GENERAL DESCRIPTION AND RESEARCH METHODS USED IN CHILDREN WITH TRAUMATIC STOMATITIS.

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Abstract. Patients were admitted for examination at the Bukhara Regional Children's Dental Clinic. For the same and objective interpretation of the criteria used in the study of different conditions of the oral cavity in children, it was carried out by the dissertation under the same conditions. Form 267 "Medical card of the dental patient" was developed for each examined preschool children, as well as "personal individual dental card" for the examined children for our study. This includes the groups and complaints that are relevant to our study, and the methods of investigation. The significance of this card is that the child we are examining retains important information for recurrent changes and our dispensation.

Clinical, clinical-laboratory, clinical-functional research methods were used in the study.

Keywords: Traumatic stomatitis, children, clinical, clinical-laboratory, clinical-functional.

Relevance. In our study, in addition to the main clinical-laboratory research methods in 141 children, the prevalence, intensity and acceleration of caries in them were studied. In these children, as well as sick children and their parents, caregivers were found to have knowledge on how to properly follow oral hygiene. The large-scale preparatory work and appropriate organizational arrangements have made it possible to conduct accurate dental examinations in the shortest possible time. Data from mass dental examinations were included in the “Individual dental examination card of patients with Traumatic Stomatitis”. Examination of the oral cavity in children was performed according to generally accepted clinical methods. The teeth present in the children’s oral cavity were studied from right to left, then from left to right in the lower jaw.

During the study, the following conditions of the teeth were taken into account: absence of caries, caries and its complications, lower and upper jaw relationship (pricus).

Diagnosis of caries is made on the basis of anamnesis, clinical examination, probing, percussion. Additional methods for the diagnosis of focal demineralization of enamel, the initial form of caries, staining of stains with a mixture of 2% methylene blue water according to the method of L.A. Axamite was used.

By the term “furnace demineralization of enamel” we define caries in the initial appearance of caries — the white spot stage. This included single and multiple spots on the visible surface of the tooth enamel. In terms of color, white homogeneous spots, which are usually clearly expressed, and bumps were distinguished by different shaped spots combined with healthy enamel. The size of the spots ranged from the point size to the size that occupied 1/3 of the tooth surface.

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According to the surface classification, spots with smooth shiny surface and uneven wrinkled, pale surface were distinguished. In a number of cases, a decrease in enamel density was found in the furnace demineralization section, which was found to be easily scraped with an excavator. All stains associated with furnace demineralization of the enamel were stained with a 2% aqueous mixture of methylene blue. The examination was performed using a set of dental equipment. The presence of stains was determined using 2% methylene blue. For cleaning, a 2% aqueous mixture of methylene blue was used after cleaning the teeth from toothpaste with toothpaste and a brush. The tooth was then washed using a cotton swab moistened with hydrogen peroxide, which cleans the gums well, and the tooth surface was dried with a gauze napkin or a stream of hot air. Teeth were protected from saliva using cotton swabs. The paint mixture was applied to the studied surfaces of the teeth with a pipette for 2-3 minutes. It was then cleaned with a swab and rinsed with mouthwash. Caries teeth and fillings, number of teeth extracted, tooth formula determined. Diagnosis of dental caries was made on the basis of anamnesis, visual examination, probing and percussion. Additional methods of verification were also used: thermometric, determination of GI and PMA indices.

In our study, the children examined were diagnosed with caries of the teeth, the presence of a carious cavity of the filled and extracted teeth - CFU / kp. Injury to the hard tissue of teeth with caries was diagnosed based on the identified clinical signs of carious cavity development, taking into account the depth of the cavity. The dental examination of the examined children included the following main indicators of caries infection: intensity and increase in intensity - according to the WHO nomenclature. Caries intensity is expressed as the average number of teeth affected in a person (index CFU / kp), the degree of caries damage to teeth (caries - K.k; filled - P.p; received (O) or to be removed - O.o;) The index of CFUz (teeth) in the temporary bite was calculated.

The study of the organizational elements of the CFU / kp index in the study on the organizational elements of the CFU / cf on the basis of CFU / cf examinations for all groups of examined individuals provides accurate and informative information about the actual condition of the teeth and the degree of organization of dental care. The increase in caries intensity was assessed by the intensity of the formation of new lesions with caries on the teeth of a person examined during a certain observed period (within 1 year). This figure was calculated in absolute quantities and included in the “Individual dental examination card of patients with traumatic stomatitis”. The characterization of caries intensity was fully determined not only by the number of carious teeth but also by the number of surfaces affected by caries, we studied the CFU / cf (surface) index in dynamics in all subjects. An increase in caries intensity on this indicator was detected annually.

The simplest criterion for assessing oral hygiene during the study is to count the surface area of the teeth covered with toothpaste. For this, we used the Green-Vermilon method. G.Green and Wermillon I.R. (1964) proposed a simplified index of oral hygiene OHI-S (Oral Hygiene Indices-Simplified). To determine OHI-S, the surfaces of the following teeth are studied: the surface of the face and tongue 5 | 5 5 |

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5 and the surface of the lips 1 | 1. All surfaces are first inspected for tooth decay. The amount of care on the surface of the teeth is determined as follows: the surface of six deciduous teeth is painted with a mixture of iodine - the lip surface of the upper central incisors, the vestibular surface of the first deciduous molars from above, the tongue surface of the lower first deciduous molars.

The following dental care system is used: 0 - no dental care (no staining); 1 - tooth decay covers less than 1/3 of the tooth surface; 2 - tooth decay covers more than 1/3 of the tooth surface, but less than 2/3; 3 - Toothpaste covers more than 2/3 of the tooth surface. The amount of points in each tooth is added to the total and divided by five (the number of milk teeth). According to the amount of care detected on the surfaces of the teeth, three levels of hygiene in the oral cavity can be distinguished: good, satisfactory and bad. A stained look can be assessed as a good condition (0-1 point) that is detected in the neck area of individual teeth. A satisfactory condition is that the carcass covers up to 1/3 of the tooth crown and slightly more than 1/3 of the individual teeth (1-2 points). Worse - the look covers almost the entire surface of the crown, i.e. more than 2/3 of all examined teeth (2-3 points).

This index allows us to draw conclusions about the state of hygiene in the oral cavity of children during mixed biting. In the absence of the first deciduous teeth, we used the Fedorov-Volodkina index to assess the hygienic condition of the oral cavity. Fedorov Yu.A. and Volodkina V.V. The index proposed by (1971) is determined by staining the lip surface of the four frontal teeth with an iodine mixture (iodine-potassium mixture). Quantitative score is determined on a five-point scale: Staining of the entire surface of the tooth crown - 5 points. Staining of the crown ¾ surface - 4 points. Staining of the crown ½ surface - 3 points. Staining of the crown ¼ surface - 2 points. Non-staining - 1 point.

$$Csr = \frac{\sum Kn}{n}$$

Here Csr is the general hygiene index, Kn is the hygiene hygiene index for a tooth, n is the number of teeth under study (normally GI should not exceed 1). The PLI (Sylnex, Loe H., 1964) allows the examination index to examine all or some of the teeth at the discretion of the researcher. Without staining, the soft views of the tooth are studied on all four surfaces of the tooth (vestibular, oral, distal, and medial) using a visual or probe. The amount of care on the tooth surface is assessed on the following scale: 0 points - no care in the area under the gums; 1 point - a thin viewing layer in the area of the gums, detected only with a probe; 2 points - look at the owner of the gums and the frontal area of the neck; 3 points - The look is a large part of the tooth surface and a lot between the teeth. The PLI index of a tooth is calculated by the following formulfa.

The PLI index of the oral cavity is defined as the average size of the PLI index of all examined teeth.

The Simplified Oral Hygiene Index OHI-S (Green J.C., Vermillion J.R., 1964) is based on the Oral Hygiene Index proposed by these authors in 1960, which results in segments (quadrants) on the face and tongue surfaces of all permanent teeth except the third molars. provided a quantitative assessment of the upper and lower gums of

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the gums when assessed. The OHI-S index was proposed to assess oral hygiene on the condition of six indicator teeth: the first molars of the upper and lower jaw 55 and 85, the second adjacent molars in their absence) and two central incisors (51 and 81, in their absence - the central incisors on the other side). teeth).

Only one surface of the teeth is examined: in the upper jaw molars and in all incisors - vestibular, in the lower jaw molars - the tongue. In this case, the surfaces should not be damaged by caries and hypoplasia. Each surface is checked for the presence of soft tooth decay and tartar using a probe. On the surface to be examined (tongue, face), the probe is placed parallel to the tooth axis and with a zigzag motion moves from the occlusion surface of the tooth to the neck, determining the level of stone in which the probe collects dentition. The OHIS stone index is calculated as the sum of the observation index.

Score index scale (Debris Index, DI-S) during the test: 0 points - no scars or pigment; 1 point - a soft look occupies no more than 1/3 of the height of the crown, or there is pigmentation outside the tooth without a soft look that is not visible anywhere on the surface (Priestley look); 2 points - soft look covers more than 1/3 of the crown height, but less than 2/3 of the surface; 3 points - a soft look covers more than 2/3 of the tooth surface.

At the time of our study, the scale of the tartar index (Callculus Index, CI-S): 0 points - no stones; 1 point - gingival stone occupying not more than 1/3 of the examined surface; 2 points - individual fragments of gingival stone or gingival stone occupying more than 1/3 of the studied surface, but less than 2/3 of the surface; 3 points - gingival stone covering more than 2/3 of the surface or gingival stone surrounding the tooth neck. The DI-S and CI-S data of each milk tooth are entered in a special table with six cells, each divided into two diagonally. To calculate OHI-S, the DI-S and CI-S indices of all teeth are added:

$$\boldsymbol{OHI - S = \frac{\sum(DI - S) \pm \sum(CI - S)}{6}}$$

According to OHI-S data, the state of oral hygiene is assessed as follows: when OHI-S does not exceed 0.6 - good hygiene; When it is 0.7-1.6 - satisfactory; 1.7-2.5 - unsatisfactory; > 2.6 - poor hygiene.

In our study, we used the commonly known periodontal index (RMA) in the Parma (1960) modification to assess the condition of periodontal tissue. Milk condition was assessed after each milk tooth was stained with a Schiller-Pisareva mixture. Pre-dry the tooth with saliva using cotton swabs. Inflamed parts of the gums are stained brown with glycogen, which is formed in the tissues due to the predominance of anaerobic metabolism in the tissues. After the study, we calculate the index using the evaluation criteria. 0 points - no inflammation; 1 point - inflammation of the interdental suction; 2 points - marginal gingivitis; 3 points - inflammation of the alveolar gums. The PMA index was calculated according to the following formula.

In our study, smears were taken from the mucous membrane of the gums in the area of the frontal and chewing teeth to conduct cytological studies (4 smears from each child). To do this, a sterile object bottle free of dry oils is placed several times in

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the study area. If it is difficult to put on the damaged part, a stationery eraser can be used. The eraser is cut into long thin rods (working area 3x3 mm), sterilized, dried, placed on the part under study, and then the object is transferred to a bottle. 5-10 greases are formed in each subject bottle. The drug is left in methyl alcohol for 15-20 minutes, taken under a microscope using a x400 lens, as well as an x100 immersion lens.

In healthy mucosal smears, only the late stage cells of differentiation are detected. The application of the cell differentiation index to assess cytograms of traces when the mucous membrane of the gums (MSC) was damaged showed the clarity and convenience of this indicator for practical observation in disease dynamics. Certain conclusions can also be drawn about the nature of the microflora on ointments. The cytological picture obtained as a result of the study of gum traces in the absence of pathological changes in the soft tissues of the periodontium was characterized by multifunctional changes in which exudate accumulated in the presence of gingival transudate or periodontitis.

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