

SIMULTANEOUS IMPLANTATION IS A MODERN SOLUTION IN DIFFERENT CLINICAL SITUATIONS IN THE PRACTICE OF AN IMPLANTOLOGIST

Gubaev Mukhitdin Sarimsokovich

Assistant Department of orthopedic dentistry

Samarkand State Medical University

Samarkand, Uzbekistan

The relevance of the topic:

One of the urgent problems of dental implantology is the long duration of treatment. [1]. With the delayed implantation method, the entire course of treatment (from tooth extraction to prosthetics), even in the most favorable conditions, takes at least three months, and most often more. In the modern world, the patient is not ready to wait that long [3]. In addition, immediately after tooth extraction, atrophic processes begin to develop in the area of the well, the volume of bone tissue decreases and, which is especially noticeable in an aesthetically significant area, the structure and aesthetics of the volume of the attached gum change [5]. While waiting for the hole to heal, we lose those good conditions for implantation, which then have to be recreated using bone grafting or crumb [7].

The purpose of the study.

With simultaneous implantation, we preserve the volume of bone and soft tissue around the removed tooth. Significantly reducing osteointegration around the implant.

Materials and methods of research.

For a theoretical review of scientific material on this topic, articles of scientific collections and journals, abstracts of candidate's and doctoral dissertations were studied. The search for domestic and foreign sources was carried out on the portals: Medline, Clinicalkey, eLibrary, disserCat.

The results of the study and their discussion.

All this makes immediate implantation (i.e., the insertion of an implant into the well of a newly removed tooth) highly desirable to solve these problems. Unfortunately, some implant surgeons are still skeptical about it, primarily because of the risk of complications. There is also an opinion that immediate implantation has a lot of contraindications, which makes it impossible in most cases. When selecting patients for immediate implantation treatment, we are guided by the same criteria as for classical delayed implantation. At the same time, local selection criteria come out in the first place, namely: absence of an acute inflammatory process in the area of the intended implantation; sufficient volume of bone tissue and mucous membrane (the latter is most important) in the area of the tooth to be removed. It is mandatory to

consult an orthopedic dentist and, in some cases, an orthodontist. Computed tomography and diagnostic models are required. In some cases, the production of a surgical template is required. Currently, some manufacturers (Nobel Biocare, AlphaBio, Biohorizont, etc.) produce separate lines of implants designed to be installed in the hole of a newly removed tooth. As a rule, they are distinguished by a large aggressive thread, the purpose of which is to ensure high—quality stabilization of the implant in conditions of a post-extraction defect. However, as my own practice has shown, implants with aggressive threads behave less predictably. In my opinion, this is due to two nuances. firstly, large pronounced coils exert strong pressure on the bone tissue surrounding the implant, disrupting microcirculation, which is so necessary for normal healing; and secondly, loose contact of the implant surface with the wall of the well complicates osseointegration and contributes to infection of the implant surface. In other words, screw implants with fine non-aggressive threads are the most optimal from the point of view of prognosis. on the one hand, due to the contact area, high-quality stabilization of the implant is ensured, and on the other, due to the tight fit, the conditions for infection of the implant surface disappear. In general, preoperative preparation does not differ from that for delayed implantation. Despite the fact that the presence of a well and a removed tooth root makes it easier for us to select an implant in size and position it, in some cases it is necessary to manufacture surgical templates. This is especially true in situations where, for some reason, the teeth being removed have been moved (for example, due to the absence of adjacent teeth). Computed tomography is mandatory for immediate surgery, since it allows you to assess the condition of the bone tissue around the tooth socket, accurately determine the localization of the anatomical structures surrounding the operating area, measure the parameters of the tooth socket and make a preliminary decision on the possibility of immediate implantation.

The appointment of antibacterial prophylaxis will reduce the number of antibiotics taken and reduce the risk of infectious and inflammatory complications in the postoperative period. At the same time, it is important to know that the decision to install an implant largely depends on the quality and minimal trauma of the tooth extraction operation, so it is taken by the doctor only after the tooth is completely extracted from the well. The patient is warned about this without fail. In 2012, in two cases out of 183, we were unable to complete the immediate implantation operation due to bone loss during removal, so we limited ourselves to tooth extraction. In the future, patients underwent delayed implant placement. In some cases, it is advisable to prescribe antibacterial prophylaxis. This will reduce the amount of antibiotics taken and reduce the risk of infectious and inflammatory complications in the postoperative period. Laboratory tests are prescribed only according to indications and, as a rule, involve the need to consult doctors of the appropriate specialty (cardiologist,

endocrinologist, allergist, etc.). It makes no sense to prescribe laboratory tests to everyone, since only pronounced general somatic pathology has a noticeable effect on the result of implantological treatment, which in any case requires the attention of both doctors, so is the patient himself.

Conclusions:

Simultaneous implantation with immediate loading is an effective method of implantation. This method acquires the greatest relevance when applying this technique in the frontal areas of the jaw. The main advantages of simultaneous implantation are the fairly rapid elimination of aesthetic defects after tooth extraction; reduction in the number of surgical interventions; avoidance of atrophic processes in the periodontium.

Literatures:

1. Alimdjanovich, R. J., Khairullaevna, O. N., & Normuratovich, N. A. (2021, September). Correction of psychological stress in children with non-pharmacological methods of dental admission. In *Archive of Conferences* (pp. 108-114).
2. Ахмедов А. А., Фуркатов Ш. Ф., Анваровна Х. М. ПОЛНЫЙ ЦИФРОВОЙ РАБОЧИЙ ХОД ДЛЯ ИЗГОТОВЛЕНИЯ СКОРОТЕЧНОЙ РЕСТАВРАЦИИ С ОПОРОЙ НА ИМПЛАНТАТЫ: КЛИНИЧЕСКИЙ СЛУЧАЙ И НОВЫЙ МЕТОД //MODELS AND METHODS FOR INCREASING THE EFFICIENCY OF INNOVATIVE RESEARCH. – 2023. – Т. 2. – №. 20. – С. 106-115.
3. Абдуллаева П. Р., Ахмедов А. А. СПОСОБ ЛЕЧЕНИЯ ИШЕМИЧЕСКИХ СОСТОЯНИЙ ЗРИТЕЛЬНОГО НЕРВА И СЕТЧАТКИ (ЛИТЕРАТУРНЫЙ ОБЗОР): Medical science //Ethiopian International Journal of Multidisciplinary Research. – 2023. – Т. 10. – №. 09. – С. 18-23.
4. Абдуллаева Н. И., Ахмедов А. А. ОСТЕО-ИММУНОЛОГИЧЕСКИЙ СТАТУС ПАЦИЕНТОВ С ЗАБОЛЕВАНИЙ ПАРОДОНТА В ПОДРОСТКОВОМ И МОЛОДОМ ВОЗРАСТЕ //TA'LIM VA RIVOJLANISH TANLILI ONLAYN ILMIY JURNALI. – 2023. – Т. 3. – №. 11. – С. 143-149.
5. Bustanovna I. N., Sharipovna N. N. Research cases in women after menopause clinical and morphological changes in oral organs and their analysis //Journal of biomedicine and practice. – 2023. – Т. 8. – №. 3.
6. Бурхонова З. К., Рахмонбердиева Р. COMPARATIVE EVALUATION OF PARTIAL DENTURES WITH DIFFERENT ATTACHMENT ELEMENTS //American Journal of Pedagogical and Educational Research. – 2023. – Т. 16. – С. 128-131.
7. Bustanovna I. N., Berdiqulovich N. A. ПРОФИЛАКТИКА И ЛЕЧЕНИЯ КАРИЕСА У ПОСТОЯННЫХ ЗУБОВ //JOURNAL OF BIOMEDICINE AND PRACTICE. – 2022. – Т. 7. – №. 1.
8. Bustanovna, I. N. (2022). Assessment of clinical and morphological changes in the oral organs and tissues in post-menopause women. *Thematics Journal of Education*, 7(3).
9. Bustanovna, I. N., & Sharipovna, N. N. (2023). Research cases in women after menopause clinical and morphological changes in oral organs and their analysis. *Journal of biomedicine and practice*, 8(3).
10. Bustanovna, I. N. (2024). Complications Arising in the Oral Cavity after Polychemotherapy in Patients with Hemablastoses. *International Journal of Scientific Trends*, 3(3), 62-66.

11. Bustanovna, I. N. (2024). The Effectiveness of the Use of the Drug " Proroot MTA" in the Therapeutic and Surgical Treatment of Periodontitis. *International Journal of Scientific Trends*, 3(3), 72-75.
12. Bustanovna, I. N., & Abdusattor o'g, A. A. A. (2024). Analysis of Errors and Complications in the Use of Endocal Structures Used in Dentistry. *International Journal of Scientific Trends*, 3(3), 82-86.
13. Bustanovna, I. N. (2024). Morphological Changes in Oral Organs and Tissues in Women after Menopause and their Analysis. *International Journal of Scientific Trends*, 3(3), 87-93.
14. Bustanovna, P. I. N. (2024). Further Research the Features of the Use of Metal-Ceramic Structures in Anomalies of Development and Position of Teeth. *International Journal of Scientific Trends*, 3(3), 67-71.
15. Bustanovna, P. I. N. (2024). Research of the Structure of Somatic Pathology in Patients with Aphthous Stomatitis. *International Journal of Scientific Trends*, 3(3), 51-55.
16. Husanovich, C. F. (2024). RESEARCH ON THE ATTITUDE OF PEOPLE TO THE PREVENTION OF DENTAL DISEASES. *European International Journal of Multidisciplinary Research and Management Studies*, 4(02), 265-268.
17. Исламова Н. Б., Назарова Н. Ш. СУРУНКАЛИ ТАРҚАЛГАН ПАРОДОНТИТ БИЛАН КАСАЛЛАНГАН ПОСТМЕНОПАУЗА ДАВРИДАГИ АЁЛЛАРНИНГ ПАРОДОНТ ТЎҚИМАСИНИНГ ДАВОЛАШ САМАРАДОРЛИГИ ОШИРИШ //ЖУРНАЛ СТОМАТОЛОГИИ И КРАНИОФАЦИАЛЬНЫХ ИССЛЕДОВАНИЙ. – 2023. – Т. 4. – №. 2.
18. Исламова Н. Б., Назарова Н. Ш. СОВЕРШЕНСТВОВАНИЕ ДИАГНОСТИКИ И ЛЕЧЕНИЯ ХРОНИЧЕСКОГО ГЕНЕРАЛИЗОВАННОГО ПАРОДОНТИТА У ЖЕНЩИН В ПЕРИОД ПОСТМЕНОПАУЗЫ //Conferences. – 2023. – С. 13-15.
19. Исламова Н. Б., Чакконов Ф. Х. Изменения в тканях и органах рта при эндокринных заболеваниях //Актуальные вопросы стоматологии. – 2021. – С. 320-326.
20. Исламова Н. Б., Ислотов Л. Б. Особенности развития и течения заболеваний полости рта при эндокринной патологии //ББК. – 2021. – Т. 56. – С. 76.
21. Исламова Н. Б. и др. Состояние кристаллообразующей функции слюны при различных патологиях //Молодежь и медицинская наука в XXI веке. – 2014. – С. 470-471.
22. Исламова Н. Б. Сравнительная оценка противовоспалительных цитокинов крови в развитии заболеваний полости рта при гипотиреозе //Наука в современном мире: теория и практика. – 2016. – №. 1. – С. 41-44.
23. Иргашев Ш. Х., Исламова Н. Б. Применение и эффективность энтеросгеля при лечении генерализованного пародонтита //Актуальные вопросы стоматологии. – 2021. – С. 305-310.
24. Islamova N. B., Sh N. N. STUDY OF CHANGES IN PERIODONTAL DISEASES IN POSTMENOPAUSAL WOMEN //Conferences. – 2023. – С. 15-17.
25. Nazarova N. S., Islomova N. B. postmenopauza davridagi ayollarda stomatologik kasalliklarining klinik va mikrobiologik ko 'rsatmalari va mexanizmlari //Журнал "Медицина и инновации". – 2022. – №. 2. – С. 204-211.
26. Ortikova, N., & Rizaev, J. (2021, May). The Prevalence And Reasons Of Stomatophobia In Children. In *E-Conference Globe* (pp. 339-341).
27. Ortikova, N. (2023). ANALYSIS OF ANESTHESIA METHODS FOR DENTAL FEAR AND ANXIETY. *Центральноазиатский журнал академических исследований*, 1(1), 8-12.

28. Ortikova, N. K. (2023). DENTAL ANXIETY AS A SPECIAL PLACE IN SCIENTIFIC KNOWLEDGE. *SCHOLAR*, 1(29), 104-112.
29. Ризаев Ж. А., Ахмедов А. А. ОСНОВЫ СТОМАТОЛОГИЧЕСКОЙ ПОМОЩИ В РЕСПУБЛИКЕ УЗБЕКИСТАН НА ОСНОВЕ РАЗВИТИЯ ОБЩЕЙ ВРАЧЕБНОЙ ПРАКТИКИ //ЖУРНАЛ СТОМАТОЛОГИИ И КРАНИОФАЦИАЛЬНЫХ ИССЛЕДОВАНИЙ. – 2023. – Т. 4. – №. 3.
30. Содикова Ш. А., Исламова Н. Б. Оптимизация лечебно-профилактических мероприятий при заболеваниях пародонта беременных женщин с железодефицитной анемией //Актуальные вопросы стоматологии. – 2021. – С. 434-440.
31. Sulaymonova Z. Z., Islamova N. B. TAKING IMPRESSIONS IN THE ORAL CAVITY AND THEIR REDUCTION //Conferences. – 2023. – С. 21-23.
32. Sarimsokovich, G. M. (2023). LATEST METHODS OF STUDY OF PERIODONTAL DISEASE IN WOMEN. *European International Journal of Multidisciplinary Research and Management Studies*, 3(10), 242-250.
33. Sarimsokovich, G. M. (2023). MODERN METHODS OF RESEARCH OF PERIODONTAL DISEASES IN WOMEN. *Open Access Repository*, 4(2), 632-639.
34. Sarimsokovich, G. M. (2023, May). CLINICAL EFFICIENCY OF THE GUIDED REGENERATION METHOD OF TISSUE IN THE TREATMENT OF CHRONIC PERIODONTITIS OF THE MIDDLE DEGREE. In *Conferences* (pp. 11-13).
35. Sarimsokovich, G. M. (2024). METHODS FOR STUDYING PERIODONTAL DISEASES IN WOMEN IN THE POSTMENOPAUSE PERIOD. *Лучшие интеллектуальные исследования*, 18(4), 36-42.
36. Sarimsokovich, G. M. (2024). IMPROVING THE EFFECTIVENESS OF PREVENTION AND TREATMENT OF INFECTIOUS PROCESSES OF THE ORAL CAVITY IN PEOPLE USING DENTAL PROSTHETICS. *Лучшие интеллектуальные исследования*, 18(4), 31-35.
37. Sarimsokovich, G. M. (2024). HYGIENIC ASSESSMENT OF THE CONDITION OF THE ORAL MUCOSA AFTER ORTHOPEDIC TREATMENT. *Journal of new century innovations*, 51(2), 51-57.