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Replacement of Defects in the Dentition in Children by Tooth Transplantation

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Abstract: The absence of teeth leads to dysfunction of the gastrointestinal tract, speech function. At an older age (13-15 years old), children become less contact, withdrawn and laugh little. All this ultimately leads to various nervous disorders. On the basis of experimental and clinical observations, it was established that disruption of the continuity of the dentition causes pathomorphological and functional changes near the defect and extends to the entire dentition, and then to the entire body as a whole.

Keywords: teeth, dentoalveolar system, nervous disorders, replantation, chronic periodontitis, tissue transplantation, complications, dental defect.

Introduction

Relevance: Partial absence of teeth is the most common pathology of the dentition. According to D.A. Gavrilov, L.A. Shavlyanova (2002) already by the age of 14, 10-24% of children have small defects in the dentition, and among high school students, 31.9% of students need orthopedic treatment of dentition defects.

Based on experimental and clinical observations established. that a violation of the continuity of the dentition causes pathomorphological and functional changes near the defect and extends to the entire dentition, and then to the entire body as a whole. (1.3). The absence of teeth in children leads to persistent, and sometimes irreparable changes in the face, a noticeable flattening of the soft tissues. shortening of the upper lip, progenic ratio of the jaws, lowering of the lower part of the face, which gives the patient's face an senile appearance [3,4]. The absence of teeth leads to a violation of the function of the gastrointestinal tract, the function of speech. At an older age (13-16 years), children become less contact, withdrawn, laugh a little [1,2,5].

A practically healthy person with a defect in the dentition turns to a doctor for the purpose of prosthetics. The doctor grinds intact teeth. located near the defect. Subsequently, a crown is put on these turned teeth. As you know, after 4-5 years, these previously healthy teeth under the crown are destroyed and subsequently removed. Unfortunately. today this is the norm, since many orthopedists do not know how to mix the defect in another way [1].

Smirnof and Flitr presented the long-term results of implantation after 10 and 15 years. 26 implants were studied in 18 patients. 13 out of 26 implants were found to be satisfactory. In the other 13 cases, rarefaction of the bone tissue around the implants was noted, as well as deep bone pockets. The success rate was 50%.

Over the years, implantologists, accumulating more theoretical and practical experience, began to receive better clinical results. Hermann and many other authors during a five-year follow-up of 487 patients with 1738 implants of the Branemarka system received a positive result in 91.2%

of cases. A.I. Sidelnikov observed patients after implantation for 3-6 years: in 98% of cases when installing lamellar implants and in 93.7% when installing screw implants, he received positive results. However, the analysis of literature data shows that despite the introduction of new materials, the fact of their true engraftment in the jaw has not yet been established for implantation, and they are held solely due to mechanical compression by the surrounding tissues.

Thus, the absence of teeth is the most common pathology of the dentition. according to most authors, it causes the development of deformation of the dentition and occlusion [1,5,6].

Considering the importance and activity of the problem, we set ourselves the goal in this work: to study the frequency, clinical picture and course of chronic periodontitis in people of different ages, to preserve the causative tooth6.

Materials and methods of research: We conducted a study and studied 62 patients with various types of chronic periodontitis of one or another tooth treated in the clinic of maxillofacial surgery BukhGosmi in 2012-2016.

An analysis of the causes of occurrence showed that chronic periodontitis can occur in teeth that previously had pain from temperature irritants, when treatment was not carried out or completed, the patients were unwilling to see a doctor before the disease became chronic, from the anamnesis it was revealed that the patient had once received trauma in the area of the causative tooth. Indications for replantation were also perforation of the walls of the root canal and the removal of filling material into the bifurcation area, stable forms of drug-induced periodontitis of multi-rooted teeth, breakage of instruments in the canal, when these complications could not be treated with a conservative method. In acute inflammatory diseases of the jaws, replantation of teeth is indicated if the subsidence of inflammatory phenomena can be achieved by wide opening of the focus of inflammation when the operation of tooth extraction is due.

Observations showed that 6 and 7 teeth were most often affected in 28.6% of cases. Lower jaw (63.2%), upper jaw (54.2%). The emergence of chronic periodontitis in the acute stage was facilitated by hypothermia, a common cold, flu, sharp biting on solid food, etc.

The clinical picture of chronic periodontitis was varied: a positive reaction to percussion, pain when taking hard and hot food. The mucous membrane covering the alveolar process in the area of the corresponding tooth is edematous and hyperemic.

Treatment of chronic periodontitis in the examined patients was carried out depending on the age, phase of the inflammatory process, the severity of the clinical picture and the time elapsed from the onset of the disease, x-ray data.

In 48.6%, the causative teeth were removed (since it was impossible to save them - the crown part was completely destroyed). Patients were prescribed broad-spectrum antibiotics, sulfa drugs. vitamins.

In 51.4% of patients, the causative teeth were replanted, in most cases the lower 6-7 teeth. On the day of treatment under conduction (mandibular) anesthesia, the causative tooth was removed. and the preservation of replants was carried out in the preserving solution "Vikon"

Subsequently, the anatomical shape of the crown was restored by filling it with “Composite”. Produced resection in the amount of 0.3-0.4 mm in the region of the root apex. After all stages of treatment, the tooth was transplanted into its native box.

Conducted antibacterial, anti-inflammatory, analgesic and desensitizing therapy. The tooth was immobilized using a wire or wire-composite splint. For the therapeutic treatment of the replant, we have proposed a device in the form of a vise, easy to handle and safe for the doctor.

Our clinical, radiological and functional studies after tooth transplantation included the study of the process of engraftment of the replant and the restoration of its function in the postoperative period. A month after the operation, when the reinforcing replant splint was removed, the patient's general condition was satisfactory.

Objectively: the mucous membrane in the oral cavity and in the area of the replanted tooth is pale pink, palpation does not cause pain, percussion of the replanted tooth is painless.

The replant is immobile or shows slight mobility. The gum tightly covers the neck of the replant.

6 months after the operation of dental replantation, the complete restoration of the function of the replant is clinically determined. Patients note that they use replanted teeth as well as others. Strengthening of the grafts was observed after 40 days, was not visually observed from intact teeth. On radiographs of this period. there is a complete or ending reparation of bone tissue in the area of the top of the replanted tooth resected during the operation. A uniform thin line of the psriodontal fissure is noted.

Conclusion: Thus, the results of clinical studies have shown that in the treatment of chronic periodontitis, they contribute to the early elimination of local and general signs of inflammation, it is possible to save the causative tooth according to its condition. The structure of periodontal tissues on the surface of the root of replanted teeth, when stored in physiological saline, remains without visible morphological changes only up to 6 hours of storage, and in the "Vikon" solution, the structure of periodontal tissues remains unchanged for 1 year. As a result, replantation is easily accessible, simple and effective, less traumatic, and the replacement of dentition defects by transplantation is the ideal that humanity is striving for.

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