

ASSESSMENT OF HYPERESTHESIA AND THERAPEUTIC AND PREVENTIVE MEASURES IN PATIENTS WITH VARIOUS FORMS OF FLUOROSIS

Ravshanova Nazira Akramovna

Samarkand State Medical University

Abstract: The essence of this scientific article is that Chronic caries: characteristic signs, treatment methods. General information about secondary dental caries, types of depressurization and its recurrence, etiology and many other information are provided.

Key words: Microorganism toxins, filling material, Depressurization, dentine dust, microorganisms, oral fluid, polymerization, special detectors, Secondary caries, etc.

INTRODUCTION

Caries are treated, "good" filling is applied, money is paid by one party, the other receives, guarantees are given. But in fact, often, very little time passes, and foci of recurrence may appear around the filling. Everything is lost, unpleasant and even legally punished. Why? Where?

The answer is not one. But you need to focus on one thing, work closely and avoid problems. This is the process of working with the cavity of caries. It seems that we know and do everything, but is it really so and is it so deep? The main sources of secondary caries are microorganism toxins. They penetrate the hard tissues of the tooth with insufficient sealing of the filling. These new lesions appear next to the treated tooth filling in the microcracks that form between the filling material and the hard tissue of the tooth, where toxins enter.

Depressurization and relapse with it occurs if:

1. They did not create an even relief cavity, they used rough drills when processing enamel. Therefore, the adhesive is unevenly distributed, sometimes it is a lot, and sometimes it is not, and this is the condition for breaking the marginal compatibility.
2. The dentin of the tooth cavity is prepared with diamond or carbide burs that are not sharp enough (low-quality preparation).
3. They did not remove the lubricated layer (dentin dust, microorganisms, oral fluid) well enough, that is, they did not wash the cavity well. All this prevents good adhesion.
4. Ignored the conditioning process.

A high level of adhesion of enamel to dentin is a prerequisite for clinical success and prevention of composite detachment from the hard tissues of the tooth.

MAIN PART

In order to achieve high-quality adhesion, it is necessary to take into account the polymerization shrinkage of composites, which is 2-4%. This problem of polymerization stress remains relevant, but liquid compositions are used to reduce it. All this requires time and manipulative skills.

Now, in order to avoid the above-mentioned mistakes, the problem of matching the edge, following the rules of preparing compositions, is solved using the materials of the bulk filling group, that is, with the help of "volumetric preparation" by inserting a part of it above. thickness up to 4 mm. Liquid materials tend to self-adjust, but good adaptation to cavity walls takes at least 20 seconds, and it works better on lower jaw teeth. In the teeth of the upper jaw, the material can separate from the walls of the cavity due to fluidity.

This problem is solved with the mass filler of the Sony Fill system. They fill the gap up to 4-5 mm at the same time, the restoration of upper and lower teeth is of the same high quality and its reduction is 1.6% Try it!

Secondary (recurrent) caries - caries of previously filled teeth

Due to unscrupulous tooth filling - if the doctor did not thoroughly clean the tooth cavity from damaged tooth tissue. To prevent this, our doctors use special detectors - signs of caries;

Due to poor quality seals on tooth enamel. In this case, plaque accumulates in the microcrack, which causes damage to the tooth tissue;

Long service life of the filling - over time, the old filling begins to break down along the edges, as a result of which microcracks also begin to form, which leads to the redevelopment of caries.

If the patient has at least one of the following symptoms, the presence of the disease can be said:

Hypersensitivity to temperature stimuli under the seal. This is a sign that the filling does not adhere well to the tooth walls, and exposed dentin is exposed to cold and heat.

Darkening of the dental tissue around the filling. With secondary caries, the shade of the tooth can change, for example, it becomes gray - this is the dentin shining through the enamel.

Complete mobility. In this case, food gets stuck between the tooth and the filling and bacteria multiply, all of which lead to tooth decay. malodor and the development of caries recurrence.

Treatment:

In all cases, secondary caries is treated as standard:

The old filling is completely removed;

Cariou dentin is destroyed with the help of burs;

The created space is treated with antiseptics;

A new filling is placed.

Cement caries. The role of xerostomia in the development of cementum caries. Clinic, diagnostics.

Caries cement (caries cement) K02.2 - dental caries localized in cement; appears after the impact of the tooth root or the formation of a pathological periodontal pocket.

Etiology:

Currently, *Streptococcus mutans* is the main microbial pathogen associated with the development of root caries, but *Lactobacillus* and *Actinobacillus* have been shown to play an important additional role. Fungal pathogens such as *Candida albicans* are often detected in tissue breakdown of the necrosis zone, but their role in the mechanisms of root caries has not been confirmed.

Factors that contribute to the development of root caries include xerostomia, poor oral hygiene, diets high in refined carbohydrates, medical conditions, poor socioeconomic status, use of partial dentures, smoking, improper brushing techniques that promote gingival recession, and periodontal disease. enters. with gingival recession and a decrease in the level of periodontal attachment. Men are more prone to developing root caries than women

Xerostomia is characterized by a significant decrease in the total volume of secreted saliva and a violation of its composition. In this case, enamel demineralization occurs, which loses its ability to effectively resist the effects of microbes. Xerostomia often occurs in the elderly. Some medications (including: antidepressants, antihistamines, diuretics) can also cause temporary dry mouth.

Secondary caries is an unpleasant complication that develops after poor quality treatment or due to shrinkage of the filling material.

The tooth began to react to heat and cold. If the pathological process has not yet started, this may be a signal about the free placement of filling in the space. Such a tooth has a chance to get caries again,

the tissue around the filling has darkened,

the seal began to shake (this can be checked with the tongue),

bleeding gums.

Secondary caries often develops as a result of poor quality treatment of teeth.

CONCLUSION

All the above signs are a reason to visit the dentist immediately. The sooner the treatment of secondary caries is started, the more likely it is to save the tooth and restore its function and form. The disease develops in the union of filling with several stages:

A gap is formed between the walls of the cavity and the filler.

Saliva, microorganisms, food particles begin to enter this space.

Microorganisms multiply and gradually destroy enamel.

Why does relapse occur?

In most cases, secondary caries develops due to poor quality treatment, but there are several reasons for its occurrence:

Improper preparation of the tooth surface for treatment will cause the material to become loose and eventually break down and crack. Favorable conditions for the appearance of these complications,

poor treatment of the disease at first: if the dentist dishonestly cleaned the cavity of caries and even the smallest part of carious tissue remains, over time the tooth begins to fall out in the second circle;

shrinkage of the material: if the dentist does not take into account the properties of the filling material (shrinkage of light-polymer fillings), over time a gap appears between the filling and the cavity, where plaque, bacteria and nutrients food scraps accumulate.

The influence of some negative factors increases the risk of developing secondary caries:

exposure to very hot and cold food and drinks, frequent use of hard food,

enamel with increased friction,

poor oral hygiene leads to the formation of plaque, stone, which becomes a favorable environment for the development of inflammatory processes and caries.

LIST OF REFERENCES USED

1. Shermamatovich, M., Yalgashevich, K., & Narkulovich, S. (2021). The development of physical preparedness of student young people. *Psychology and Education Journal*, 58(1), 2699-2704.
2. Shermamatovich, M. M., Tursunovna, H. U., Zayniddinovich, N. I., Boltayevich, A. S., & Yalgashevich, K. S. (2021). Physical education of student youth in modern conditions. *ACADEMICIA: AN INTERNATIONAL MULTIDISCIPLINARY RESEARCH JOURNAL*, 11(2), 1589-1593.
3. Shermamatovich, M. M. (2023). Psychological Description Of Sport And Psychological Development Of Sportsmen. *Eurasian Research Bulletin*, 17, 7-9.
4. Shermamatovich, Muratov Muzaffar. "Psychological Description Of Sport And Psychological Development Of Sportsmen." *Eurasian Research Bulletin* 17 (2023): 7-9.
5. Shermamatovich, M. M., Norkulovich, S. K., & Tursunovna, H. U. (2022). PLACE AND ROLE OF PSYCHOLOGICAL AND VOLITIONAL TRAINING IN THE TRAINING PROCESS OF STUDENTS-BOXERS. *World Bulletin of Management and Law*, 8, 141-144.
6. Shermamatovich, M. M., & Boltaevich, A. (2022). INTERACTIVE LEARNING METHODS IN THE PROCESS OF TEACHING PHYSICAL CULTURE. *World Bulletin of Management and Law*, 7, 99-100.
7. Shermamatovich, M. M., & Boltaevich, A. (2022). INTERACTIVE LEARNING METHODS IN THE PROCESS OF TEACHING PHYSICAL CULTURE. *World Bulletin of Management and Law*, 7, 99-100.
8. Shermamatovich, M. M., Zayniddinovich, N. I., Boltaevich, A. S., Norqulovich, S. Q., Muzaffarovich, S. A., & Abriyevich, E. Q. Endurance Formation in General Physical Training Students. *International Journal on Integrated Education*, 4(3), 356-359.

9. Yalgashevich, X. S., & Shermamatovich, M. M. Enhancing Athletes' Regained Performance Through Rational Nutrition. *International Journal of Innovations in Engineering Research and Technology*, (1), 1-6.
10. Shermamatovich, M. M., & Latif, T. (2023). DEVELOPMENT OF SPORTS IN THE REPUBLIC OF UZBEKISTAN. *Galaxy International Interdisciplinary Research Journal*, 11(3), 374-377.