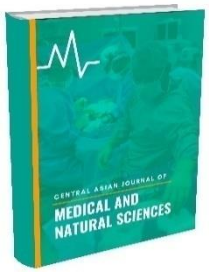
CENTRAL ASIAN JOURNAL OF MEDICAL AND NATURAL SCIENCES



Volume: 04 Issue: 03 | May-Jun 2023 ISSN: 2660-4159

http://cajmns.centralasianstudies.org

Prevalence of Adentia in the Elderly and Development Factors

1. Nurov Nopulot Boboqulovich

Received 2nd Mar 2023,
Accepted 3rd Apr 2023,
Online 15th May 2023

[1] Bukhara State Medical Institute

Abstract: Relevance. Dental diseases are very diverse, but among all this diversity, periodontal pathology stands out in a special way, due to its prevalence of social, aesthetic and medical problems. The effect of prosthetics in secondary adentia caused by chronic generalized periodontitis on the prooxidant and antioxidant system.

According to the World Health Organization, functional disorders of the dental system resulting from the loss of teeth from untreated periodontal diseases are 5 times more common than from complications of caries.

Partial absence of teeth (partial secondary adentia) is one of the most common diseases. According to the World Health Organization, up to 75% of the population suffer from it in various regions of the globe.

In Russia, in the general structure of providing medical care to patients in medical and preventive institutions of dental profile in all age groups of patients, this disease ranges from 40 to 75% [1.3.5.7].

The causes of partial secondary adentia are periodontal diseases, tooth extraction and (or) their loss due to an accident, caries and its complications, etc. [2.4.6].

Adentia is a complete or partial absence of teeth resulting from their loss or an anomaly in the development of the dental system. Adentia is characterized by a violation of the continuity of the dentition, the function of chewing and speech, a cosmetic defect; in severe cases - deformation of the facial skeleton, diseases of the temporomandibular joint, further loss of teeth.

Complete absence of teeth is a common problem, regardless of the age group of patients in dental clinics. To date, people with such a problem are offered a large list of options for solving it – starting with comfortable silicone removable prostheses, ending with basal implantation, in which the prosthesis is installed the very next day after the installation of artificial roots.

Partial absence of teeth (partial secondary adentia, loss of teeth due to an accident, removal or localized periodontitis) is one of the most common diseases: according to the World Health Organization, it affects up to 75% of the population in various regions of the globe. To study the prevalence and early diagnosis of major dental diseases in the elderly.

The causes that cause complete loss of teeth are most often caries and its complications, periodontitis, trauma and other diseases; primary (congenital) adentia is very rare. Complete absence of teeth at the age of 40-49 years is observed in 1% of cases, at the age of 50-59 years — in 5.5% and in people over 60 years — in 25% of cases. With complete loss of teeth due to the lack of pressure on the underlying tissues, functional disorders worsen and atrophy of the facial skeleton and the soft tissues covering it rapidly increases. Therefore, prosthetics of toothless jaws is a method of restorative treatment, leading to a delay in further atrophy.

At the current level of scientific development, the occurrence of hemodynamic disorders in any pathological process in the human body is a well-known fact. Features of hemodynamics in periodontal tissues in patients with partial secondary adentia according to ultrasound Dopplerography. Partial absence of teeth is accompanied by pronounced adaptive and compensatory changes in the entire dental system. The information about these processes today is quite scattered and contradictory.

The current stage of development of clinical dentistry is determined by a high level of fundamental and applied work related to morphogenesis, as well as the typical and individual variability of morphological structures of the maxillofacial region. The use of a molecular genetic method to determine the intensity of morphofunctional changes in patients with dental pathology.

Caries and periodontal diseases are a serious public health problem in most countries of the world. Epidemiological indicators of dental and oral diseases have significant differences within and between regions. Indicators of tooth loss and observations in the field of oral diseases vary significantly depending on the WHO region and the national income of the population.

The rates of caries complications are very high. In the structure of dental care, patients with pulpitis account for 28-30% in terms of appeal. Medical and social aspects of special orthodontic training of patients with dental anomalies with partial secondary adentia before permanent prosthetics. Also, the incidence of periodontal disease in the age group of 35-44 years is 86%. Comprehensive orthopedic treatment of patients with periodontal diseases.

These diseases, with untimely and poor-quality treatment, can lead to spontaneous loss of teeth due to pathological processes in periodontal tissues of an inflammatory and/or dystrophic nature, to the removal of untreated teeth and / or their roots in deep caries, pulpitis and periodontitis. Comprehensive orthopedic treatment of patients with periodontal diseases [5.7.9.11.13.15.17].

Based on official statistics, it is noted that currently the prevalence of dental deformities after tooth loss depends on the period of development of the dental system. The degree of prevalence during the period of permanent bite is 35%.

Oral health is essential for overall health and quality of life. This is a condition free from pain in the mouth and face, oral and throat cancers, infections and ulcers of the oral cavity, periodontitis (gum disease), tooth decay and loss, as well as other diseases and disorders that limit a person's ability to bite, chew, smile and speak, as well as his psychosocial well-being. The main causes of tooth loss are caries and its complications, severe periodontitis, as well as injuries. As a result of tooth loss, various kinds of changes occur in the body. First of all, there are changes that make it difficult to chew food, disrupt the digestive process and the intake of essential nutrients into the body. Also, due to the partial absence of teeth, the articulation, diction and communicative ability of the patient is impaired, which directly affects the psychoemotional state of the patient, up to mental disorders. The most serious consequences of tooth loss are complications developing in the maxillofacial region and the temporomandibular joint with untimely orthopedic treatment. Such local changes as increased tooth erasure, the inclination of the teeth towards the missing tooth, the extension of the tooth in the direction of the opposite jaw lead not only to a change in the occlusal curve, a decrease in the height of the bite and changes in the configuration of the face. Medical and social aspects of special orthodontic

training of patients with dental anomalies with partial secondary adentia before permanent prosthetics [8.10.12.14.16].

Conclusion. According to the World Health Organization, the most common diseases of the oral cavity are dental caries, periodontitis (gum disease), oral cancer, infectious diseases of the oral cavity, injuries and congenital pathologies. Worldwide, 60-90% of school-age children and almost 100% of adults have dental caries, which often leads to pain and inconvenience. Severe periodontitis (gum disease), which can lead to tooth loss, is found in 15-20% of middle-aged people (35-44 years). The main causes of tooth loss are caries and periodontitis. Complete loss of natural teeth is widespread, especially among the elderly.

LITERATURE

1. Нуров Н.Б., Нурова Ш.Н. Роль функциональных нарушений и особенности минерализации тканей зубов у детей школьного возраста// Тиббиётдаянги кун. Тошкент. 2015.№2. (10) С.61-65.
2. Гаффаров.С.А., Нуров.Н.Б., Нурова Ш.Н. Diagnosis, prevention and treatment of dental anomalies in children with chronic tonsillitis and chronic bronchitis". // Journal of Biomedicine and Practice №4 (2019).С.71-81.
3. Гаффаров.С.А., Нуров.Н.Б., Нурова Ш.Н. Сурункали тонзиллит ва бронхит билан оғриган болаларда тиш аномалияларининг ортодонтик ҳолати. // Доктор ахборотномаси. №3-2019 .Б.40-44
4. Гаффаров.С.А., Нуров.Н.Б., Нурова Ш.Н. Болаларда оториноларингологик аъзолари касалликларида тиш-жағ кемтик ва нуқсонларнинг этиопатогенези,ташхиси,даволаш усуллари, профилактикаси. // Биология ва Тиббиёт муаммолари журнал №3 (111)2019.Б. 224-228.
5. Хабилов Н.Л., Нуров.Н.Б., Нурова Ш.Н. Распространенность зубочелюстных аномалий у детей школьного возраста Бухарской области. // «Международный журнал прикладных и фундамен-тальных исследований Москва, 2015.- №12, С.1633-1634.
6. Нуров.Н.Б., Нурова Ш.Н. Changes in the content of uneasurable amino acids in the blood of school-aged children with pulmonary anomalies. // Science and world International scientific journal .№3(55),2018,Vol.C. 65-66.
7. Хабилов Н.Л., Нуров Н.Б., Нурова Ш.Н. Распространенность зубочелюстных аномалий у детей школьного возраста Бухарской области // Материалы 13-го Всероссийского стоматологического форума Дентал Ревю 2016 г в журнале "Российская стоматология" 2016; №9 (1): С.62-63.
8. Ахмадалиев Н.Н., Нуров Н.Б., Нурова Ш.Н. Выявление динамики изменений в содержании незаменимых аминокислот в крови у детей школьного возраста с зубочелюстными аномалиями // Материалы 13-го Всероссийского стоматологического форума Дентал Ревю 2016 г в журнале "Российская стоматология" 2016; №9 (1): С.69-70.
9. Нуров.Н.Б., Нурова Ш.Н. Тиш протезларини тайёрлашда адгезив воситалардан фойдаланиш. // Биология ва тиббиёт муаммолари .№ 4,1 (98) 2017г .Б.164-165.
10. Нуров.Н.Б., Нурова Ш.Н. Қари кишиларда уларнинг ёши хусусиятларини хисобга олган ҳолда ортопедик даволашнинг ўзига хос хусусиятлари // «Актуальные проблемы стоматологии» Нукус 2018. С.77-78.

11. Гаффаров.С.А., Нуров.Н.Б., Нурова Ш.Н. Изменения содержания незаменимых аминокислот в крови у детей школьного возраста с зубочелюстными аномалиями // «Актуальные проблемы стоматологии » Нукус 2018. С.14-15.
12. Гаффаров.С.А., Нуров.Н.Б., Нурова Ш.Н. Распространенности и изменение структуры зубочелюстных аномалий у детей школьного возраста Бухарской области // Сборник материалов III- го научно-практического международного конгресса «Актуальные проблемы стоматологии и челюстно- лицевой хирургии»г.Ташкент 2-3 мая 2019г .С.200-203.
13. Гаффаров.С.А., Нуров.Н.Б., Нурова Ш.Н. Этиология, диагностика, лечение и профилактика зубочелюстных аномалий у детей, связанных с оториноларингологическими заболеваниями // Педиатрия № 4 2019.С. 154-157.
14. Нуров.Н.Б., Нурова Ш.Н. Тиш-жағ қаторларининг иккиламчи шакл бузилишларида,сурункали тонзиллит ва уларнинг кечишини олдиндан баҳолаш алгоритми // Бухоро-2019 йил.
15. Нуров.Н.Б., Нурова Ш.Н. Нафас йўли касалликлари асоратидан келиб чиқадиган тиш-жағ қаторлар нуқсонлари ва эндоген интоксикацияда патологик холатларнинг ташхислаш // Бухоро-2019 йил.
16. Нуров.Н.Б., Нурова Ш.Н. Сурункали (бронхит ва тонзиллит) касалликлари билан оғриган беморларда тишлов ва тиш қатори бузилишларини кечишининг оғрилигини баҳолаш учун дастур (STRZE.exe) // 09.07.2019. DGU 20190947.
17. Нуров Н.Б. Тўлиқ тишсизликни протезлашдаги муаммолар ва уларни бартараф этиш чоралари. // Тиббиётда янги кун.- 2 (30/2) 2020 С.53-57.