

# ЎЗБЕКИСТОН РЕСПУБЛИКАСИ СОҒЛИҚНИ САҚЛАШ ВАЗИРЛИГИ



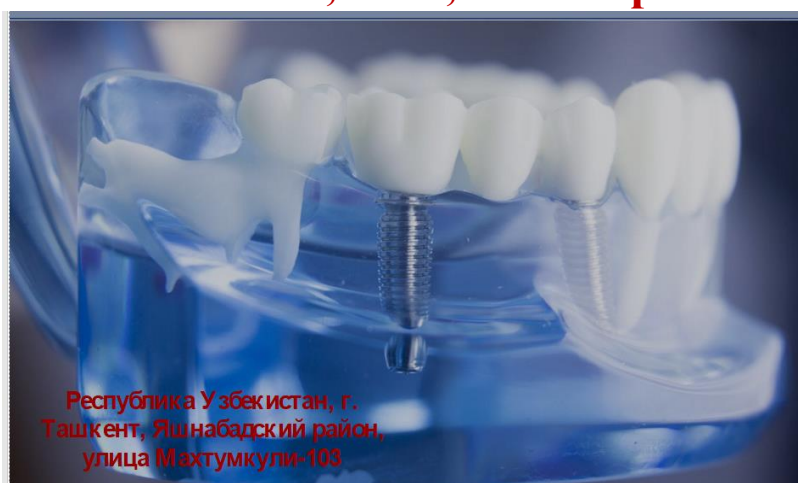
## ТОШКЕНТ ДАВЛАТ СТОМАТОЛОГИЯ ИНСТИТУТИ

*ГОСПИТАЛЬ ОРТОПЕДИК СТОМАТОЛОГИЯ КАФЕДРАСИ  
ФАКУЛЬТЕТ ОРТОПЕДИК СТОМАТОЛОГИЯ КАФЕДРАСИ  
ПРОПЕДЕВТИКА ОРТОПЕДИК СТОМАТОЛОГИЯ КАФЕДРАСИ  
ОРТОДОНТИЯ ВА ТИШЛАРНИ ПРОТЕЗЛАШ КАФЕДРАСИ*

**«ОРТОПЕДИК СТОМАТОЛОГИЯ ВА  
ОРТОДОНТИЯНИНГ ДОЛЗАРБ МАСАЛАЛАРИ»  
НОМЛИ ҲАЛҚАРО ИЛМИЙ-АМАЛИЙ  
КОНФЕРЕНЦИЯНИНГ**

## МАТЕРАЛЛАР ТЎПЛАМИ

**Тошкент, 2023, 10 ноябрь**



**Тошкент-2023**

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## **THE AFFECT OF POSTURE ON THE ORIGIN OF JAW POSITION'S ANOMALIES**

**Murtazayev.S.S., Nazarova S.S., Muratova G.A., Abdurashidova M.A.**

**ABSTRACT.** Changes in craniocervical posture are a critical issue in modern society. Alterations of the mandible position in the anterior-posterior direction in association with head and neck posture are reported. The objective of the present review was to evaluate the relationship between craniocervical posture and sagittal position of the mandible and to evaluate the risk of bias in the included studies. Evaluating the relationship between craniocervical posture and mandible position in the sagittal plane, it can be concluded that increased cervical inclination and head upright position are associated with the posterior position of the mandible. Attention

to patients' craniocervical posture should be paid as a part of clinical evaluation since it might be the reason for the changed mandible position.

**INTRODUCTION.** In dento-facial orthopedics, and in a more general way in all of dentistry, we live in an era in which postural considerations are being integrated into our therapy. It is probably fair to say that the inter-relationship between occlusion and posture have long interested a significant number of practitioners. However, a certain amount of confusion surrounds this connection because of the great variety of therapeutic approaches proposed for dealing with it as well as the lack of methodological rigor employed for most of the published studies devoted to it.

The inter-actions between posture and occlusion constitute a vast subject, one that cannot be treated adequately in a single article. With this presentation we hope to stimulate discussion and thinking about it and suggest that scientific study can often corroborate our original unsubstantiated convictions. Clearly for orthodontists taking posture into account in their diagnoses and therapies should not be considered a major paradigm shift in the way they practice their profession but simple extension of their efforts to provide their patients with the best possible all-inclusive therapy.

**AIM:** To evaluate the anatomical relationship between craniocervical posture and mandibular and hyoid bone position and the influence on the masticatory and swallowing functions.

**MATERIAL AND METHODS:** Thirty-six women aged 10 to 25 years without temporomandibular disorder diagnosis were evaluated. Variables related to the craniocervical posture and mandibular and hyoid bone position were obtained by cephalometric measurements. Masticatory and swallowing function evaluations were performed according to a protocol of orofacial myofunctional evaluation with scores.

This study was a transversal and observational investigation with a quantitative approach. Females aged 10 to 25 years, interested in a free functional evaluation of the orofacial and cervical regions. The exclusion criteria of the study were: temporomandibular disorder (TMD) diagnosis, facial trauma, craniomandibular and/or cervical surgical procedures, musculoskeletal deformities, class II and II subdivision malocclusion, tooth loss, anterior and posterior open bite, cross bite, level bite and overbite, as well as current use of orthodontics appliance.

For subject selection, the TMD diagnosis was evaluated by the same examiner, according to Research Diagnostic Criteria for Temporomandibular Disorder (RDC/TMD). Malocclusion was evaluated by an orthodontist by observation of intraoral photographs.

**RESULTS:** Significant correlations were observed between craniocervical angle and the linear distance from the hyoid bone to the mentum ( $p=0.02$ ) and to the mandible ( $p=0.03$ ). The angle that measured the forward head position also demonstrated a significant correlation with the linear distance between hyoid bone and jaw ( $p=0.00$ ). The cervical curvature degree showed a significant correlation

with the linear distance from hyoid bone to the third cervical vertebra ( $p=0.01$ ). Modifications of the cranium base inclination in relation to the cervical column at the two levels (NSL/CVT and NSL/OPT) were the only variables, which showed a significant correlation with the mandible position. Important craniocervical postural changes were observed in the subjects, although there was no association between them and a higher frequency of atypical behaviors evaluated during masticatory and swallowing functions.

**CONCLUSIONS:** Cephalometric findings confirm the anatomical relationship between craniocervical posture, mandible and hyoid bone. However, association between craniocervical posture alterations and masticatory and swallowing function impairments was not detected. Such findings suggest that, in the presence of a musculoskeletal imbalance, the body readapts itself ensuring that alimentary functions will not be affected.

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## YO`QOTILGAN MOLYAR TISHLARDAN KEYIN HOSIL BO`LGAN BO`SHLIQNI ORTODONTIK DAVOLASH

Murtazaev S.S., Nazarova.S.J., Muratova G.A., Abdurashidova M.A.

**Dolzarbli.** Molyar tishlarning erta yo'qotilishi antagonist tishlarda Popov-Godov fenomeni kuzatilishiga, yo'qotilgan tishlarning o'rniga tishlarni mezializatsiya qilishiga, tishlarning dislokatsiyasiga, jag'larni o'sishdan orqada qolishiga, yo'qotilgan tish o'rnidagi suyak atrofiyasiga olib keladi. Tish yo'qotilgandan keyingi bo'shliqlarni yopishda ortodontik davolash turi o'tkaziladi. Biroq, ko'p hollarda bu davolash rejasida kortikal plastinka qalinligi va suyak g'ovakligining kamayishi kuzatiladi. Ushbu muammo tufayli fleksikortikotomiya qolgan alveolyar suyak kengligini yaxshilash va ortodontik davoni tezlashtirish uchun molyarlarni mezializatsiya qilishda alternativ sifatida ko'rib chiqildi. 22 yoshli ayol bemorda jag'ining o'ng tomonida birinchi tish suyagi olib tashlandi. Doimiy mahkash uchun mini vint yordamida 37 va 38-sonli tishlarning mezial harakatini tezlashtirish uchun fleksikortikotomiya amalga oshirildi. Ushbu usul 37 va 38-sonli tishlarni mezializatsiya qilishga yordam berdi, jipslashuv holati ortognatik prikusga keltirildi va shu bilan tarixda faqat protez bilan davolangan muammoga ortodontik yechim topildi. Xulosa qilib aytadigan bo'lsak, bu usul molyarlarning mezial harakatini osonlashtiradi, davolash esa samarali bo'lib ortopedik va xirurgik davolashga sarflanadigan xarajatlarni tejaydi.

**Tadqiqot maqsadi.** Ortodontik davolash tishsiz bo'shliqlarni yopishda yaxshi usul, lekin uzoq vaqt tishsiz yurgan jag` suyagida suyak kengligi kamayib, atrofiyaga uchraganligi sababli bu usul yordamida davolashni amalga oshirish qiyin. Birinchi doimiy kata oziq tishlarning yo'qligi ko'p uchraydi, chunki u og'iz bo'shlig'ida eng birinchi doimiy tish sifatida chiqadi, karies kovaklar paydo bo'lishi va yallig'lanish esa suyak to'qimalariga ham o'tib, davolash imkonsiz bo'lgan holatlarda erta olib tashlanishi mumkin. Bu ikkinchi va uchinchi molyarlarning mezializatsiyaga moyilligi, premolyarlarning distalizatsiyasi, antagonist tishlar ekstruziyasi, milk o'zgarishi, prikus buzilishi, okklyuziyada superkontaktlarni keltirib chiqaradi. Shuningdek periodontal kasalliklar, bruksizm, chaynash samaradorligining pasayishi va bo'g'irda o'zgarishlarni yuzaga keltiradi. Bu kasalliklarni oldini olish uchun mumkin bo'lgan davolash usullaridan biri bu tishsiz bo'shliqlarni ortodontik yopishdir.

**Materiallar va usullar.** Rothning 0,022 o'lchamlik ortodontik apparati joylashtirildi, u quyidagi amallarni bajaradi: tekislash, 35 va 34 tishlar orasiga ortodontik mini implantni joylashtirish, 37 va 38 tishlarni mezializatsiya qilish uchun fleksikortikotomiya, davolashni tugatish va tishlarni sim ligaturalar yordamida birlashtirib yuqori va pastga tish qatoriga reteynerlarni joylashtirish.

*Davolash bosqichlari*

*1-bosqich.*