



Evaluation of the influence of inhabitable dental protesese on the state of the oral cavity

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OPEN ACCESS

SUBMITTED 25 October 2024

ACCEPTED 27 December 2024

PUBLISHED 17 January 2025

VOLUME Vol.05 Issue01 2025

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Abstract: The relevance and demand for the dissertation topic. In global dental practice, there is a high frequency of various orthopedic and orthopedic defects, including those manifested as different degrees of adentia. ..."the prevalence of adentitis has significantly increased and amounts to 35.4-62.9%." Despite significant progress in the field of materials science and improving the quality of dental prostheses, various authors note that patients complain of their intolerance from 0.6 to 12%. Many researchers note that patients with removable prostheses have different levels of adaptive capabilities, the study of which allows for the prediction of intolerance development. ..."when diagnosing and predicting tooth prosthesis intolerance, it allows obtaining objective information about compensatory-adaptive reactions occurring in the process of using removable dentures and developing preventive measures".

Keywords: orthopedic defects, dental practice, removable dentures.

Introduction: The object of the study was 110 people who applied for dental orthodontic care at the regional dental clinic, the control group consisted of 20 healthy people.

The subject of the study is permanent teeth, roots, hygiene products, and oral fluid for determining dental parameters.

METHODS

To achieve the stated goal and solve the tasks, the following methods were used: clinical-stomatological, biochemical, microbiological, immunological, and statistical.

The scientific novelty is as follows:

for the first time, a comprehensive hygienic assessment of the impact of various materials on the chemical composition of saliva, bacteriological contamination, non-specific salivary protection factors, and inflammatory processes of the oral mucosa has been conducted.

the dependence of the change in the qualitative composition of saliva on prosthetics made of metal alloys, plastics, and ceramics has been established. the duration of the period of the greatest impact of dental prostheses has been established.

Table 2.
The intensity of periodontal tissue damage in individuals depending on age

Sextants	before 35 y	35-54 y	55-64 y
Healthy	1,5	1,0	1,0
Bleeding	2,2	2,7	2,5
Toothstone	2,2	2,5	2,0
4-5 mm periodontal pocket	1,9	1,9	2,5
Periodontal Pocket > 6mm	0,8	1,0	0,8
Excluded	0,9	1,5	1,0

As can be seen from Table 2, the number of sextants with a healthy periodontium was already 1.5 sextants, which is lower than the average epidemiological indicator for this group. Bleeding was observed in 2.2 sextants, and toothstone in 2.2 sextants. Individuals of this age group exhibited periodontal pockets with a depth of 4-5 mm (averaging 1.9 sextants) and periodontal pockets with a depth of more than 6 mm (averaging 0.8 sextants).

In the age group of 35-54 years, the number of sextants with healthy periodontium decreased with age and

amounted to 1.0 sextants. Bleeding was observed in 2.7 sextants, toothstone in 2.5. Individuals in this age group exhibited periodontal pockets with a depth of 4-5 mm (averaging 1.9 sextants) and periodontal pockets with a depth of more than 6 mm (averaging 1.0 sextants).

When studying the need for orthodontic dental care, it was found that in the age group under 35, 47.0% of those examined already had prostheses, and 32% needed prosthetics. In the age group of 35-54 years, 52.0% were examined

Age	Needs prosthetics	Have prosthetics	Do not need prosthetics
before 35 y	32,0	47,0	68,0
35-54 y	67,2	52,1	33,0
55-64 y	83,0	57,0	17,0

A high level of caries intensity, untimely treatment of teeth, a large number of removed and subject to removal teeth necessitate a significant volume of necessary dental care, including orthodontic care. In this regard, it is important to determine the need for dental prosthetics in the examined patients.

It was established that the number of individuals who

had previously received dental orthodontic care constituted 81.5% of those examined.

To assess the quality of previously provided orthodontic dental care to patients seeking orthodontic dental care, we also analyzed the data obtained during the examination of patients with dental prostheses.

Table 4.
The number of replacement prostheses depending on the period of use (%)

Usage Periods	Replaceable prostheses (%)			
	Single crowns	Bridge-shaped dentures	Partial removable prostheses	Full removable dentures
1-2 y	5,0	7,1	2,8	5,2

3-5 y	3,9	12,8	9,1	9,3
6-9 y	17,5	18,1	7,1	10,6
10-15 y	8,1	10,3	6,9	9,1
More 15 y	5,9	4,7	2,0	2,6
Total	40,4	53,0	27,9	36,8

When determining the quality and functional suitability of orthopedic structures, the duration of their use and patient complaints were taken into account. Data on the shelf life of existing prostheses in the examined individuals are presented in Table 4.

Analysis of the data in Table 4 shows that according to the terms of use, a significant portion of bridge prostheses (53%) are subject to replacement, of which 18.1% are used for 6-9 years. Single crowns suffer significantly - 40.4% are subject to replacement.

Among removable orthodontic structures, removable prostheses with partial absence of teeth require replacement less often (27.9%). Compared to them, the proportion of removable prostheses with complete absence of replaceable teeth was 36.8%.

Among the reasons for replacing orthodontic structures were aesthetic disorders (26.5%) and the patient's subjective desire (17.0%), related to the desire to replace prostheses with better, modern, and aesthetic ones. The reason for repeat prosthetics was also poor prosthetic fixation (18.6%). A prosthesis fracture requiring replacement was noted in 15.6%. The need to make an additional prosthesis was noted in 14.6% and complications from the side of OBSHRA were observed in 29.2%.

Thus, according to the table data, more than half of all dental structures examined should be replaced.

Among the patients examined, patients with dental integrity disorders were identified, forming a risk group for the development of dentofacial deformities due to partial tooth loss. Data on the volume and quality of previously provided dental orthodontic care allowed us to identify age-related indicators of the need for dental prosthetics.

CONCLUSION

The use of comprehensive prevention before and during the first two weeks after prosthetic installation contributes to a shorter adaptation time to the prosthesis by 3 days compared to the control (30 (± 0.7) and 33.5 (± 0.4) days, respectively).

The use of this method of prevention after OPR prosthetics in the group of patients with repeated prosthetics significantly reduces the number of further corrections - from 2.0 (± 0.1) to 0.4 (± 0.2), thereby

reducing the likelihood of prosthetic replacement.

The use of darsonvalization and ozone therapy as a preventive method reduces the frequency of complications after complete removable maxillary prosthetics in the form of reflex nausea by more than two times (from 23.1% to 9.1%).

When comprehensive preventive measures are applied, the quality of life indicators associated with dental health improves twofold (according to the OHIP-14 questionnaire).

However, these indicators are comparable to those of the group with complete absence of complications after primary prosthetics ($p > 0.05$).

However, these indicators are comparable to those of the group with complete absence of complications after primary prosthetics ($p > 0.05$).

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