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A Comprehensive Approach To The Prevention Of Caries Of Permanent Teeth In Children

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ABSTRACT

In the article Non-drug care is aimed at ensuring adequate oral hygiene in order to prevent the development and progression of the carious process, it includes three main components: oral hygiene training, controlled dental cleaning and professional oral and dental hygiene.

KEYWORDS

Oral Hygiene Training, Develop The Skills, Brushing Teeth Is Demonstrate, Brushing Teeth.

INTRODUCTION

In order to develop the skills of brushing teeth and the most effective removal of soft plaque, children and their parents are taught oral hygiene techniques. The technique of brushing teeth is demonstrated on models.

Oral hygiene products are individually selected, taking into account age. Teaching oral hygiene skills helps prevent the development of dental caries (the level of persuasiveness of evidence in).

Controlled brushing of teeth means brushing that a child performs independently in the presence of a specialist (a pediatric dentist, a

dentist, a dental hygienist) in a dental office or an oral hygiene room, if the necessary hygiene products and visual aids are available. The purpose of this event is to control the effectiveness of brushing teeth by a child, correction of deficiencies in the technique of brushing teeth. Controlled brushing of teeth makes it possible to effectively maintain the level of oral hygiene (the level of persuasiveness of evidence in).

Professional oral hygiene includes the removal of dental deposits from the tooth surface and prevents the development of dental caries and

inflammatory periodontal diseases (evidence level A).

The algorithm of teaching oral hygiene

The dentist or dental hygienist determines the hygienic index, then demonstrates to the child the technique of brushing teeth with a toothbrush and dental floss, using models of dentition, or other demonstration means.

Brushing teeth begins with a section in the area of the upper right chewing teeth, sequentially moving from segment to segment. In the same order, teeth are cleaned on the lower jaw.

Pay attention to the fact that the working part of the toothbrush should be positioned at an angle of 45 ° to the tooth, make cleansing movements from the gum to the tooth, while simultaneously removing plaque from the teeth and gums. The chewing surfaces of the teeth should be cleaned with horizontal (reciprocating) movements so that the brush fibers penetrate deep into the fissures and interdental spaces. The vestibular surface of the frontal group of teeth of the upper and lower jaws should be cleaned with the same movements as molars and premolars. When cleaning the oral surface, the brush handle should be positioned perpendicular to the plane of the teeth, while the fibers should be at an acute angle to the teeth and capture not only the teeth, but also the gum.

Complete the cleaning with circular movements of the toothbrush with closed jaws, massaging the gums, from right to left. The cleaning time is 3 minutes.

For high-quality cleaning of the contact surfaces of teeth, it is necessary to use dental floss.

Individual selection of oral hygiene products is carried out taking into account the dental

status of the child (the condition of the hard tissues of the teeth and periodontal tissues, the presence of dental anomalies, removable and non-removable orthodontic structures).

Next visit

In order to consolidate the acquired skills, controlled brushing of teeth is carried out.

MATERIALS AND METHODS

Algorithm of controlled brushing of teeth

Treatment of the child's teeth with a coloring agent, determination of the hygienic index, demonstration to the patient with the help of a mirror of the places of the greatest accumulation of plaque.

Brushing the teeth of a child in his usual manner.

Repeated determination of the hygiene index, evaluation of the effectiveness of brushing teeth (comparison of hygiene index indicators before and after brushing teeth), demonstration to the child with the help of a mirror of painted areas where plaque was not removed during brushing.

Demonstration of the correct technique of brushing teeth on models, recommendations to the child on correcting the shortcomings of hygienic oral care, the use of dental floss and additional hygiene products (special toothbrushes, toothbrushes, monopuck brushes, irrigators - according to indications).

Next visit

Determination of the hygienic index, with an unsatisfactory level of oral hygiene - repetition of the procedure.

Parents and the child are instructed about the need to appear for a preventive examination to a doctor at least once every six months

Algorithm of professional oral and dental hygiene

Stages of occupational hygiene:

Detection of dental deposits;

Teaching the child and parents individual oral hygiene;

Removal of dental deposits;

Polishing of tooth surfaces;

Elimination of factors contributing to the accumulation of plaque;

Remineralizing and fluoride-containing therapy;

Motivation of the child and parents to the prevention and treatment of dental diseases.

The procedure is carried out in one visit. In children with permanent teeth, the removal of dental deposits is carried out using rotating brushes and polishing pastes, as well as using ultrasound machines.

To remove plaque and polish smooth surfaces of teeth, it is recommended to use rubber caps, chewing surfaces - rotating brushes, contact surfaces - floss and abrasive strips.

It is necessary to eliminate the factors contributing to the accumulation of plaque: remove the overhanging edges of fillings, re-polish fillings.

The frequency of professional oral and dental hygiene depends on the dental status of the child (the hygienic condition of the oral cavity, the intensity of dental caries, the condition of periodontal tissues, and the presence of non-removable orthodontic equipment).

The minimum frequency of professional hygiene is 2 times a year.

Grinding of hard tooth tissues

Sanding is carried out before starting a course of demineralizing therapy in the presence of rough surfaces.

Sealing the fissure of the tooth with a sealant

Sealing, or sealing of fissures, is the main dextotropic method of preventing fissure caries. This method consists in obstructing fissures and other anatomical depressions of healthy teeth with adhesive materials in order to create a barrier to external cariogenic factors (microorganisms and carbohydrates), along with this, the overall risk of dental caries is reduced, enamel mineralization in the fissures area is accelerated when using glass monomer cements and compomeric hermetic.

Non-invasive (simple sealing) is the isolation of fissures with sealants in order to limit the real risk zones from the action of cariogenic factors of the oral cavity.

Indications:

Erupting and maturing molars and premolars with a high initial level of fissure mineralization;

erupting and maturing molars and premolars with an average initial level of fissure mineralization after a course of local demineralizing and fluoride-containing prophylaxis aimed at accelerating the processes of enamel maturation;

Permanent molars and premolars in children with a predicted high risk of caries before fixing fixed orthodontic equipment;

Permanent molars and premolars in older children aged 14-18 with the risk of a cariogenic situation in the oral cavity;

The upper first permanent molars often erupt with additional palatine bumps, the fissures bordering the palatine mound are also subject to sealing; in addition, the buckle pits of the

erupting lower first permanent molars and the palatine pits of the upper lateral incisors are also subject to sealing.

Method of carrying out (application of light-curing sealant):

Removal of the etching agent with a jet of water for 40-60 seconds. Tooth drying.

Application of sealant using a probe, cannula. The material is carefully distributed with a probe or a cannula brush to avoid the formation of pores. The sealant is placed only in the pits and fissures, it is impossible to cover the slopes of the hillocks with material. Excessive application of the material leads to occlusion disorders. At the same time, the pieces of sealant are chipped off, and new retention areas are created along the edges of the fragments for the accumulation of bacterial plaque.

If the sealant is applied correctly, occlusion control is not required, if correction of the sealant is required, diamond bores, finiers and polishes are used.

Local fluoridation

If a child has erupting permanent molars and premolars with medium and low initial levels of fissure mineralization, it is preferable to use glass ionomeric sealants and compomeric sealants for sealing.

Features of the technology

When working with glass ionone sealants, the etching stage with the use of phosphoric acid is not carried out. Before applying the glass ionomer sealant, it is possible to use dentin conditioners (under good working conditions).

All compomeric sealants are used with self-etching adhesive systems. After their application, they do not need to be washed off

and dried. They are applied to the cleaned chewing surface of the tooth, then a sealant is applied, then polymerization is carried out.

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