

PREVIOUS DENTAL STATUS OF INDIVIDUALS WITH COVID-19

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Introduction: The oral cavity plays a critical role in the spread of acute respiratory infections, including COVID-19. The incidence of COVID-19 infection caused by the SARS-CoV-2 virus is currently one of the most urgent problems of modern medicine throughout the world. It should be noted that the foci of chronic odontogenic infection in the oral cavity, which are factors of sensitization of the human body and affect the state of the immune system, as well as the level of hygiene, can determine both the severity of the clinical course of COVID-19 and the severity of the immune response, as well as determine the activity of viral particles in the oral fluid, which reduces or increases the risk of infection. In studies conducted by scientists, it has been proven that the SARS-CoV-2 virus that causes COVID-19 can be detected in the oral fluid before, during and after the acute clinical stage of the disease and even in asymptomatic cases [2], which definitely proves its replication in oral cavity, the tissues of which express the ACE-2 receptor, with the help of which SARS-CoV-2 penetrates into the epithelial cells of the salivary ducts, which can become the first targets of infection.

Objective of the study: to investigate the dental status of people who subsequently fell ill with COVID-19.

Objects and methods of research. An analysis was made of 20 outpatient dental records of patients who subsequently fell ill with COVID-19, caused by the SARS-CoV2 virus for the period March-April 2021. Criteria for inclusion in the study group - the presence of the SARS-CoV2 virus in the study group, confirmed by PCR, age over 18 years. The obtained data were subjected to statistical processing, the distribution of the trait was found to be different from normal, non-parametric methods of statistical analysis were used.

Results. The age of patients in the study group ranged from 29 to 80 years, the average age was 56.0 (37.0-61.0). Women were 60.0% (12), men - 40.0% (8). In the study group, multiple foci of chronic odontogenic infection (MFCHOI) were detected in 80.0% (16) of individuals, the number of foci ranged from 2 to 28. The average number of identified foci of MFCHOI was 7.0 (5.0-12.0). The average number of detected facts of caries in individuals of this group was determined to be 2.0 (2.0-5.0), the average number of periodontitis (endodontically treated and/or extracted teeth) was 6.0 (3.0-11.0). This fact indicates that infectious and inflammatory processes in bone tissue and periodontium prevailed over carious lesions of hard dental tissues. It has been proven that chronic foci of infection are a sensitization factor and reduce the body's immunological defense. The average value of the KPU index was 15.0 (7.023.0), which corresponds to the average level of caries intensity (CIC). It should also be noted that 50% (10) tested group of individuals had a history of acute odontogenic periostitis of the jaws, 35.0% (7) tested group of individuals had a history of stomatitis and gingivitis, which is consistent with the data.

Conclusions. In patients with COVID 19, according to the results of the analysis of the dental status, multiple foci of chronic odontogenic infection were identified with a predominance of lesions of bone tissue and periodontium; mild periodontal disease

and a satisfactory level of oral hygiene.

References

1. Арипова, Г., et al. "РАСПРОСТРАНЕННОСТЬ РАЗЛИЧНЫХ ФОРМ ДИСТАЛЬНОЙ ОККЛЮЗИИ У ОРТОДОНТИЧЕСКИХ ПАЦИЕНТОВ С УЧЕТОМ ТИПА РОСТА ЧЕЛЮСТЕЙ." Медицина и инновации 1.4 (2021): 421-425.
2. Bardyshev, I. I., A. S. Degtyarenko, and T. I. Pekhk. "8, 13-Epoxyabd-14-en-19-oic acid—A component of the needles of Pinus sylvestris." Chemistry of Natural Compounds 18.4 (1982): 447-449.
3. Нигматов, Р., et al. "Разработка тактики лечения при случаях редкой врожденной олигодентии." Stomatologiya 1.1-2 (59-60) (2015): 143-147.
4. Билял, Н. М. "Значение фото-протокола при диагностике зубо-челюстных аномалий в ортодонтии." Forcipe 3.S (2020): 769-770.

ADVANTAGES AND DISADVANTAGES OF CEMENT- AND SCREW-RETAINED IMPLANT SUPPORTED PROSTHESIS

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Relevance. Implant-supported fixed dental prostheses (FDP) represent a well-established treatment option that has evolved to become a standard of care in dental medicine over the past four decades. This success is based on the phenomenon of osseointegration, which has been enhanced through progress in surface technology, refined surgical techniques, the improvement of the stability of interfaces between the implants, abutments and dental prosthesis, as well as the establishment of lifelong prophylactic efforts to prevent biologic complications and failures. The main focus in prosthetic research is now the development of materials with better biomechanical characteristics to fix the suprastructures with the prosthesis.

Purpose of the study. It explicitly reviews the studies concerning cement- and screw-retained implant supported prosthesis to determine the efficiency of the two.

Materials and methods. Rola Shadid, BDS, investigated and contrasted the usage of screw and cement connections of the prosthesis and implant in clinic practice in 2014, because both approaches have benefits and drawbacks in the clinic. Clinical experience, frequency of usage, and the structure of the faults in crown-to-implant cemented and screw connections are not systematized. Screw-retained connection provides a rigid connection of the prosthetic construction with the implant or abutment. Cement fixation allows you to bypass some limitations. These include: aesthetics, low occlusion stability, the complexity of manufacturing restorations with a passive fit.

According to the authors, the cement layer absorbs extra occlusion load and distributes it evenly to the implant and bone. In terms of manufacturing process, prosthodontic constructions on implants with cement fixation are similar to other prosthodontic constructions. As a result, the dental laboratory technician does not require any more training. Cement connection is cheaper than screw fixation because the devices and materials utilized are less expensive. It is easy to make a cement-retained repair when the implant axes diverge by more than 17°, because no angled