

IMPROVEMENT OF THE METHOD OF DENTAL REPLANTATION
Adashov F.S., Kurbanov S.A., Usmanova D.R., Omonov R.A., Fozilov M.M.
Tashkent State Dental Institute, Tashkent, Uzbekistan

Relevance of the topic. According to statistics, 50% of the total number of injuries of hard tissues of the maxillofacial region are injuries of the dental-alveolar sphere[1].Of these, injuries observed during teething occurred in 0.9% to 3.9%[2].Complete dislocation of permanent teeth accounts for about 3% of the total number of injuries in children[3-4].The work of a dentist is aimed at preserving the tooth as an organ.A variety of tooth-preserving operations is tooth replantation [5]. Further development of replantation technologies makes it possible to solve many problems of restoration of dentition and manufacture of full-fledged dentures at a higher scientific and practical level [6-7]. Accordingly, currently one of the urgent problems facing dentists is the improvement of the method-replantation-preservation of the tooth as an organ.

The purpose of the study: Improvement of the root treatment before the replantation of teeth.

Objectives of the study: 1. Analysis of fixation and complications of teeth that are replanted by the traditional method.

2. Analysis of fixation and complications of teeth caused by replantation in the proposed method.

Materials and methods: Generalization of studies using an improved replantation method for a study in 10 patients.

1. Methods of clinical research.
2. X-ray methods of research.
3. Statistical data analysis.

We observed 10 people with complete dislocation of the central incisors of the upper jaw within 24 hours after the injury. The age of patients was 18-40 years. The main causes of injury were falls, accidents and sports injuries.

Treatment of a complete dislocation of the tooth consists of the following stages::1) trepanation of the tooth, amputation, extirpation of the pulp, filling of the canal. 2) Treatment of the root part in preparation for dental replantation (fissure forming when forming a thread). 3) preservation in sterile saline solution with antibiotics for 60 minutes . 4) tooth replantation – the return of the tooth to its own hole. 5) fixation of the replanted tooth for 4 weeks. 6) mechanical sparing diet.Examination of the patient included:examination, palpation, EDI of adjacent teeth, detailed general analysis of blood-X-ray studies:panoramic, dental images.Before replantation, it was necessary to evaluate the tooth hole: on the X-ray with a complete dislocation of the tooth, the hole is empty with clear contours, if the hole of the dislocated tooth is destroyed, then the boundaries of the hole were partially undefined or did not look clear, in these cases, recommend the use of osteoplastic material (kolapol etc.)The injured tooth was removed from occlusion (from contact) with the antagonist teeth by selective grinding. Fixation of the replanted tooth was carried out with a smooth splint bracket made of aluminum wire and fixed to the teeth with a thin bronze-aluminum ligature.In the postoperative

period, both groups received the same treatment methods in the form of antibiotics (lincomycin), painkillers and UHF physiotherapy No. 5, mouthwash with antiseptic solutions. After 4 weeks after the operation of tooth replantation, all patients underwent X-ray examination: panoramic and dental images. X-ray examination after 12 weeks showed the sprouting of bone tissue on the formed fissure in the form of a thread. Due to this, a better fixation of the tooth in the hole was achieved.

The results of treatment were evaluated based on the study of subjective and objective data: no pain, tooth mobility, the condition of the mucous covers which in circumference replanting of the tooth results in isoenergetical studies (periodontal health), the degree of mobility of the tooth.

Conclusions. Thus, the clinical testing of the proposed method of dental replantation showed its effectiveness. The advantage of the proposed method is the simplicity of replantation, the disappearance of swelling of the gingival mucosa in the circumference in a short time, the low cost of the described treatment procedure, low trauma and restoration of the functions of the replanted tooth.

The described method of replantation of permanent teeth with complete dislocations can be recommended for its wide application in the practice of outpatient surgical dentistry.

References:

1. Efimenko V. P. Characteristics of mechanical damage to hard tissues of the maxillofacial region in children // Proceedings of the VIII International Conference of Maxillofacial Surgeons and Dentists. - SPb.: 2003. - p. 68.
2. Gevorkyan A. A. Substantiation of criteria for assessing the degree of harm to health in isolated dental injuries: Author's abstract of the dissertation of the Candidate of Medical Sciences-M., 2001. - 19 p.
3. Andreasen J.O., Andersson L. Avulsions. Textbook and color atlas of traumatic injuries to the teeth. 4th edn. – Oxford, UK: Blackwell Munksgaard, 2007. – P. 444-88.
4. Ritwik P., Massey C., Hagan J. Epidemiology and outcomes of dental trauma cases from an urban pediatric emergency department // Dent Traumatol. – 2015. Vol. 31. – P. 97-102.
5. Andreasen JO. Atlas of replantation and transplantation of teeth. Philadelphia: Saunders; 1992; 303.
6. Malanin I. V. A new method of posttraumatic autoreplantation of teeth / I. V. Malanin, M. A. Glushchenko // Modern science-intensive technologies. - 2004. - No. 4. - pp. 41-43.

ON THE USE OF SILK MATERIALS IN THE MANAGEMENT OF PURULENT WOUNDS

Juraev H.A.

Tashkent State Dental Institute, Tashkent, Uzbekistan

Relevance. The tactics of treating inflammatory diseases of the maxillofacial region in patients with concomitant pathology are one of the urgent problems of