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COMPUTER ANALYSIS OF OCCLUSIOGRAMS IN PARTIALLY EDENTULOUS PATIENTS

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Occlusive disorders are often an etiological factor in the occurrence of periodontal diseases, dysfunctions of the temporomandibular joint, parafunctions of the masticatory muscles and other pathologies of the dentition. Currently, one of the methods for analyzing the occlusal contacts of the dentition and detecting occlusal disorders is a computer analysis of the occlusion of the teeth. In recent years, computer analysis of dental occlusion has turned into a high-tech clinical tool that makes it possible to assess functional occlusion, the time sequence of the occurrence of contacts, the pressure on the occlusal surface that occurs when the teeth of the upper and lower jaw interact during the movement of the lower jaw. Computer processing of occlusiograms, especially in digital format, allows for a more complete examination, diagnosis, drawing up a rehabilitation plan for patients and evaluating the results of treatment. That is why the processing and documentation of occlusiogram data in digital

format is currently relevant.

Purpose of the study: assessment of occlusiograms and calculation of the area of occlusal contacts of teeth in the central occlusion in patients with partial secondary adentia, anomalies in the position of individual teeth and malocclusion using computer analysis followed by digital processing.

Materials and methods of examination. For the study, 60 patients were selected at the age of 20-25 years, of which 32 were women and 28 were men. Among the patients there were 16 with orthognathic bite, 12 patients with malocclusion: crossbite in 14, mesial occlusion in 10, distal occlusion in 2, 8 patients with anomalies in the position of individual anterior teeth. Partial secondary adentia was detected in 18 patients and is characterized by small defects in the dentition, with no more than 1 tooth missing in the lateral part of the dentition.

Occlusionograms were obtained in two ways. In the first method, an adhesive plaster on a fabric base 2 cm wide was used as a carrier for occlusal contacts; in the second method, tracing paper was used as a carrier for occlusal contacts. To transfer occlusal contacts to the carrier, 2 types of articulating paper were taken: Articulating Paper 70 pm and Bausch 40 pm articulating paper. In the first method, to obtain an occlusiogram, a 2 cm wide adhesive tape on a fabric base and 40 pm Bausch articulating paper were placed between the dentition, and the patient was asked to close the dentition in the central occlusion. Then, the patient received an occlusionogram on an adhesive tape with 70 pm Articulating Paper articulating paper in the central occlusion. In the second method of obtaining occlusiograms, tracing paper with 40 pm Bausch articulating paper and 70 pm Articulating Paper articulating paper was used as a carrier. Thus, each patient received four occlusiograms. Occlusiograms were fixed on a sheet of paper and scanned at a high resolution of 600 dpi for digitalization. The area of each occlusal impression was calculated using a computer ruler.

Conclusions. Analysis of the area of occlusal contacts of the teeth of the obtained occlusionograms showed that in patients with partial secondary adentia, anomalies in the position of individual teeth and anomalies in the bite, there is a decrease in the area of occlusal contacts in the dentition, with the greatest decrease in persons with anomalies in bite by 24.76%. It can be assumed that the chewing efficiency in these patients decreases by the amount of the decrease in the area of occlusal contacts of the dentition. Orthopedic treatment of the pathology of the dentition will be aimed at restoring the area of occlusal contacts of the teeth.

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COMPARATIVE ANALYSIS OF THE "ALL ON FOUR" IMPLANTATION METHOD WITH ONE-STAGE LOADING WITH FIXED PROSTHESES WITH THE TRADITIONAL METHOD OF REMOVABLE PLATE PROSTHESIS.

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Actuality: People lose their teeth throughout their lives for various reasons: due to age, diseases (severe forms of periodontitis), and maxillofacial injuries. This condition is called adentia. Restoration of the dentition with complete or partial adentia occurs with the help of removable and non-removable dentures. Removable dentures present discomfort to many, causing the gag reflex and inconvenience. To solve this problem, implantation is used. All-on-4 technology refers to a one-stage technique with immediate loading, since a fixed prosthesis is installed immediately after implantation, until the artificial root is completely fused with the jawbone. Dental implantation and prosthetics on four implants quickly and effectively restores the aesthetics and functions of the dentoalveolar apparatus. If in classical prosthetics the patient will have to wait more than six months for all the implants to heal, then the "all on four" procedure allows the teeth to be installed on the day of treatment. In each jaw, two implants are located in the front part vertically and parallel to each other, and two implants - at an angle of up to 45 degrees in the distal region, where the molars are located.

Aim To conduct a comparative analysis of the "ALL ON FOUR" implantation method with one-stage loading with fixed prostheses with the traditional method of a removable plate prosthesis and to explore the benefits of All on 4.

Material and methods: Three patients with a traditional removable plate prosthesis and three patients with fixed prostheses installed on implants according to the "All on 4" technique.

Results: The first patient with fully removable laminar dentures said that he had strong gag reflexes in the beginning. Another patient was rebased 2 times. The third patient often came for correction and was tired of frequent visits to the dentist. In three patients with implants, the screw-retained prosthesis was installed. This suggests that in the future the prosthesis can be easily unscrewed without damaging the implants and the prosthesis itself. A correctly made screw-retained prosthesis is not screwed directly to the implants, but to the multi-unit abutments, and they are screwed to the implants. All three patients were satisfied with the fixed denture, which is more comfortable. They quickly got used to dentures, the dentures fit snugly against the gums. The first patient after a year of wearing a prosthesis changed it to zircon prostheses. A zirconium prosthesis is manufactured using an accurate CAD / CAM method (modeling and manufacturing of a prosthesis is carried out using computer technology and high-precision milling).

Conclusion: Dental implantation and prosthetics using the "ALL ON FOUR" method quickly and effectively restores the aesthetics and functions of the