



**OZBEKISTON RESPUBLIKASI
SOG'LIKNI SAQLASH VAZIRLIGI
TOSHKENT DAVLAT
STOMATOLOGIYA INSTITUTI**



**“YOSH OLIMLAR KUNLARI”
Respublika ilmiy-amaliy anjumani
xalqaro ishtirok bilan
TEZISLAR TO'PLAMI**

**COLLECTION OF ABSTRACTS
“YOUNG SCIENTISTS DAYS”
Republic scientific and practical conference
with international participation**

**СБОРНИК ТЕЗИСОВ
Республиканской научно-практической конференции
с международным участием
“ДНИ МОЛОДЫХ УЧЁНЫХ”**

Toshkent 25 aprel 2023 y.

основным инструментом для решения вопросов функциональных аспектов окклюзии. С введением виртуальных артикуляторов произошли революционные изменения в современной эстетической и функциональной стоматологии.

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SPEECH DISTURBANCE WITH OPEN BITE IN PRESCHOOL CHILDREN

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Recently, the number of dentoalveolar anomalies and deformities among the child population has increased from 40% to 55-60%. According to many researchers, the trend towards an increase in the number of children with deformities of the dentition will remain stable in the near future.

Speech disorders are of a diverse nature, but for parents the most significant is the sound-producing side of speech, with which they turn to speech therapists. The speech of young children during the period of its formation is distinguished by shortcomings in sound pronunciation, but all age-related “deficiencies” in sound pronunciation normally disappear in children by the age of 4–5 years. However, due to various reasons, in some children, age-related sound-producing defects do not disappear, but take on a persistent character, and such a speech disorder is called dyslalia. One of the main causes of mechanical dyslalia is anatomical defects in the peripheral part of the speech apparatus (lips, tongue, teeth, upper and lower jaws, soft and hard palate). Among the anomalies of the organs of articulation, predisposing to a violation of the pronunciation of speech sounds, the most common are: bad habits, shortened frenulums of the tongue and lips, as well as defects in the structure of the jaws, which leads to malocclusion.

The relevance of this problem has become the reason for its joint study by orthodontists and speech therapists.

The purpose of the study: to study the effect of open bite on sound pronunciation in childhood.

We conducted an orthodontic and speech therapy examination of 60 preschool children aged 3-7 years. Orthodontic examination included identification of the nature and prevalence of open bite, speech therapy examination studied the state of sound pronunciation in children.

According to the results of the examination, it was revealed that out of 60

children of preschool age, 39 had dentoalveolar anomalies and deformities (65%), 8 out of 39 children had an open bite, which coincides with the data obtained by L.S. Persin, T.F. Kosyreva, F.Ya. Khoroshilkina. In 35 out of 39 children, defects in sound pronunciation were found, which accounted for 58,3% of the total number of subjects.

An open bite is an anomaly or deformation of the dentoalveolar system along the vertical plane, when, with closed teeth, some of them do not close, usually in the frontal area. With an open bite in children, there are defects in sound pronunciation. In this category of subjects, there is a violation of the pronunciation of dental letters: [t], [d], [s], [ch], [n].

The data obtained must be taken into account for preventive and therapeutic purposes by orthodontists and speech therapists in the construction of correctional and pedagogical work.

It is necessary to draw up and implement a complex of therapeutic and preventive measures, which should consist of several stages.

Conclusion. The main link in the prevention of speech disorders is the prevention of negative factors and the elimination of bad habits in children.

To correct already manifested anomalies of the dentoalveolar system, orthodontists recommend doing myogymnastics (exercises to strengthen the maxillofacial muscles) with children from the age of 2.5-3 years. With regular myogymnastics in children, the type of breathing is corrected, the circular muscle of the mouth is strengthened, the maxillofacial development is normalized, and the bite develops normally. Corrective work of a speech therapist on the formation of correct sound pronunciation in children with anatomical pathology of the organs of articulation should be carried out in conjunction with an orthodontist in order to achieve the maximum result.

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OCHIQ PRIKUSDA CHAKKA PASTKI JAG‘ BO‘G‘IMINING O‘ZGARISHINI ERTA TASHXISLASH VA UNI OLDINI OLISH

*Nigmatov R.N., Aralov M.B., magistr Zikirova M.Sh.,
Sagdullayeva M.A., Jamoldinov N.B.*

Тошпулатов Б.Ш., Наврузова Ф.Р СРАВНИТЕЛЬНЫЙ АНАЛИЗ ПРЕПАРИРОВАНИЯ КОРНЕВЫХ КАНАЛОВ С ПОМОЩЬЮ РАЗЛИЧНЫХ РОТАЦИОННЫХ ЭНДОДОНТИЧЕСКИХ ИНСТРУМЕНТОВ	266
Azimova G., Atajanova X., Shukurova U.A. TREATMENT OF WEDGESHAPED DEFECTS OF HARD TISSUES OF TEETH BY THE METHOD OF RESTORATION	268
Toshpulatova S.A. Yulbarsova N.A. BIOCHEMICAL CHANGES IN ORAL FLUID IN PREGNANT WOMEN WITH DENTAL CARIES	270
ORTODONTIYA VA ORTOPEDIK STOMATOLOGIYA ORTHODONTICS AND ORTHOPEDIC DENTISTRY ОРТОДОНТИЯ И ОРТОПЕДИЧЕСКАЯ СТОМАТОЛОГИЯ	
Укимтаева Ж.Дж., Махкамова Д.А., Саидов С.А. Абдукадырова Н.Б. НЕОБХОДИМОСТЬ АНАЛИЗА КОНУСНО-ЛУЧЕВОЙ КОМПЬЮТЕРНОЙ ТОМОГРАФИИ ПРИ ДИАГНОСТИКЕ И ЛЕЧЕНИЯ ОРТОДОНТИЧЕСКИХ ПАЦИЕНТОВ	271
Ахадова К.А., Абдукадырова Н.Б. ОЦЕНКА РАСПРОСТРАНЕННОСТИ ДЕНТОФОБИИ СРЕДИ ГРУПП НАСЕЛЕНИЯ ПОДРОСТКОВОГО ВОЗРАСТА ГОРОДА ТАШКЕНТА	272
Шаамухамедова Ф. А., Назарова С. Ж., Ниязов А. О. КОМПЛЕКСНОЕ ЛЕЧЕНИЕ МЕЗИАЛЬНОЙ ОККЛЮЗИИ	273
Шамухамедова Ф. А. Магистр Рабиева М. Ш. Рахимбердиева М. Ш. ОШИБКИ И ОСЛОЖНЕНИЯ ПРИ ПРИМЕНЕНИИ МИКРОИМПЛАНТОВ В ОРТОДОНТИИ	274
Zikirova M.Sh., Nigmatova I.M. TREATMENT OF OPEN BITE MALOCCLUSION: MEAW VS STRAIGHT WIRE TECHNIQUE	275
Мавлонова М.А., Сулейманова Д.А., Мансуров Р.Р., Батиров Ф.Б., Саъдуллаев А.А. ТАКТИКА ОРТОДОНТИЧЕСКОГО ЛЕЧЕНИЯ ВЗРОСЛЫХ ПАЦИЕНТОВ ПРИ ЗАБОЛЕВАНИЯХ ПАРОДОНТА	276
Мавлонова М.А., Шавкатова Н.Р., Пулатов Б.А., Рахимов А.А. СТРУКТУРА ЗУБОЧЕЛЮСТНЫХ АНОМАЛИЙ У ДЕТЕЙ ШКОЛЬНОГО ВОЗРАСТА С РАЗЛИЧНОЙ НЕВРОЛОГИЧЕСКОЙ ПАТОЛОГИЕЙ	277
Машарипова С.К., Арифджанова М.А., Насимов Э.Э. ВЫЧИСЛЕНИЕ ПАРАМЕТРОВ ШИРИНЫ ЗУБНЫХ ДУГ ДЛЯ ЛИЦ УЗБЕКСКОГО ПРОИСХОЖДЕНИЯ	278
Муратова Г.А., Муртазаев С.С., Абдишукурова Б.Г., Жамолдинов Н. Б., Элмурадова А. Э. ЮҚОРИ НАФАС ЙЎЛЛАРИ КАСАЛЛИКЛАРИНИ ТИШ-ЖАҒ ТИЗИМИГА ТАЪСИРИ	279
Расулова Ш.Р., Муртазаев С.С., Арифджанова М.А., Исмоилова С.С. Содиқжонов А.А., Эргашбоев Н.Р. БИОЛОГИЧЕСКАЯ РЕАКЦИЯ НА ОРТОДОНТИЧЕСКИЕ СИЛЫ В ЗАВИСИМОСТИ ОТ ВОЗРАСТА	281
Расулова Ш.Р., Артикова А.У., Арифджанова М.А., Исмоилова С.С., Набиев К.А., Саидова М.Д. ОСОБЕННОСТИ ВЫБОРА МЕТОДИК РАСЧЕТА ТЕЛЕРЕНТГЕНОГРАММЫ БОКОВОЙ ПРОЕКЦИИ ПРИ ПЛАНИРОВАНИИ И ВЫБОРЕ ОРТОДОНТИЧЕСКОГО ЛЕЧЕНИЯ	282
Нурметов Б.М. Абдуллаева М.Б. ЛЕЧЕНИЕ ГЛУБОКОГО ПРИКУСА, СОЧЕТАННОЙ С ДИСФУНКЦИЕЙ ВИСОЧНО-НИЖНЕЧЕЛЮСТНОГО СУСТАВА	283
Мавлонова М.А., Азизова Д. ПРЕИМУЩЕСТВА РАННЕГО ОРТОДОНТИЧЕСКОГО ЛЕЧЕНИЯ С ИСПОЛЬЗОВАНИЕМ НЕСЪЕМНОЙ АППАРАТУРЫ	284
Muratbaeva D.B. Shaamuxamedova F.A. BOLALARDA ALMASHINUV DAVRIDAGI DENTOALVEOLAR DEFORMASIYANING PROFILAKTIKASI	285
Нигматова Н.Р., Муратбаева Д. Б., Махкамова Д. А., Саидов С. А. ВИРТУАЛЬНОЕ	