

RESULTS OF EVALUATION SCREENING DENTAL EXAMINATION OF ORAL CAVITY INJURIES IN PRESCHOOLERS



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МАКТАБГАЧА ЁШДАГИ БОЛАЛАРДА ОҒИЗ БЎШЛИҒИ ШИКАСТЛАНИШИНИНГ СКРИНИНГ СТОМАТОЛОГИК ТЕКШИРУВЛАРИНИ БАҲОЛАШ НАТИЖАЛАРИ

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РЕЗУЛЬТАТЫ ОЦЕНИВАНИЯ КЛИНИЧЕСКОЙ ЭФФЕКТИВНОСТИ ПРОФИЛАКТИКИ И ЛЕЧЕНИЯ ТРАВМЫ РОТОВОЙ ПОЛОСТИ У ДОШКОЛЬНИКОВ

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Резюме. Болалар оғиз шиллиқ қаватининг травматик шикастланиши кўплаб асоратлар ва уларнинг стоматологик ёрдамга бўлган еҳтиёжини ортиши билан келади. Болалар стоматологик касалликларини камайтиришида, профилактика чора-тадбирлари ўтказилмай туриб, фақатгина кўриклар ва тиббий тадбирлар муваффақиятга олиб келмайди. Ушбу мақола мактабгача ёшдаги болаларда стоматологик касалликларниг олдини олиш ва даволашни такомиллаштириши зарурлигини асослайди.

Калим сўзлар: травматик шикастланишлар, ёш болалар, яллиғланиш, оғиз бўшлиғи шиллиқ қавати, олдини олиш, даволаш.

Abstract: Traumatic injuries of the oral mucosa of children are accompanied by a large number of complications and an increase in the need of the children's population for dental care. Only examinations and medical measures, without carrying out preventive measures, cannot lead to the achievement of significant successes in reducing the dental incidence of children. This article substantiates the need to improve the prevention and treatment of dental diseases in preschool children.

Keywords: traumatic lesions, young children, inflammation, oral mucosa, prevention, treatment.

In the first years of a child's life, there is a peak of traumatic injuries to the organs of the oral cavity, including the mucous membrane, so it is important for every dentist to be able to properly plan the provision of dental care to this category of children [2, 9, 12]. The mucous membrane of the oral cavity has direct contact with the external environment from the birth of a child and throughout life. In the practice of a pediatric dentist, it is often necessary to deal with the consequences of traumatic injuries of the oral mucosa. Traumatic stomatitis can develop at any age, but it is most often observed in children. This is associated with a high risk of injuries of various etiologies [1, 7, 11].

Ulcers, aphthae and other pathological formations formed during traumatic stomatitis on the mucous membrane cause discomfort and pain to the

child when eating. The peculiarity of the oral cavity is that any traumatic damage to the mucous membrane is immediately accompanied by its infection [4]. The degree of damage and clinical manifestations depend on the nature of the stimulus, the time and strength of the impact, the individual characteristics of the child's body [2, 10].

Through injuries of the oral mucosa, bacteria, microbes, and some fungi penetrate, which multiply and parasitize. Prolonged treatment of patients with traumatic stomatitis has increased the interest in the use of magnetic-infrared-laser therapy. Lesions of the oral mucosa (SOR) having an infectious and traumatic genesis, occur with a pronounced pain symptom and manifest themselves with polymorphic elements of the lesion – erosions, aphthae, ulcers, plaques, etc. [3, 12].

The relevance of this problem is due to a fairly high level of injuries in children. Traumatic exposure reduces the barrier function of the mucous membrane, which becomes the entrance gate of infection for the introduction of microorganisms and the development of inflammation [6, 8]. The urgency of the problem increases due to the progressive decrease in the dental components of the quality of life of patients against the background of the appearance of additional clinically concomitant pathology of the oral cavity in patients with traumatic injuries [5, 7].

An important problem of modern conservative and preventive dentistry is the search for optimal means for the prevention of inflammatory diseases of the oral mucosa that have arisen as a result of injuries, and the success of therapy depends not only on the correct choice of the active substance, but also on the dosage form, as well as the ways of administration [5, 12].

Purpose of the study. Improving the dental health of children with traumatic injuries of the oral cavity justification for optimizing the organization of dental care for young children.

Materials and methods. A retrospective study was carried out according to the case histories of pediatric patients who applied to the multidisciplinary dental clinic of the Bukhara Children's stomatology for an injury to the oral mucosa. We analyzed 160 case histories of patients aged 1 to 7 years. Of the patients, there were 57 girls (35,62%), the number of boys, which was 62 (38,75%). The calculation and statistical processing of the research results were performed using the Microsoft Excel 2010 software package for Windows. When analyzing the age, the arithmetic mean values and the sample standard deviation were determined. We also calculated the percentage characterizing the proportion of children with a certain trait in the sample.

Results and its discussion. The patients examined by us most often had mechanical traumatic injuries 64 (40%). This is consistent with literature data. At the same time, 35 (21,87%) children came to the dental clinic with acute injuries. The remaining 33 (20,62%) presented with chronic mechanical trauma. Thermal - 11 (6,87%) and chemical injuries - 17 (10,62%) of the oral mucosa were much less common.

Multiple (22%) and single (39%) erosions were the main element of the lesion in the examination of children with ROS trauma; the total number of people with erosions was 53. Thus, damage to the oral mucosa in children is more often superficial and localized within the epithelial layer. In second place in terms of frequency of occurrence were ulcers identified in 37 (23,12%) children. Less common were such elements of damage as wounds - in 24 (15%) and foci of hyperkeratosis - in 21 (13,12%) children. Foci of epithelial desquamation were found in 14

cases (8,75%), necrosis - in 9 (5,62%), aphthae, hematomas and hyperemia spots - in 1 (0,62% each) cases. The blister was found in 1 (0,62%) person. The lower occurrence of these elements is associated with their more specific etiology.

Most often, injuries were localized in the area of the mucous membrane of the upper and lower lips - 33%. This is due to the fact that the lips restrict the vestibule of the oral cavity and are often the first to encounter aggressive environmental factors. Quite often, the lesions were localized on the mucous membrane of the cheeks - 23%. Less often, traumatic injuries were detected in the area of the hard palate (18,5%), tongue (19%), on the alveolar processes (17%), transitional fold (11,5%), gums (8%), frenum of the upper lip (3%) and at the bottom of the mouth (2%).

When studying the etiology of traumatic injuries of ROS in children, chronic biting was often used as a damaging factor. It was detected in 19 children (11,87%). This phenomenon in childhood can be associated with an anomaly in the location of the teeth and pathology of the bite, destruction of the crowns of the lateral teeth or filling defects (sharp edges), and also be of the nature of a bad habit caused by psychogenic factors. It should be noted that prolonged exposure to this factor leads to significant changes in the mucous membrane and underlying tissues, accompanied by pronounced hyperplastic processes. Being an optional precancer, such lesions require immediate medical action to eliminate the etiological factor. In the overwhelming majority of cases, elimination of the cause leads to rapid recovery, despite the severity of morphological changes in the tissues.

Often, the injury was associated with damage to the COP by solid food - 23%. This may be due to the fact that the epithelial layer of the palate in childhood has a smaller layer of keratinized cells and inaccurate and hasty chewing of solid food leads to injury to the mucous membrane. Less commonly, thermal injuries such as burns and frostbite were used as an etiological factor. Thermal injuries often occur as a result of haste when eating, and in the case of young children - through parental oversight.

We detected thermal lesions in (17,25%) cases, external injuries - in 6 (9%), trauma with a sharp edge of the tooth - in (11,5%), after using means for personal oral hygiene - in (9,85%). One of the reasons for the appearance of defects on the oral mucosa was the state of the body after chemotherapy - (0,62%), which is due to the fact that many chemotherapeutic substances reduce the growth rate of cancer cells and simultaneously affect normal, rapidly dividing cells of the gastrointestinal tract.

Separately, it is necessary to highlight such an etiological factor as iatrogenia, which was identified in 31 patients (19,37%).



Fig. 1. Ulcer of the mucous membrane of the lower lip and tongue

Iatrogenic lesions were a side effect of prophylactic, diagnostic and therapeutic interventions during or after dental visits. Of all iatrogens, orthodontic constructions were the most frequent in the role of a traumatic factor - 7 (4,37%), the consequences of injection anesthesia - 6 (3,75%). Rare traumatic injuries of the mucous membrane were observed after professional oral hygiene - 14%, the use of a laser and the use of devitalizing paste (by 9%) (Fig. 1).

A very specific complication of dental treatment for children is anesthesiophagy - significant damage to soft tissues as a result of the child biting and chewing on the numb mucous membrane after local anesthesia. Basically, this lesion occurs in the lower lip, but it can be localized on the upper lip and cheek. Deep ulcers undoubtedly cause concern for parents and cause, albeit temporary, but significant damage to the health of the child. Prevention of this complication is a reasonable choice of the type and dose of local anesthetic, warning parents about the need to monitor the child immediately after treatment. It is important to note that direct trauma during dental treatment can indirectly affect the occurrence of mucosal mucosa - for example, lead to the activation of a dormant viral infection in the body. Also, a common case of iatrogenism is damage to the oral mucosa in children by elements of equipment during orthodontic treatment.

Conclusions. Traumatic lesions of the oral mucosa have a very diverse picture: from catarrhal inflammation to ulcerative or hyperplastic manifestations. The cause of damage can be both external traumatic factors and local defects and deformations of the dentition. Also Careless dental practice or restless behavior of the patient influence possible etiologically. Young children require special attention, in whom the diagnosis and treatment of diseases of oral mucosa are significantly difficult.

Knowledge of the clinical manifestations of traumatic disorders of the mucous membrane allows in each clinical case to choose the optimal medical tactics. The age of children with ROS trauma ranged from 3 to 7 years, averaging 4,7 years. Of these,

35,62% were girls and 38,75% were boys. The main cause of ROS trauma in children was mechanical traumatic injuries - 40%, of which 59% of cases accounted for chronic trauma and 41% for acute trauma.

By the nature of the damage, single erosions were most often detected - 39% and multiple erosions - 22%. Other elements of damage were found much less frequently. The most common trauma was the mucous membrane of the lips - 33% of cases, the mucous membrane of the cheeks - 23%, the area of the hard palate - 18.5%, the tongue - 19%. In 23% of cases, the traumatic injury of ROS in children was associated with dental treatment (had an iatrogenic nature).

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РЕЗУЛЬТАТЫ ОЦЕНИВАНИЯ КЛИНИЧЕСКОЙ ЭФФЕКТИВНОСТИ ПРОФИЛАКТИКИ И ЛЕЧЕНИЯ ТРАВМЫ РОТОВОЙ ПОЛОСТИ У ДОШКОЛЬНИКОВ

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Резюме. Травматические повреждения слизистой оболочки полости рта детей сопровождаются большим количеством осложнений и повышением потребности детского населения в стоматологической помощи. Только осмотры и лечебные меры, без проведения профилактических мероприятий, не могут привести к достижению существенных успехов в снижении стоматологической заболеваемости детей. В этой статье обосновывается необходимость улучшения профилактики и лечения стоматологических заболеваний у детей дошкольного возраста.

Ключевые слова: травматические поражения, дети младшего возраста, воспаления, слизистая оболочка полости рта, профилактика, лечение.