

**PREVENTION OF DENTOALVEOLAR ANOMALIES IN CHILDREN  
AND THEIR TREATMENT**

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**Relevance.** Prevention of dentoalveolar abnormalities at different ages periods are one of the most actual issues of modern dentistry. The main problems in the prevention of DAA are orthodontic diagnostics, large number of contradictory classifications, lack of single terminology; therefore, it is very important to timely identify the disease and take the necessary measures for its adequate treatment.

**Purpose of the research.** This study was carried to develop the prevalence of dental anomalies and treatment modalities/planning among the orthodontic patients in early age.

**Materials and methods.** Research was conducted among 54 children from 1 to 17 years old at the regional dentistry clinic in Samarkand. All children were divided into groups:

I- the group consisted of infants with temporary occlusion (up to 3 years old; n=9)

II- the group consisted of toddlers with changeable bite (from 3 to 7 years old ; n=13)

III- the group consisted of adolescents with permanent occlusion (up to 17 years old; n=23)

**Result and discussion.** Among the 54 subjects, 23 (42.6%) presented with at least one anomaly. From those, 17(74%) demonstrated a single anomaly and 6 (26%) with more than one anomaly. It was found that more than half of the patients (n=12) were suffering from Distal bite (22,6%). The state of Retrogenia has noticed in 7 children (12,6%). The less common anomalies were Macrodonia (3,7%), followed by Rotation of front teeth and premolars (3,7%). Risks of DAA: Genetic predisposition (presence of genes), mechanical (bruises, trauma, tight clothes of the expectant mother), chemical (alcoholism and smoking), biological (diseases of a pregnant woman), mental (stressful situations in the mother in the first trimester), radiation (X- ray exposure).

The Hotz method - sequential serial removal of temporary teeth, temporary canines and then molars. This therapeutic measure allows to provide a place in the dental arch for permanent canines and regulation of their position during eruption.

A Trainer for the early treatment of children who still have permanent teeth beginning to erupt. The action of the mouth guard is quite soft, effective only for a growing organism during the period of active formation of the jaws, the growth of muscles and teeth.

LM - activator. Elastic mouseguard, used during milk, changeable and temporary bite in order to correct the dentoalveolar anomalies Characteristics and distinctive

features: Three breathing holes make the breathing of the patient easier and let them to avoid discomfort. Indications for the usage of Lm-Activator: tight position of the teeth in the anterior row, rotation of front teeth and premolars, crossbite, deep bite, distal bite, open bite, gingival smile

**Conclusion.** As this research shows, dental-alveolar anomalies is one of the most common pathologies in childhood. Untimely struggle and treatment can lead to complications when children grow up and their permanent teeth grow, for this it is necessary first of all to carry out preventive explanatory work with children, and if the anomaly has already begun, then immediately begin treatment of this pathology

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## REVIEW OF EARLY ORTHODONTIC TREATMENT FOR CLASS III MALOCCLUSION

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Skeletal Class III malocclusion, with its unpredictable and unfavorable nature, has been characterized by a growth pattern with doubtful prognosis regarding orthodontic mechanics, even when performed early. Maxillary intramembranous growth has a better response to orthopedic treatment, based on growth control and redirection, thus contributing for early intervention success. A number of appliances have been used to correct a Class III skeletal discrepancy, but there is little evidence available on their effectiveness in the long term. Similarly, early treatment of Class III malocclusion has been practiced with increasing interest.

**The aim:** evaluate the effectiveness of orthodontic/orthopedic methods used in