EUROPEAN INTERNATIONAL JOURNAL OF MULTIDISCIPLINARY RESEARCH AND MANAGEMENT STUDIES

VOLUME04 ISSUE02
DOI: https://doi.org/10.55640/eijmrms-04-02-46 Pages: 315-325

STUDYING THE CHARACTERISTICS OF REMOVABLE PROSTHETICS IN PATIENTS WITH CONGENITAL ADENTIA AND ECTODERMAL DYSPLASIA

Muinov Sattor Muminovich
Samarkand State Medical University, Uzbekistan

ABOUT ARTICLE

Key words: Orthodontic treatment, braces, periodontitis.

Received: 19.02.2024
Accepted: 24.02.2024
Published: 29.02.2024

Abstract: Congenital edentulism in children and adolescents against the background of ectodermal dysplasia is a fairly rare pathology in orthopedic and orthodontic practice. Even less common are clinical cases of oligodontia (congenital absence of six or more teeth) or complete primary edentulism of false and permanent teeth. There are few descriptions of such clinical cases in the domestic and international scientific literature. The issues of fundamental theory and clinical application in the dental treatment of children and adolescents with congenital edentulism and ectodermal dysplasia are reflected in several disparate publications. They are devoted to certain nuances of the problem - issues of terminology, classification and prevalence of the disease, characteristic clinical features, treatment of patients with congenital root defects and issues of their comprehensive rehabilitation. A small number of scientific studies have been published on this topic in the form of dissertations and theses.

INTRODUCTION

At the same time, most publications, especially foreign ones, are presented in the form of observations of individual clinical cases of this type of patient (CaseReport), demonstrating the results of prosthetics, but often not the long-term results of orthopedic dental treatment. In general, an analysis of the literature on this issue shows that removable dentures are the preferred method of treatment for this category of patients among domestic and foreign clinicians, especially in children and adolescents. Failure to take into account many features of removable dentures in children and adolescents can lead

to problems of children's adaptation to removable dentures, the ineffectiveness of orthopedic dental treatment in general, the formation of additional questions from parents or legal representatives of the patient to the dentist and the formation of claims leading to conflict situations that lead to conflict situations should be taken into account. There is no information on this issue in modern domestic and foreign literature. Based on many years of clinical experience in orthopedic rehabilitation of children and adolescents with congenital edentulism and ectodermal dysplasia, dynamic observations of the development of physiological processes of relative normality of this pathological condition in the growth, development and formation of the facial skeleton in general and edentulism in particular, our own view on this issue Will present our view on this problem.

The aim is: to increase the effectiveness of orthopedic treatment of children and adolescents with congenital edentulism and ectodermal dysplasia, to develop clinical recommendations on the specifics of the use of removable dentures in this category of patients.

MATERIALS AND METHODS

This study is based on the experience of orthopedic rehabilitation of 24 children and adolescents with Christ-Siemens-Touraine syndrome and congenital edentulism (oligodontia and/or complete edentulism of maxillary and/or mandibular false and permanent teeth). Clinical examination, anthropometric measurements of the face and head, X-ray examination of the maxillofacial region, photometry and the study of diagnostic models of the jaws were carried out to establish the diagnosis and plan replacement of prostheses. These comprehensive research activities were regularly repeated in the dynamics of clinical observation. All patients underwent dental prosthetics with removable dentures with a cast nickel-titanium base. Periodically (from 6 months to 2.5 years, depending on the individual morphological features of the age-related formation of the alveolar bone), new removable prostheses were made depending on the growth and development of the jaws. All patients in the study were constantly monitored at the dental clinic until the end of jaw growth and beyond. Long-term clinical follow-up of individual patients in this category lasted up to 18 years.

Results and discussion: Based on significant personal practical experience in the treatment of children and adolescents with congenital edentulism and ectodermal dysplasia, long-term clinical observations of the immediate and long-term consequences of rehabilitation dental prosthetics, features of removable dentures in this category of patients (practical activities important and effective in practice) can be formulated in the form of a number of consistent basic provisions (initial provisions acceptable):
1. Removable dentures in children and adolescents with congenital edentulism and ectodermal

dysplasia can be used not only as orthodontic structures to replace dentition defects, but also for the growth of a toothless jaw and development, eruption and as a special orthodontic device to stimulate the development of existing teeth, if any. In this regard, removable dentures in children and adolescents with congenital edentulism or ectodermal dysplasia require constant dental supervision, modification of the removable denture design and regular manufacture of a new removable prosthesis depending on the growth and development of the toothless part of the child's jaw (by restoring the chewing load) until this process is required before complete completion of the process.2. Orthognathic treatment (dental prosthetics) in children and adolescents, you can start at any time of the year, but it should be remembered that in summer (during the summer holidays) there is usually a significant physiological growth of the child's body. Therefore, removable dentures made in winter and spring may be "small" as early as August of this year. For such patients, we recommend making the first removable prosthesis in August (before the start of the school year) and conducting dynamic monitoring every six months (from January to August), coinciding with winter and summer holidays. These features and circumstances should be explained and agreed with the patient's parents or legal representatives in order to avoid misunderstandings on the part of the patient and questions about the quality of prosthetics.3. 3. During the manufacture of the first removable denture, the growth of the child, including the sagittal and transverse dimensions of the toothless alveolar arches, may be remembered that a sudden "jump" may occur. This is due to the child's inability to chew food well earlier and the absence of malnutrition and dystrophy of the gastrointestinal tract after replacement of prostheses. Malnutrition (incomplete starvation) is a general term that combines a number of conditions caused by insufficient or inadequate nutrition (incomplete or partial starvation). As a rule, this is a lack of food in the diet, but less often (typical for patients with congenital aplasia and ectodermal dysplasia) a violation of digestion and absorption in the gastrointestinal tract or excessive loss of nutrients. Prolonged malnutrition leads to exhaustion of the body and dystrophy of the gastrointestinal tract. Gastrointestinal dystrophy (from Latin. Alimentum (food, contents) is a severe protein and energy deficiency, with a predominance of energy deficiency. In this regard, removable dentures may become "smaller" after some time (3-6 months) after their use due to the growth of a toothless jaw, and this fact should be brought to the attention of the patient's parents or legal representatives before the start of orthopedic dental treatment.4. According to our observations, congenital toothless jaw and ectoderm formation, the average replacement period for removable dentures in toothless children and adolescents is two years, regardless of the age of development, except for the manufacture of the first denture, as described above. If necessary, a new removable prosthesis should be made in August of the current year of preschool childhood.5 The adaptation process in children with congenital toothlessness

and ectodermal dysplasia has significant features during orthodontic manipulations, the manufacture of the first removable prosthesis and subsequent removable prostheses (the manufacture of a new removable prosthesis due to jaw growth).6 During the initial examination of the child, his parents or legal representatives and during subsequent orthopedic treatment, the dentist must clinically determine the psychological characteristics of the child. At the same time, according to our observations, children can be divided into three main groups: - children with a predominance of inhibitory processes (slow movements, sluggish, withdrawn, sullen, less interested in others). Inhibitory connections in children of this group are quickly and firmly fixed. - Children whose stimulating and inhibitory processes are unstable (fragile, timid, absent-minded, get tired quickly and fall into a state of indifference). Slow formation of conditioned reflexes. - Children with a predominance of excitatory processes (short-tempered, aggressive, fussy, absent-minded, quickly tiring). Inhibitory processes are less developed and fade away quickly.7. 7. The features of the development of the process of adaptation to removable prostheses in these three psychological types of children include the following differences: - children in whom inhibitory processes prevail. In children of this type, the development of adaptation to prolonged exposure to the irritant of removable dentures occurs in a timely manner, but difficulties may arise if prosthetics are performed during periods of instability or crisis for the child, when due to stress it is not possible to maintain normal mental balance. Such children speak carefully and unhurriedly, think over answers to doctor's questions for a long time, have limited mobility and are reluctant to contact the dentist, but take responsibility for all operations, that is, they do not try to help, but also do not interfere. They tend to pull away when they are "pressured" by their parents or dentists. Children of this group are able to take care of removable dentures in a timely manner and, since they are not prone to forgetfulness, they can be assigned these operations relatively faster than children of other psychological types. Due to the weakness of the processes of excitation and inhibition in children of this type, prolonged contact of removable dentures with the tissues of the prosthesis base and other surrounding tissues is difficult to disrupt habitual behavior. Conditioned reflexes are formed slowly, and until they fully adapt, in many situations of wearing prostheses, the reaction to them is exaggerated, so that the prosthesis may be perceived by the child as hysterically uncomfortable and painful. Such children need a thorough approach, including many stages of preparation, demonstration of prostheses that will be made or have already been made to other patients, and many preparatory conversations. However, an overly sensitive approach is not always effective. Sometimes rigor and perseverance are required, especially in cases of early negative dental treatment experience. Such children are prone to forgetfulness. Therefore, in adolescence and at a young age, it is advisable to entrust them exclusively with the care of removable prostheses. This type

of child is characterized by high energy, aggressiveness, anger and inability to tolerate prolonged manipulation in the oral cavity. Adaptation to removable dentures occurs earlier than in children with the previous psychological type, but slower than in children with a predominance of the inhibition process, since the process of arousal in relation to various stimuli, including removable dentures, manifests itself, and the inhibition process is unstable. As a rule, they behave emotionally at the reception and can become hysterical with prolonged oral manipulation. This requires a high level of patience from the dentist, who does not like to be sedated. In severe cases of excessive activity, the presence of an authoritative person for the family is necessary - a parent, parents or other legal representative. They respond positively to the questions of the attending dentist, sometimes interrupt him to ask a question of their own accord, but you need to be prepared for such questions and be able to carefully smooth out the "flow of conversation" for medical manipulations. They quickly switch their attention to stronger stimuli, which can lead to distraction, forgetfulness and the need for supervision by parents or other legal representatives regarding the routine care of removable dentures.8. The initial qualitative contact of the dentist with children of each of the above psychological types, especially with young children, may not be achieved immediately. In practice, the dentist's initial qualitative contact with children of each of the above psychological types, especially with young children, may be unattainable. In our clinical experience, there are two cases where maxillary and mandibular removable complete prostheses were effectively manufactured for a 3-year-old patient. In such cases, the dentist needs to establish a strong psychological connection and mutual understanding with the young patient during the initial consultation with him and his parents or legal representatives. This may require regular visits (free consultation, during the admission of other patients, in the dental office, and parents are usually in the waiting room) for one to two months so that the patient can get to know and adapt to the medical institution and the dentist, establish high-quality communication with the doctor and eliminate phobias.9. Our observations show that children who received primary indications for the first removable prosthesis, despite their age, usually behave like adult patients, judging by their behavior at a doctor's appointment, and formulate clear, specific and internal requirements for the corrective work of a dentist in relation to removable prostheses.10. Children with congenital dementia or ectodermal dysplasia, the effectiveness of adaptation to removable dentures in the family type is higher in families where older children use removable dentures. This situation is explained by the peculiarity of having expectations and psychological readiness for dental prosthetics due to the "adult imitation effect".11. After the manufacture of removable prostheses, the problem of increased salivation (which always occurs in adults) does not occur in children and adolescents with congenital edentulism or ectodermal dysplasia. This is due to the anatomical and physiological features of the morphological structure of the

oral mucosa in these patients (xerostomia) and the insufficient function of the main salivary glands.12 The problem of speech impairment after the installation of removable dentures in children with congenital edentulism or ectodermal dysplasia practically does not arise due to the rapid formation of new language fixations. 13. Considering the psychophysiological component of personality development, the problem of aesthetic smile is more relevant in adolescents. This issue should be discussed directly with the patient and resolved jointly with the parents. The child's participation in the discussion and decision-making about the color, shape and size of teeth is an important psychological factor in increasing the effectiveness and satisfaction with the adaptation of removable dentures.14. The dynamic chewing load on the base of the removable prosthesis contributes to the initial development of existing teeth, further eruption and entry into the relative norms of the reconstructed occlusion of the individual. It is an effective tool for this purpose. Therefore, when manufacturing removable dentures, patients with congenital edentulism or ectodermal dysplasia, their parents or legal representatives should be warned in advance that the roots of the teeth under the base of the prosthesis will erupt in a short time after the installation of the removable prosthesis. This requires the dentist to constantly dynamically monitor and form the site of eruption by modifying the basis of the prosthesis or the "final guide" to change the position of the teeth in the alveolar arch in accordance with the objectives and goals of orthodontic and orthognathic treatment.15. With occlusive formation of upper and lower artificial teeth, the clinical height of the crown should be completely In children with congenital edentulism and ectodermal dysplasia, where individual teeth are present that are not fully formed (erupted), it is recommended to "attach an artificial bite to the erupted area." This is necessary to form a zone in which subsequent growth can increase the height of the crown (exclusion gap).16. At the stage of creating a new removable denture, due to the physiological growth of the jaws in children and adolescents with congenital edentulism and ectodermal dysplasia, complaints about the use of orthopedic dental structures during the adaptation period, as well as the presence of obvious objective clinical signs indicating the need to replace dental structures, such as: - age-related jaw growth and lack of timely replacement of removable dental structures prostheses for various subjective and objective reasons, for example: - prosthetics of teeth in removable dentures with an increase in wedge-shaped slits in the distal direction due to the age-related growth of the jaws and the lack of timely replacement of removable dentures due to a violation or lack of high-quality occlusal contact (Fig. 2); - incorrect adjustment of the supporting tissue of the prosthetic bottom and the basis of the prosthetic structure for the same reasons. These clinical situations are objective evidence of the need to replace the prosthesis.17. In the process of orthopedic treatment of children with congenital edentulism and ectodermal dysplasia, the dentist must monitor the physiological condition of the jaws. The importance

of regular visits to the dentist and regular replacement of removable dentures due to growth (the child stops wearing a prosthesis - this is a signal that the prosthesis has become "smaller"), as well as issues of individual hygiene should be actively explained not only to the patients themselves, but also to their parents or legal representatives.18. Congenital oral hygiene, its care and supervision of removable dentures in children and adolescents (especially infants) with edentulism and ectodermal dysplasia are the prerogative of the patient's parents due to the lack of adequate critical assessment by the patient. Therefore, parents of patients need to adhere to certain specific rules on a daily basis when using removable dentures for children and adolescents with congenital aphthous and ectodermal dysplasia, and we have prepared the following memo. This memo should be handed to the patient (parents and/or legal representative) at the end of using the removable prosthesis. Memo on the care and use of removable dentures 1. In the first 24 hours after the prosthesis is installed, it is recommended to eat only soft food (porridge, mashed potatoes, boiled meat), gradually increasing the hardness of food for 5-7 days; 2. together with the child to increase adaptability; 3. together with the child in front of the mirror in the presence of parents or legal representative of the child, or alone in front of the mirror, 3. 3. Parents or other legal representatives should ensure that the child wears prosthetics, does not take them off during games and does not leave them in places where they may be damaged.4. In the first few days of using dentures, children are recommended to chew food on the sides of artificial teeth so that they become more familiar with them. Fruits and vegetables should be cut into small pieces before eating.5. After each meal, wash the prostheses with cold running water and rinse your mouth before putting on the prostheses. It is recommended to clean the prostheses over a sink filled with water or on a towel so that they do not fall and break.6. Use a special double-sided brush to clean removable dentures. One side of the double-sided brush has a zigzag shape and cleans the outside of the prostheses, and the inside is rounded. To clean the plastic parts of the prosthesis, you can use a standard (ordinary) toothbrush of medium hardness, and for metal parts (metal base, clasp) - a hard brush together with toothpaste. If children are old enough to participate in cleaning removable dentures or clean them themselves, excessive efforts should be avoided so as not to damage or scratch the surface of the prosthesis.7. Dry cleaning of removable dentures should be carried out under the supervision of parents or other legal representatives or, in the case of young children, with the help of special pharmacological agents (for example, Korega tablets, Prosthetics for cleaning removable dentures) and on their own, two to three times a week before bedtime, according to the instructions.8. It is recommended to remove removable dentures from the mouth at night and store them until the end of sleep 9. Store dentures in an airtight container with a damp sponge or gauze (soaked in a solution obtained with water or tablets for chemical treatment of dentures, and wrung out to a moist state). If for any reason the child needs to

remove dentures outside the home (for example, at school), have a spare container so that the child can carry it in a briefcase or backpack.10. Removable dentures should not be thrown on hard surfaces (e.g. tiles). For cleaning dentures, it is not recommended to use abrasive toothpaste (whitening toothpaste) or toothbrushes that rigidly affect the plastic parts of the prostheses.11. 11. Parents or other legal representatives are not allowed to change dentures on their own.12. 12. Congenital amniotic or ectoderm Removable dentures should not be used in children with dysplasia during sports, especially contact, play and other outdoor games, as this may injure the maxillofacial region, and the possibility of damage to removable dentures of organs and tissues of the oral cavity as a secondary traumatic factor cannot be excluded.

CONCLUSION

Thus, the development of clinical recommendations on practical aspects of the use of removable dentures in children and adolescents with congenital edentulism and ectodermal dysplasia is an effective means of improving the effectiveness of orthopedic treatment of this category of patients. Compliance with these recommendations in orthopedic and orthodontic practice makes it possible to improve the adaptation of children to removable denture structures, reduce the number of complications, thereby reduce conflict situations and ensure optimal treatment conditions for the physiological growth and development of the toothless part of the jaw and the entire facial skeleton

REFERENCE

1. Абдуллаева П. Р., Ахмедов А. А. СПОСОБ ЛЕЧЕНИЯ ИШЕМИЧЕСКИХ СОСТОЯНИЙ ЗРИТЕЛЬНОГО НЕРВА И СЕТЧАТКИ (ЛИТЕРАТУРНЫЙ ОБЗОР): Medical science //Ethiopian International Journal of Multidisciplinary Research. – 2023. – Т. 10. – №. 09. – С. 18-23.
2. Ризаев Ж. А., Ахмедов А. А. ОСНОВЫ СТОМАТОЛОГИЧЕСКОЙ ПОМОЩИ В РЕСПУБЛИКЕ УЗБЕКИСТАН НА ОСНОВЕ РАЗВИТИЯ ОБЩЕЙ ВРАЧЕБНОЙ ПРАКТИКИ //ЖУРНАЛ СТОМАТОЛОГИИ И КРАНИОФАЦИАЛЬНЫХ ИССЛЕДОВАНИЙ. – 2023. – Т. 4. – №. 3.
3. Абдуллаева Н. И., Ахмедов А. А. ОСТЕО-ИММУНОЛОГИЧЕСКИЙ СТАТУС ПАЦИЕНТОВ С ЗАБОЛЕВАНИЙ ПАРОДОНТА В ПОДРОСТКОВОМ И МОЛОДОМ ВОЗРАСТЕ //TA'LIM VA RIVOJLANISH TAHLILI ONLAYN ILMIY JURNALI. – 2023. – Т. 3. – №. 11. – С. 143-149.
4. Ахмедов А. А. Иммунологические аспекты патогенеза гингивита и пародонтита //IQRO. – 2023. – Т. 3. – №. 2. – С. 121-123.

5. Ризаев Ж. А., Ахмедов А. А. GROWTH AND DEVELOPMENT OF GENERAL MEDICAL PRACTICE IN THE REPUBLIC OF UZBEKISTAN TO IMPROVE DENTAL CARE //ЖУРНАЛ СТОМАТОЛОГИИ И КРАНИОФАЦИАЛЬНЫХ ИССЛЕДОВАНИЙ. – 2023. – Т. 4. – №. 3.

6. Ахмедов А. А., Нарзиева Н. DENTAL PROSTHETICS ON IMPLANTS AND THEIR FEATURES //American Journal of Pedagogical and Educational Research. – 2023. – Т. 16. – С. 132-135.

7. Astanovich A. D. A. et al. The State of Periodontal Tissues in Athletes Engaged in Cyclic Sports //Annals of the Romanian Society for Cell Biology. – 2021. – С. 235-241.

8. Alimjanovich R. J., Astanovich A. A. СОВЕРШЕНТСВОВАНИЕ СТОМАТОЛОГИЧЕСКОЙ ПОМОЩИ В УЗБЕКИСТАНЕ С ИСПОЛЬЗОВАНИЕМ КОНЦЕПТУАЛЬНОГО ПОДХОДА ДЛЯ УЛУЧШЕНИЕ ЕЕ КАЧЕСТВА //JOURNAL OF BIOMEDICINE AND PRACTICE. – 2023. – Т. 8. – №. 4.

9. Ортикова Н. Глобализация биоэтики в период пандемии COVID-19 //Общество и инновации. – 2020. – Т. 1. – №. 1/S. – С. 677-682.

10. Ортикова Н. Влияние психоэмоционального напряжения детей на состояние здоровья полости рта //Общество и инновации. – 2023. – Т. 4. – №. 7/S. – С. 328-333.

11. Ортикова Н. Х., Ризаев Ж. А., Мелибаев Б. А. ПСИХОЛОГИЧЕСКИЕ АСПЕКТЫ ПОСТРОЕНИЯ СТОМАТОЛОГИЧЕСКОГО ПРИЕМА ПАЦИЕНТОВ ДЕТСКОГО ВОЗРАСТА //EDITOR COORDINATOR. – 2021. – С. 554.

12. Ортикова Н. Тенденция эффективности профилактических мероприятий путем коррекции психологического стресса у детей на стоматологическом приёме //Общество и инновации. – 2022. – Т. 3. – №. 6. – С. 181-189.

13. Qobilovna B. Z., Nodirovich E. A. EVALUATION OF ORTHOPEDIC TREATMENT WITH REMOVABLE DENTAL PROSTHESES FOR PATIENTS WITH PAIR PATHOLOGY //Spectrum Journal of Innovation, Reforms and Development. – 2023. – Т. 11. – С. 95-101.

14. Anvarovich E. S., Qobilovna B. Z. INFLUENCE OF DIFFERENT TYPES OF RETRACTION THREADS ON THE DEGREE OF GINGI RECESSION //Spectrum Journal of Innovation, Reforms and Development. – 2023. – Т. 11. – С. 84-86.

15. Tohirovna M. L., Qobilovna B. Z. Optimization of Complex Methods Treatment of Inflammatory Periodontal Diseases //Eurasian Research Bulletin. – 2023. – Т. 17. – С. 138-143.

16. Tavakalova Q. M., Qobilovna B. Z., Sarvinoz Y. Preventive Measures in the Treatment of Caries in School children //Eurasian Research Bulletin. – 2023. – Т. 17. – С. 60-65.

17. Исламова Н., Чакконов Ф. Роль продуктов перекисного окисления липидов и противовоспалительных цитокинов крови в развитии заболеваний полости рта при гипотиреозе //Общество и инновации. – 2020. – Т. 1. – №. 1/s. – С. 577-582.

18. Fakhriddin C., Shokhruh S., Nilufar I. ENDOKANAL PIN-KONSTRUKSIYALARNI ISHLATISHDA ASORATLAR VA XATOLAR TAHLILI //JOURNAL OF BIOMEDICINE AND PRACTICE. – 2022. – Т. 7. – №. 1.

19. Shoxrux S., Shoxrux I., Faxriddin C. PREVENTION AND TREATMENT OF ORAL INFECTIONS IN DENTURE WEARERS //International Journal of Early Childhood Special Education. – 2022. – Т. 14. – №. 4.

20. Xusanovich C. F. COMPLETE REMOVABLE PROSTHESIS SUPPORTED BY IMPLANTS //European International Journal of Multidisciplinary Research and Management Studies. – 2023. – Т. 3. – №. 11. – С. 127-133.

21. Xusanovich C. F. et al. PROSTHETICS A COMPLETE REMOVABLE PROSTHESIS BASED ON IMPLANTS //European International Journal of Multidisciplinary Research and Management Studies. – 2023. – Т. 3. – №. 11. – С. 122-126.

22. Najmiddinovich S. N. et al. CARIES IN SCHOOL CHILDREN AND TREATMENT PREVENTIVE MEASURES //American Journal of Pedagogical and Educational Research. – 2023. – Т. 16. – С. 44-49.

23. Khusanovich K. B. R. C. F. TYPES AND APPLICATIONS OF DENTAL COMPLIMENTS //Journal of Modern Educational Achievements. – 2023. – Т. 5. – №. 5. – С. 95-99.

24. Zarnigor J. MAIN ROLE OF HYGIENIC EDUCATION IN THE SYSTEM PRIMARY PREVENTION OF DENTAL DISEASES OF PATIENT //European International Journal of Multidisciplinary Research and Management Studies. – 2023. – Т. 3. – №. 11. – С. 157-163.

25. Zarnigor J., Shaxriyor X., Sherzod P. THE MAIN FEATURES OF COMPLEX TREATMENT LOCALIZED TRAUMATIC PERIODONTITIS ETIOLOGY IN ORHOPEDIC DENTESTRY //European International Journal of Multidisciplinary Research and Management Studies. – 2024. – Т. 4. – №. 01. – С. 171-177.

26. Zarnigor J., Sherzod S., Sheroz S. THE EFFECT OF NON-REMOVABLE DENTURES ON THE CONDITION OF THE PULP AND PERIODONTAL SUPPORT TEETH //European International Journal of Multidisciplinary Research and Management Studies. – 2024. – Т. 4. – №. 01. – С. 210-218.

27. Zarnigor J., Suhrobjon X., Hamza H. THE STUDY OF THE VALUE OF TEMPORARY GUM RETRACTION IN CARRYING OUT DENTAL ORTHOPEDIC PROCEDURES RESTORATIONS

//European International Journal of Multidisciplinary Research and Management Studies. – 2024. – T. 4. – №. 01. – C. 190-196.

28. Qizi J. Z. B. METHODS OF OPTIMIZATION OF TREATMENT OF PERIODONTAL DISEASES USING NEW TECHNOLOGIES //European International Journal of Multidisciplinary Research and Management Studies. – 2023. – T. 3. – №. 10. – C. 234-241.

29. Qizi J. Z. B. METHODS OF OPTIMIZATION OF TREATMENT OF PERIODONTAL DISEASES USING NEW TECHNOLOGIES //European International Journal of Multidisciplinary Research and Management Studies. – 2023. – T. 3. – №. 10. – C. 234-241.

30. Kobilovna B. Z., Rushana R. COMPARATIVE EVALUATION OF PARTIAL DENTURES WITH VARIOUS FASTENING ELEMENTS //Intent Research Scientific Journal. – 2023. – T. 2. – №. 9. – C. 98-103.

31. Qobilovna B. Z., Maxzuna U. Improvement of Providing Therapeutic Dental Care to Pregnant Women. Therapeutic and Preventive Measures //Eurasian Research Bulletin. – 2023. – T. 16. – C. 146-150.

32. Tavakalova Q. M., Qobilovna B. Z., Sarvinoz Y. Results of the Prevention Program Dental Diseases in School-Age Children //Eurasian Research Bulletin. – 2023. – T. 17. – C. 50-54

33. Jurabek T. D., Qobilovna B. Z. Principles of Prevention of Dental Diseases in Children in Modern Conditions //Eurasian Research Bulletin. – 2023. – T. 17. – C. 55-59.

34. Tavakalova Q. M., Qobilovna B. Z., Sarvinoz Y. Preventive Measures in the Treatment of Caries in School children //Eurasian Research Bulletin. – 2023. – T. 17. – C. 60-65.