TEETH REPLANTATION IN CHRONIC PERIODONTITIS

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Annotation.Partial absence of teeth is the most common pathology of the dental system. According to D.A. Gavrilova, L.A. Shavlyanova (2002) by the age of 14, 10-24% of children have minor dental defects, and Among high school students, 31.9% of students need orthopedic treatment of dental defects.

Based on experimental and clinical observations, it has been established that a violation of the continuity of teeth series causes pathomorphological and functional changes near the defect and spreads throughout dentition, and then to the entire body as a whole. (Roginsky V.V. 1984).

Lack of teeth in children leads to persistent, and sometimes to irreparable changes in the face: noticeable flattening of soft tissues, shortening of the upper lip, nic ratio of the jaws, reduction of the lower part of the face, which gives the patient's face an senile appearance (Va- Sil'ev V.P., Gavrilov E.I.).

A practically healthy person with a defect in the dentition turns to a dentist for dental prosthetics. doctor. The doctor prepares intact teeth located next to the defect. Subsequently, on these ground teeth a crown is put on. As is known, after 4-5 years these previously healthy teeth under the crown are destroyed and subsequently are deleted. Unfortunately, this is the norm today, since many orthopedists do not know how to replace the defect in any other way. (Khasanov R.A. 2004).

Keywords: deformatciya, chronic periodontit, periodont, causative tooth , orthopedic treatment.

Thus, the absence of teeth is the most common pathology of the dental system, according to patients. Most authors cause the development of deformation of the dentition and bite.

Purpose of the study. To study the frequency, clinical picture and course of chronic periodontitis in people of different ages, keep the causative tooth.

Materials and methods of research.

We conducted a study and studied 62 patients with various types of chronic periodontitis or another tooth treated at the BukhGosmi Oral and Maxillofacial Surgery Clinic in 2020-2022.

An analysis of the causes of occurrence showed that chronic periodontitis can occur in teeth that were previously painful. patients with symptoms of pain from temperature stimuli, when treatment was not carried out or ended without treatment the

ability of patients to see a doctor before the disease becomes chronic; from the anamnesis it was revealed that the patient had once then he received an injury in the area of the causative tooth.

Observations showed that molars were most often affected in 28.6% of cases. Lower jaw (63.2%), upper jaw (54.2%).

The occurrence of chronic periodontitis in the acute stage was facilitated by hypothermia, general pro- colds, flu, sharp biting on solid food, etc.

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

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

In 51.4% of patients, replantation of the causative, in most cases, lower molars was performed. In a day treatment under conduction (mandibular) anesthesia, the causative tooth was removed, and the conservation of replants was carried out were placed in the Vikon preservative solution.

Subsequently, the anatomical shape of the crown was restored by filling it with “Composite”. Pro- Resection of the root apex was performed in the amount of 0.3-0.4 mm. After all stages of treatment, the tooth was transplanted into its original cavity.

Antibacterial, anti-inflammatory, analgesic and desensitizing therapy was carried out.

The tooth was immobilized using a wire or wire-composite splint. For for therapeutic treatment of replantation, we have proposed a device in the form of a vice, easy to use and safe for a doctor.

Clinical, radiological and functional studies we conducted after dental transplantation included studying the process of replant engraftment and restoration of its function in the postoperative period. A month after the operation, when the splint reinforcing the replant was removed, the general condition of the patient was satisfactory. 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. Immobile replant or there is slight mobility. The gum tightly covers the neck of the replant.

6 months after dental replantation surgery, complete recovery is clinically determined replant functions. Patients note that they use replanted teeth just like others. The loss of grafts was observed after 40 days; they were not visually observed from intact teeth. On radiographs During this period, complete or complete repair of bone tissue in the area resected during surgery is noted. radios of the apex of the replanted tooth. A uniform line of the periodontal fissure is noted.

Conclusion. Thus, the results of clinical studies showed that in the treatment of chronic periodontitis promote early elimination of local and general signs of inflammation, the causative tooth can be saved. Replan- tation is easily accessible, simple, effective, low-traumatic, and the replacement of dentition defects is
Therefore, transplantation is the ideal to which humanity strives.

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