

V Международный конгресс стоматологов discharged from the department of maxillofacial surgery as soon as possible. Clinical observations have shown the need to follow all stages of surgical treatment and additional methods of rehabilitation of patients of this category.

Conclusions. A component of the successful treatment of patients with odontogenic inflammatory diseases is a complex of therapeutic measures aimed at timely and adequate primary surgical treatment of a purulent focus and its drainage, removal of a "causal" tooth and at the same time surgical sanitation of the oral cavity, the appointment of adequate antibacterial therapy, infusion therapy from the first hours of the patient's stay in the department, regular dressings with using ointments, antiseptic solutions and enzyme solutions. The timely appointment of HBO, physiotherapy, mechanotherapy and myohymnastics for a more complete and rapid rehabilitation of patients is shown.

DIFFERENCE BETWEEN CARIES AND HYPOPLASIA

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The purpose of the research. A longitudinal cohort study (from birth) regarding the relationship between fluoride exposure, biological and environmental factors, and oral health. Using data collected on dental caries and enamel hypoplasia in deciduous teeth, this article reports on the relationship and differences between enamel hypoplasia and caries.

Materials and methods of research. for the medical research, I've given a brief overview of caries and hypoplasia. With visual factors of their discovery and a route to our purpose , namely , to capture some differences between them.

The results and discussions of the research. Hypoplasia underdevelopment of hard tissues of the tooth during their growth and formation Distinguish between systemic and local hypoplasia Systemic hypoplasia is the result of various pathological processes in the body, in which the function of ameloblasts, and often odontoblasts, is impaired or inhibited, which leads to a violation of the mineralization of enamel and dentin. Systemic hypoplasia of temporary teeth is formed in the prenatal period and is associated with disorders in the body of a pregnant woman. Systemic hypoplasia of permanent teeth is associated with severe infectious diseases, rickets, digestive tract disorders, insufficiency of the endocrine glands (especially parathyroid glands), metabolic disorders

Local hypoplasia is associated with a metabolic disorder in a localized area near the rudiments of permanent teeth, which occurs as a result of an inflammatory process in the region of the apex of the temporary tooth root or with trauma to the developing follicle. It is more often observed on premolars, the rudiments of which are located between the roots of temporary molars. Hypoplasia develops as a result of the action of various factors: Endogenous (abnormalities of embryonic cell priming) Exogenous (factors that adversely affect the cells of the fetus or organ). Hypoplasia must be

differentiated from the initial and superficial forms of caries. With hypoplasia, white spots are multiple, usually on symmetrical groups of teeth, the

V Международный конгресс стоматологов surface of the tooth is smooth, not stained with dyes. With caries, the white spot is single, more often localized in the cervical region, stained with a 2% solution of methylene blue.

Prevention of systemic hypoplasia: Caring for the health of a pregnant woman and a newborn Dental education in antenatal clinics and children's clinics Prescribing multivitamin complexes for pregnant women ("Pregnavit") Breastfeeding and good nutrition of the child, harmonious development Prevention of infectious and non-infectious diseases in young children Prevention of local hypoplasia is in the prevention of caries of temporary teeth or its timely treatment in order to prevent the development of the inflammatory process in the periodontium.

The cause of the appearance of this disease are microorganisms that are present in the human oral cavity in many. First, the destruction of the enamel, and then the dentin (the hard substance of the tooth), with further damage to the pulp chamber, occurs under the influence of acids that these bacteria secrete in the course of their life. and in the thickness of plaque, so periodic professional cleaning of teeth is one of the most effective methods of caries prevention.

1. Signs of caries
2. Discomfort when the tooth comes into contact with sweet, sour, cold or hot.
3. Areas of darkening of the enamel.
4. Rough areas on the surface of the tooth.
5. Bad breath.
6. Formation of various defects in hard dental tissue.
7. Finally, pain, which indicates the development of acute caries.

Treatment of this pathology depends on the stage of its development. So, with caries in the stain stage, it is enough to remineralize the enamel using special solutions and pastes. And if the destruction of hard tissues has begun, then mechanical cleaning of the cavity, the use of drugs that stimulate the restoration of dentin, and the installation of a filling will be required.

How to distinguish hypoplasia from caries?

Hypoplasia appears immediately when the tooth erupts, and caries - after a while on the initially healthy, uniform color of the enamel. Hypoplasia is located in the region of the cutting edge or in the middle of the tooth crown, and caries is closer to the gum or at the junction of two adjacent teeth

With initial caries, chalky spots appear, they are located on the contact surfaces and in the cervical region. Such spots do not have clear boundaries, they can be pigmented, with a smooth, matte surface, and are stained with dyes. Over time, their gradual progression occurs, ultimately resulting in a defect in hard tissues and the formation of a cavity in the tooth.

Spots with enamel hypoplasia are multiple, they are localized over the entire tooth

surface, white, with a shiny, smooth surface, clear boundaries, they are not stained with dyes. They appear immediately after teething.

In more severe forms of fluorosis, it is necessary to carry out differential diagnostics with various lesions of a non-carious and carious nature: a wedge-shaped superficial caries, erosions, etc.

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ANALYSIS OF THE MICROBIAL PROFILE IN CHILDREN WITH GINGIVITIS

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It is known that gingivitis is accompanied by inflammation of the gum mucosa, which becomes easily vulnerable and bleeding.

With further progression of the disease, teeth mobility and loss occur. Gingivitis is catarrhal, hypertrophic, ulcerative and mixed. Quite often, gingivitis is only a sign of periodontitis or periodontal disease.

The purpose of the research- characterization of the microbial profile of saliva (MPS) in children with chronic catarrhal gingivitis (CCG).

Material and methods of research. MPS was studied in 36 children with CCG aged 9 to 18 years. The representative control group consisted of 16 healthy children of the same age who did not have pathology from the dental organs.

To study MPS, the contents of the swabs were thoroughly suspended in test tubes in Schedler's broth, then plated in sectors on general and differential diagnostic nutrient media to isolate and identify aerobic and anaerobic bacteria.

The results of the research. Analysis of MPS data showed that in patients with HCG in culture, the total microbial contamination on average was 7.14 ± 0.33 lg CFU / ml (in control 5.84 ± 0.21 lg CFU/ml ($p < 0.001$)), and the overall seeding rate was 100% of cases. In this group, the number of streptococci, in particular *Str. pyogenes*, was 5.92 ± 0.19 lg CFU/ml in 100% of children.

Contents *St. aureus* in saliva was 6.60 ± 0.36 lg CFU/ml (in control - 6.82 ± 0.27 lg CFU/ml), *Str. epidermidis* - 2.25 ± 0.44 lg CFU/ml ($p < 0.01$).

In the control group of 16 children, 12 (80%) had *St. aureus*, in 8 (53.3%) - *St.*