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**ASSESSMENT OF THE EFFECT OF NON-REMOVABLE DENTURES ON THE CONDITION OF  
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**ABOUT ARTICLE**

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**Key words:** Dental prostheses, adaptive capabilities, orthopedic and orthodontic defects.**Received:** 17.03.2024**Accepted:** 22.03.2024**Published:** 27.03.2024**Abstract:** The relevance of the topic of the dissertation. In the dental practice of the world, there is a high frequency of various orthopedic and orthodontic defects, including forms manifested in the form of various degrees of adentia.

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**INTRODUCTION**

The relevance of the topic of the dissertation. In the dental practice of the world, there is a high frequency of various orthopedic and orthodontic defects, including forms manifested in the form of various degrees of adentia. "...the prevalence of adentia has increased significantly and according to the data is 35.4-62.9%." Despite significant advances in the field of materials science and improvement of the quality of dental prostheses, various authors have noted complaints from patients about their intolerance from 0.6 to 12%. Many researchers note that patients with removable dentures have different levels of adaptive capabilities, the study of which makes it possible to predict the development of intolerance. "... when diagnosing and predicting intolerance to dentures, it will allow us to obtain objective information about compensatory and adaptive reactions occurring during the use of removable dentures and develop preventive measures to accelerate the adaptive capabilities of the body." Thus, there is a need to form a concept that makes it possible to offer modern methods of diagnosis, prevention and treatment of adentia, which have properties of action on oral homeostasis and the general condition of the body.

To date, there are many scientific studies in the world devoted to the development of intolerance to dentures. At the same time, an analysis of foreign literature showed that patients examined in different groups indicated different causes and, therefore, there is no possibility of a complete cure for this pathology. A number of completed scientific papers are devoted to the study of objective manifestations of intolerance to metal inclusions, which can be very diverse. There is a definite connection between metal dentures and various pathological conditions of the mucous membrane

### **Research method**

To achieve this goal and solve problems, the following methods were used: clinical and dental, biochemical, microbiological, immunological and statistical.

The selection criteria were:

- the need to replace the prosthesis;
- complications after prosthetics from the side of the mucous membrane of the oral cavity;
- the presence of a history of chronic diseases.

It was found that the reason for repeated treatment for orthopedic dental care was the wrong choice of prosthesis design, or incorrect determination of the boundaries of removable prostheses and modeling of the intermediate part of bridge structures.

### **METHODS**

These patients were randomly divided into 2 groups: the main group, in which, after replacement of the prosthesis, physiotherapy (darsonvalization) was performed as an additional measure to prevent complications after prosthetics and Clopyritol capsules of 75 mg 1 time per day (52 people) were used to improve microcirculation (52 people) and the control group, in which only traditional methods were used (56 people) (table.2.1).

The capsule of clopyritol consists of acetylsalicylic acid - 150 mg, atorvastatin - 20 mg and clopidogrel - 75 mg.

The remaining 30 patients with primary prosthetic installation were selected for quality of life control related to dental health, the criteria for inclusion in this group were:

- prosthetics performed for the first time;

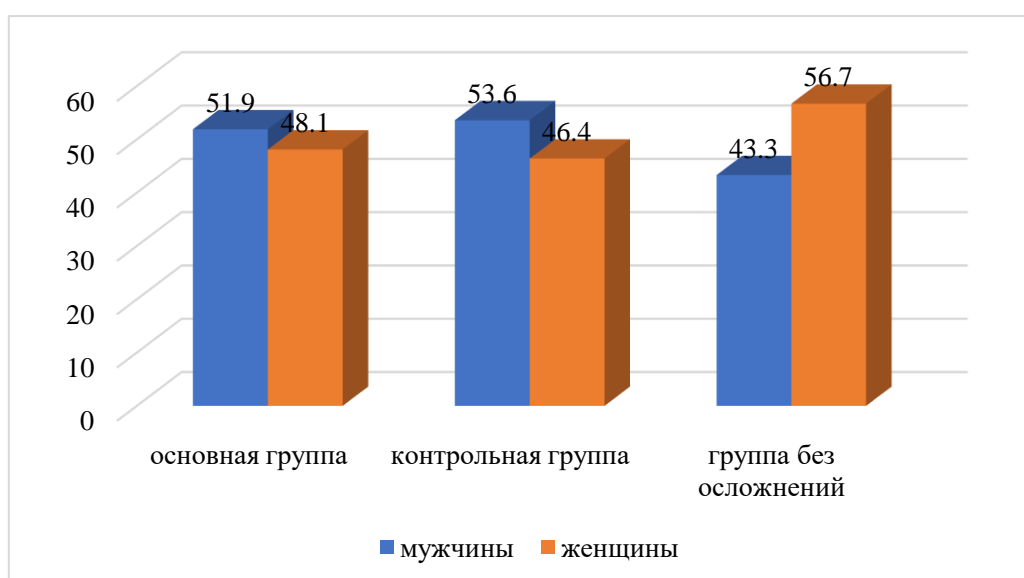
-absence of neurological and psychiatric diseases;

-absence of symptoms of supple mucosa / sufficient pre-orthopedic preparation of the mucous cavity of the prosthetic bed;

-absence of complications from the mucosa of the oral cavity during the recovery period;

-the number of subsequent relocations is no more than 1.

Thus, 3 groups participated in the study: the main group, the control group and the primary prosthetics group without complications



**Clinical case:** Example 1. Patient V., 50 years old, main group. The phenomena of complications from the SOPR appeared 6 days after the installation of the bridge prosthesis on the upper jaw. Erythema and bleeding in the area of the installed prosthesis are noted (Fig. 4.3). On the part of the patient, complaints of burning and pain when wearing a prosthesis, discomfort, pain when eating. For 1 day, physiotherapy was performed according to the scheme described in the study. At the time of the examination, two weeks after the treatment, the symptoms of inflammation on the part of the the mucous membrane of the oral cavity were completely eliminated (Fig. 4.3). Upon further observation, the patient did not complain.



*Patient B. 50 years old, complications of COPD after prosthetics*



*Patient B. is 50 years old. after a course of additional preventive measures*

## RESULTS

Due to the need to substantiate the relevance of the prevention of complications arising from the oral mucosa during orthopedic treatment, the aim of the study was to increase the effectiveness of the prevention of complications from the SOPR after orthopedic treatment, to improve the quality of life of patients after orthopedic intervention.

In the group under 35 years of age, the number of sextants with healthy periodontitis was already 1.5 sextants, which is lower than the average epidemiological indicator for this group. Bleeding was noted in 2.2 sextants, tartar was also observed in 2.2. In individuals of this age group, periodontal pockets with a depth of 4-5 mm (on average 1.9 sextants) and periodontal pockets with a depth of more than 6 mm (on average 0.8 sextants) were identified.

In the 35-54 year old group, the number of sextants with healthy periodontitis decreased with age and amounted to 1.0 sextants. Bleeding was noted in 2.7 sextants, tartar in 2.5. In individuals of this age group, periodontal pockets with a depth of 4-5 mm (on average 1.9 sextants) and periodontal pockets with a depth of more than 6 mm (on average 1.0 sextant) were identified

In the 55-64 year old group, the number of sextants with healthy periodontitis in this age group was 1.0 sextants. Bleeding was noted in 2.5 sextants, tartar – in 2.0. In individuals of this age group, periodontal pockets 4-5 mm deep (on average 2.5 sextants) and periodontal pockets more than 6 mm deep (on average 0.8 sextants) were identified

In the under-35 age group, 47.0% of the surveyed already had prostheses, in the 35-54 age group - 52.0%, and in the 55-64 age group - 57.0%.

It was found that among those who applied to SOGMA for orthopedic dental care, 81.5% of those examined had previously received dental orthopedic care.

To assess the quality of previously provided orthopedic dental care to persons who applied to SOGMA for orthopedic dental care, we also analyzed the data obtained during the examination of persons with dentures.

Data analysis showed that, according to the terms of use, a significant part of bridges (53%) is subject to replacement, of which 18.1% were in use for 6-9 years. Single crowns are noticeably affected – 40.4% are subject to replacement. Among removable orthopedic structures, removable dentures with partial absence of teeth are less in need of replacement (27.9%). Compared with them, the proportion of removable dentures with complete absence of teeth to be replaced was 36.8%. Thus, according to the table, more than half of all dental structures available in the examined are subject to replacement

Among the examined persons, persons with a violation of the integrity of the dentition were identified, forming a risk group for the development of dental deformities due to partial tooth loss. Data on the volume and quality of dental orthopedic care previously provided made it possible to identify age-related indicators of the need for prosthetics.

The results of the study showed that the need of the adult surveyed population of the republic for the manufacture of bridges is significantly higher than other orthopedic structures, and amounts to 53%. The highest rate of need for complete removable prostheses was found among older people – 35.5%.

The demand for single crowns is high and is most pronounced at a younger age – 47.1%.

The course of recovery after prosthetics was monitored every three days for the first 15 days, then every 2 weeks for 3 months, during which new data were entered into the individual card of the subject.

## **CONCLUSION**

When providing orthopedic dental care in the group under 65 years of age, it is recommended to carry out physiotherapeutic preventive measures in order to level the risk factors of complications, as well as a milder course of the recovery period.

2. In order to expand the indications for orthopedic dental care, the use of darsonvalization and improvement of microcirculation as a preventive and therapeutic measure is recommended.
3. It is recommended to use darsonvalization in combination with the Corridor immediately before and after the installation of the prosthesis 5 times within 15 days (interval of 3 days).
4. In order to improve the quality of dental care provided, as well as the quality of life of patients after prosthetics, it is recommended to carry out these physiotherapy procedures in all groups of patients.

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