthesis causes an acceleration of the growth of microorganisms that cause diseases of the oral mucosa, leading to dissatisfaction of patients with the altered appearance of the removable prosthesis. All this presents certain difficulties for the practical application of promising thermal injection technologies for the preparation of dental prostheses.

Ways to improve the efficiency of using removable prostheses are carried out in different directions. According to some authors, their immersion can be reduced by expanding the area of the freely ending bases of the prostheses. But narrowing the occlusion surface of artificial teeth due to the reduction of the tooth row of the prosthesis and lowering the pressure on the free-ending base unfortunately leads to an elongation of the duration of the chewing Act, the appearance of functional deformities of the periodon of the basal teeth of a type stretched in time.

Studies have been conducted on the effect of artificial teeth on chewing efficiency to reduce the area of the chewing surface. The study involved patients using thermoplastic prostheses. In the first group of patients, the placement of artificial teeth ended in the second molar. In the second group of patients, the tooth row was reduced to 15 mm, in the third group of patients - to 10 mm. In order to assess the effectiveness of chewing, participants were offered to chew two types of Moss cubes. The chewing efficiency was calculated based on the degree of color mixing and the change in The Shape of the gum Cube. Analysis of the data obtained showed significant differences in chewing performance among prostheses with different areas of chewing surfaces. Chewing efficiency was significantly reduced when the length of the chewing surface of the removable prosthesis was reduced by 10 mm.

A who studied the structural and functional relationships of the elements of the tooth-jaw joint and prosthetic structures.N. Ryakhovsky found that the stability of the removable plate prosthesis increases when the relief of the occlusion surfaces of the teeth is leveled. It also found that when the dentures were positioned according to intervalveolar lines, the occlusion plane line approached the top of the alveolar ridge, in the case of Central occlusion, the contact area of the tooth row and the stability of the ham in sliding movements in the occlusion phase of the chewing cycle increased [1.3.5.7.9.11].

A tenzometric examination of the dynamics of chewing pressure distribution of plate and thermoplastic prostheses to the tissues of the prosthetic limb found that the greatest deformation under the pressure zone developed when pressure was applied to the medial and distal parts of the saddle part of the thermoplastic prosthesis. When pressure is applied to the middle of the saddle part, the deformation is uniform throughout the prosthetic position. In the activities of removable plate

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prostheses, the maximum chewing pressure falls on the area where the pressure in the prosthesis position is placed. The reaction of the denture relay tissue in the toothless part of the jaw in the area where the pressure is given is characterized by deformation, which is in the range of 30 to 79 units on the side where the pressure is given in the lower and upper jaws. In other areas of the alveolar tumor, deformation also develops due to sagging of the saddle, but its level is slightly lower. The vertical chewing pressure on the working surface side of the prosthesis is not transmitted to the alveolar tumor of the balancing side. On the working side, it was found that the deformation of the parodont of the basal teeth was increased. When the saddle part sets, deformity develops in the basal teeth, limiting the defect, in the range of 7-12 units, as a result of the redistribution of pressure, deformity in the basal teeth amounted to 1-4 units. The reaction of the tissues can be explained by the effect of the retaining part of the shoulder of the bent bügel. The degree of deformity is in the range of 10-15% from the level of deformity that occurs when the bent bull dives the tooth directly into the shoulder [11.13.16].

It is necessary to monitor the mucous membrane of the oral cavity in dynamics after prosthetics, assess the hygienic and functional state of the mucous membranes and dentures for the Prevention of dental diseases, the appearance of soft and hard caraches on prostheses, the appearance of foci of inflammation and pathogenic microflora in the parodont, and the objective condition is

Clinical-dental studies conducted show that in patients in 2 groups, from 10 to 90 days after prosthetics, significant changes were detected in the mucous membrane of the oral cavity and the place of the prosthesis. The lip flange, the mucous membranes of the lunges were in most cases covered with a moist, pinkish, transparent epithelium. At the same time, in three patients (5.9%) by the 10th day, constipation was recorded on the surface of the red part of the lips, and in 8 (15.7%) patients there was a strain of the contours of blood vessels, thickening of the mucous membrane of the lunge in the touching areas of the upper and lower jaw prostheses. Lung mucosal edema was observed in 4 (7.8%) patients, increased salivary separation in 3 (5.9%) patients, and hypersalivation in 11 (21.6%) patients. In 7 (13.7%) patients by day 10 and in 13 (25.5%) patients, inflammation and erosion, upper jaw and bed sores were detected in a large part of the lower jaw, and they disappeared after correcting the prosthesis [2.4.6.8.10].

It should be noted that by the 10th day of observation, level 1 contamination of dental prostheses was observed in 12 (23.5%), in the patient, level 2 contamination was observed in 4 (5.9%) patients, and Level 3 and 4 contamination were not detected. On day 90 of the observation, level I contamination of fully withdrawn dental prostheses was found in 14 (%) patients, Level II in 29 (%) patients, Level III in 8 (%) patients. On the 180th day of observation, I contamination rate in 7 (%) patients; Contamination II was found in 16 (%) patients, contamination III in 21 (%) patients and contamination IV in 6 (%) patients and 360 days – in 3 (%) and 11(%), 27 (%) and 10 (%) patients, respectively.

Thus, cases of contamination of fully removable dentures increase as time passes. At the same time, with an increase in the duration of their use, there is an increase in cases of high-level contamination of prostheses III and IV. At the same time, level I and II contamination of dentures remains at a consistently high level.

Along with hygiene disorders, 28 (54.9%) patients in Group 2 were found to have soft Carache on the surfaces of fully removable dental prostheses by the 90th day and 9 (17.6%) patients had severe Carache and had to smooth the prosthesis. On the 180th day of the study, this group of patients found soft tooth decay in 40 (78.4%) patients in almost the same location (mainly on the lingual side of the frontal teeth)and on the lunge side of the chewing teeth and hard tooth decay in 11 (21.6%) patients and had to undergo prosthetic processing and grinding, on the 360 56.9%) found severe seizures in their patients. Thus, in patients of the 2nd group under examination, there was a violation of the clinical, stomatoscopic and hygienic indicators of the oral mucosa and prostheses after prosthetics. The degree of detected disorders is determined by the duration of the period after prosthetics [12.14.16].

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Conclusion. At the stage of laying and landscaping the structure of removable dental prostheses, in a conversation with the patient, it is necessary to reliably and accurately explain to him that any impurities, accumulations, bumps and irregularities can become a place of storage of fungi, microorganisms, food residues in the prosthesis and, as a result, cause the occurrence of inflammatory and traumatic processes in the soft tissues of the oral cavity. Therefore, the soundness of the main tissues and the durability of the prosthesis during the use of the prosthesis depend on the necessary hygienic care of the oral cavity and prosthesis.

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