



МИНИСТЕРСТВО ЗДРАВООХРАНЕНИЯ РЕСПУБЛИКИ УЗБЕКИСТАН



МИНИСТЕРСТВО ВЫСШЕГО ОБРАЗОВАНИЯ, НАУКИ И ИННОВАЦИЙ РУЗ



ТАШКЕНТСКИЙ ГОСУДАРСТВЕННЫЙ СТОМАТОЛОГИЧЕСКИЙ ИНСТИТУТ

# **VI** МЕЖДУНАРОДНЫЙ КОНГРЕСС СТОМАТОЛОГОВ

«АКТУАЛЬНЫЕ ПРОБЛЕМЫ СТОМАТОЛОГИИ  
И ЧЕЛЮСТНО-ЛИЦЕВОЙ ХИРУРГИИ»



## **СБОРНИК ТЕЗИСОВ**

An example is patient L., a girl of 17. Diagnosis: Class 2 skeletal. Class 2 dental-alveolar, cuspidate on the right and full cuspidate on the left. The upper centre is displaced to the right. Inclination of the occlusal surface. Neutral inclination of upper incisors. Intrusion of the lower incisors. Anterior position of the upper incisors. Crossed position 17. Done: High torque maxillary braces. Distalisation of 2 segments. Intrusion of segment 1 to the micro-screw.

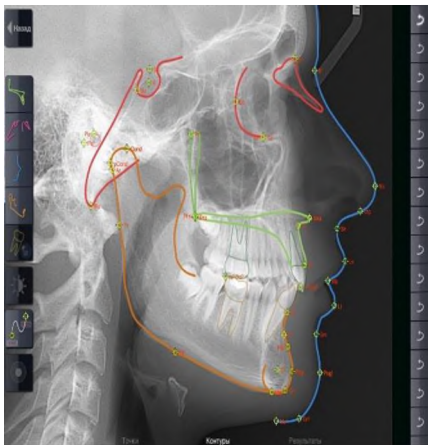


Fig. 1. Telerengenogramma of the patient before starting treatment.



Fig. 2. Models Damon System



Fig. 3. Stage of treatment patient.

**Conclusions.** The admission time is reduced. The arch is replaced much faster, as no metal ligatures are put on or taken off for each tooth to be fixed. The use of ligatures, which provoke the accumulation of soft plaque, is eliminated. Furthermore, the number of visits to the doctor during treatment is reduced. Avoids major discomfort during arch changes or initial transfers. Reduced pain sensation. Reduction in treatment time by 3 to 5 months. The lips and cheeks always exert light pressure on the teeth. The forces of the brackets and the arch on the one hand, plus the pressure of the lips and cheeks on the other provide bilateral influence on the position of the teeth, excessive forward deflection of the teeth is avoided and the patient's profile becomes harmonious. Reduction in the number of teeth removed, as the weak forces give a smooth change in the shape of the dental arch and provides space for all complete teeth.

#### **Literature:**

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## OF TISSUE IN THE TREATMENT OF CHRONIC PERIODONTITIS OF THE MIDDLE DEGREE

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**Goals and objectives:** At present, the problem of bone tissue regeneration in patients with periodontitis is very relevant. At the initial stages of the development of gum disease, when only the gum is involved in the inflammatory process, only conservative methods of treatment can be dispensed with. When inflammation from the gums passes to the bone tissue, it begins to break down. Improvement of methods of complex treatment of periodontium diseases continues to be an urgent problem of dentistry and requires an interdisciplinary approach. The severity of the course of periodontitis and the severity of destructive phenomena dictates the need to use osteoplastic agents to restore damaged periodontium tissues. It has been proven that the efficiency of membrane technology is significantly increased when membranes and substitute materials are used together. The positive effect of the combined use of Platelet Rich Plasma (PRP - autogenous growth factors), osteoplastic materials and the method of Guided Tissue Regeneration (GTR) has been confirmed. To increase the efficiency of reconstructive treatment of patients with generalized periodontitis through the combined use of alloplasty, Platelet Rich Plasma and the method of Guided Tissue Regeneration. Method of testing: clinical, X-ray. For the period 2018-2019, 34 patients with chronic generalized periodontal atrophy of moderate severity were under observation. All patients underwent professional oral hygiene, laser therapy, and antibacterial therapy with rovamycin. 6 patients in complex therapy underwent surgical interventions: osteogingivoplasty with biocomposite materials using GTR auto-allogenic membranes. As a result, a disease develops, which is popularly called periodontal disease, and its correct name is periodontitis. With periodontitis, all tissues surrounding the tooth, including bone tissue, are involved in the inflammatory process. The root of the tooth is exposed, it becomes mobile and may even fall out.

**The purpose** of this work is to evaluate the effectiveness of the elimination of periodontal defects by HPT using the barrier membrane "Bio-Gide".

**Materials and methods:** 10 patients with periodontitis of moderate severity were under observation. After a comprehensive examination, including measuring the depth of periodontal pockets using probing and assessing the state of the alveolar bone on OPTG, as well as the stage of basic therapy, surgical treatment was

performed: 6 patients by the NRT method using the “Bio-Gide” collagen membrane, 4 patients– patchwork operation with replanting of osteoplastic material.

**Results and conclusions:** As a result of the study, it was found that the increase in bone tissue using the NRT method averaged 78% of the initial level, while bone recovery after flap surgery did not exceed 53%. Thus, when using the NRT method, a significant restoration of the bone tissue of the alveoli is observed, which can significantly improve the quality of the treatment.

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## **СОВЕРШЕНСТВОВАНИЕ ДИАГНОСТИКИ И ЛЕЧЕНИЯ ХРОНИЧЕСКОГО ГЕНЕРАЛИЗОВАННОГО ПАРОДОНТИТА У ЖЕНЩИН В ПЕРИОД ПОСТМЕНОПАУЗЫ**

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В последние годы большое количество работ в мире посвящено изучению характера взаимосвязи системного остеопороза и генерализованного пародонтита, однако, имеющиеся сведения противоречивы и требуют дополнительных исследований. Пародонтиты являются мультифакториальной болезнью, возбуждающейся бактериальными патогенами, порождающие защитную реакцию с очередным убытком соединительнотканной структуры,