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**ORTHOPEDIC REHABILITATION OF DEFECTS IN THE DENTITION OF THE JAWS OF
CLASSES I AND II ACCORDING TO KENNEDY*****Gubaev Mukhitdin Sarimsokovich****Assistant Department of orthopedic dentistry, Samarkand State Medical University, Samarkand,
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ABOUT ARTICLE**Key words:** Prevalence of partial adentia, Orthopedic, adult population.**Received:** 14.04.2024**Accepted:** 19.04.2024**Published:** 24.04.2024**Abstract:** According to WHO, the highest prevalence of partial adentia is observed at the age of 37 to 46 years, while 12.8% of the adult population of this age has complete adentia. Restoring the integrity of the dentition helps to improve the function of chewing, aesthetics and speech, as well as the quality of life of patients. In Kennedy grades I and II, treatment is most often carried out with the manufacture of partial removable dentures.

INTRODUCTION

With the loss of a certain number of teeth, from one to fourteen on one jaw, pathological changes in the dentition occur. These changes manifest themselves in a very diverse clinical manifestations, which depend on the number of missing and remaining teeth, on their function, their location in the dentition, the nature of the bite, the condition of their hard tissues and the complex of tissues surrounding them (periodontal). The main complaints that the patient makes, depending on a particular defect related to a particular group of teeth: Partial or complete absence of the frontal group of teeth. In this case, patients complain of an aesthetic flaw, impaired speech, difficulty biting off food, up to the point of being unable to do so. Partial or complete absence of a chewing group of teeth. The main complaint is a violation of the physiological chewing of food, the integrity of the mucous membrane of the gums. In the absence of fourth or fifth teeth, aesthetics is violated, since they are located in the smile area. Loss of a large number of teeth. Clinically, it is manifested by a possible decrease in the height of the lower part of the face, a sinking of the lip, cheeks. In order to choose the optimal orthopedic design for the replacement of dentition defects, these defects were tried to

somehow systematize and classify. But it is important to note that a universal classification describing all the available signs of missing teeth does not exist in nature to this day.

The most commonly used and widespread classification of dentition defects according to Kennedy. There are 4 classes in it:

1. End defects of the dentition on both sides
2. End defect on one side
3. Included dentition defect in the lateral section
4. Included defect in the anterior compartment

1,2,3 classes have subclasses. A defect in the dentition is classified as a lower class if there are several defects of different localization in the same dentition.

The purpose of this study was to evaluate the results of orthopedic rehabilitation of defects in the dentition of the lower jaw of Kennedy class I and II within 5-7 years after the installation of a partial removable denture.

METHODS

The study analyzed data obtained from examining file records of medical records and a telephone survey of patients who had dentures installed in the distal mandible between January 2021 and June 2023. The demographic data of patients, the type of denture, the material used (acrylic/cobalt-chrome), breakdowns/repairs, loss of supporting teeth, and patient complaints were evaluated.

RESULTS

The study included data from 142 patient case histories. During the study period, 85 Kennedy Class I dentures were installed and only 56 Class II dentures. The majority of patients (69%) did not return for further treatment.

A total of 27 denture alterations (16%) were required, usually due to poor packing, complaints of pain and discomfort, mechanical complications and loss of supporting teeth. There were 11 cases (9%) of removal of supporting teeth without specifying the cause (caries/periodontitis).

In most cases, denture repair was not required (n=9.5%). The need for repair was caused by the loss of a supporting tooth, as well as a fracture of the clamp or a fracture along the midline. Most cases of dentures being altered or repaired occurred within the first two years after they were installed.

Only one prosthesis was relocated out of 142 partial removable dentures of Kennedy Class I and II included in this study, and only one person had a supporting tooth restored after the prosthesis was installed.

There was no statistically significant relationship between age, gender, type of denture material, number of repeat appearances and treatment outcomes.

CONCLUSIONS

The most common complication when wearing partial removable dentures of Kennedy class I and II was the loss of a supporting tooth. It was also often necessary to alter and repair dentures.

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