

ON THE ISSUE OF PREVENTION IN PEDIATRIC DENTISTRY

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Annotation: The best form of prevention of dental diseases in children and adolescents is medical examination. It includes planned sanitation of the oral cavity and is carried out simultaneously with the treatment of concomitant diseases. High-quality medical examination allows you to prevent the development of complicated forms of caries, loss of permanent teeth, the development of dental deformities and, as a result, diseases of internal organs and systems.
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In dental rehabilitation of children and adolescents, various methods are used in practice: centralized, decentralized and brigade. Each of the methods has its own positive and negative sides. With centralized sanitation, dental care is provided in a dental clinic. The decentralized method is based on the fact that the sanitation of the oral cavity is carried out directly in kindergartens and schools by the doctors of children's dental clinics.

At the same time, permanent or temporary dental offices are organized in schools and children's institutions. The brigade method is a kind of decentralized method and involves the formation of groups of doctors who travel to an educational institution (school, kindergarten) for a certain period of time and carry out the necessary sanitation of the oral cavity on site. The decentralized method of sanitation has its positive aspects: maximum approximation of dental care to schoolchildren; interaction with school management, parents; the ability to carry out a full range of therapeutic and preventive measures; more complete coverage of all schoolchildren with oral sanitation, conducting sanitary and educational work, saving students' study time. Among the negative aspects, it should be noted the difficulties in allocating space for a dental office, labor productivity at school in the absence of support staff is lower than in a polyclinic, a longer rehabilitation period; the impossibility of a complete comprehensive examination of children.

Oral sanitation, as a rule, begins with the second grades, gradually expanding the sanitized components, covering successively the 3rd, 4th grades, etc. It is believed that students of the first grades can be sanitized last, since children must come to school sanitized. In addition, during the first half of the year, first-graders undergo a psychophysiological



restructuring and adaptation of the body to new conditions associated with changes in the child's social environment, and oral sanitation can be an additional burden.

However, as practice shows, not all first-graders come to school with a sanitized oral cavity and children's need for dental care remains high. The lack of proper preventive and therapeutic dental work among kindergarten children leads to an increase in complicated forms of caries, premature tooth loss, an increase in the number of dental deformities, as well as to an additional burden on the school dentist

Despite the possibilities of modern dentistry, oral diseases in childhood are among the most common diseases. The high prevalence of dental diseases among the child population (according to the second national epidemiological survey: up to 26% at the age of 6, 66% at the age of 12 and 90% at the age of 15) dictates the need for effective and affordable preventive measures. In the children's department, the preventive direction is a priority, while maximum attention is paid to the introduction of new technologies for prevention and treatment.

In the preventive work of the children's department, we distinguish two sections: educational (teaching children oral hygiene, proper nutrition, methods of prevention of dental diseases) and medical (carrying out therapeutic and preventive measures).

Compliance with the rules of oral hygiene in everyday life plays an important role in protecting children's health. Teaching children the rules of oral care should begin at an early age. In the process of growing up, the child's hygiene skills should be improved, daily observance of oral hygiene should become natural. The correct approach to the hygienic upbringing of children makes it possible to increase the effectiveness of the prevention of dental diseases.

The doctors of the children's department participate in the formation of a stable habit of oral hygiene in a child. Among primary school students of secondary educational institutions, they conduct open health lessons, where doctors talk about the structure of teeth, the causes of caries, useful and harmful products, teach children how to properly care for the oral cavity. School teachers, representatives of manufacturers of oral hygiene products (ROCS, Colgate) take an active part in the preparation and conduct of lessons. Children prepare poems and drawings on dental topics, participate in role-playing games. Each child receives a gift — a toothbrush, toothpaste, and a colorful brochure. Health lessons are very interesting and remain in the memory of schoolchildren for a long time.

In recent years, parents' understanding of the role and effectiveness of preventive measures has increased. Previously, the most common reason for contacting a pediatric dentist was toothache or the presence of a carious cavity in a child, but now the number of visits for preventive examination has increased. Now parents are more informed about the possibilities of preventing dental diseases in children; parents' awareness of the negative impact of carious teeth on the child's general health has increased.

The concept of minimally invasive interventions has been introduced into the practice of doctors of the children's department, the advantage of which is the painlessness of the procedures performed, as well as a combination of preventive and curative aspects. The work



uses modern dental materials from domestic and leading foreign companies in Germany, Japan, Korea, and the USA.

For the prevention and treatment of initial forms of caries (spot stage), non-cariou lesions of hard dental tissues (hypoplasia), the technique of deep fluoridation with enamel sealing liquid (Germany) and (Russia), remineralizing therapy with fluoride and calcium-containing drugs that accelerate the process of mineralization of hard dental tissues is used. After examining the child, doctors offer an individual set of preventive measures, including the use of calcium-containing preparations (foams, mousses, gels, rinses) at home.

The frequency of visits to the pediatric dentist is determined taking into account the degree of activity of the carious process, age and the general level of somatic health of the child.

One of the earliest and most common forms of caries is fissure caries, the frequency of which is associated with the peculiarities of the anatomical structure, low mineralization of temporary and permanent teeth in the first years after eruption, and insufficient oral hygiene. The use of local preventive measures is aimed at regulating the process of maturation of dental fissures, reducing the risk of caries. The department's doctors widely use the technique of sealing fissures in order to create a barrier to external cariesogenic factors.

A feature of the course of caries in early childhood is the incomplete mineralization of tooth enamel and, as a result, the rapid spread of the carious process. In the treatment of caries, glass ionomer cements of chemical and light curing are widely used, which have an anti-cariou effect due to the content of fluorine compounds in their composition, which allows for a gentle preparation technique while preserving the maximum amount of hard tissues, and also prevents the development of secondary caries and its complicated forms. When restoring teeth, modern aesthetic light-curing composites are used (Germany, USA).

Pediatric dentists work in close collaboration with an orthodontist and a dental surgeon. If indicated, surgeons perform plastic surgery of the frenules of the lips and tongue, dental operations, surgical preparation for orthodontic treatment.

Orthodontists are focused not only on correcting already formed malocclusion pathologies, but also on their early prevention during the period of active growth of children. Standard myofunctional means of prevention and early correction of malocclusion — stoppi elastic plate, muppy vestibular plates, preorthodox myofunctional trainers - can prevent deformations of the dental system already during the period of lactic and removable bite, helping to normalize nasal breathing and get rid of harmful childhood habits that affect maxillofacial development. Removable devices of mechanical and functional action, non-removable Edgewise technique are used in the treatment of dental anomalies. Retention devices are used to consolidate the result of orthodontic treatment.

An integrated approach to planning and conducting preventive measures increases the effectiveness of dental prevention. The health of children largely depends on the level of awareness and the degree of responsibility of parents in the prevention and treatment of dental diseases.



Dental care provided to children before they entered school was insufficient, as almost two thirds of permanent teeth affected by caries and one third of temporary teeth remained untreated. This indicates the need to improve the quality of dental care for preschool children.

When planning work, school dentists need to pay special attention to preventive examinations and sanitation of the oral cavity of first-graders, immediately from the moment they enter school. It is also important to perform a full range of not only therapeutic, but also preventive measures, such as sealing the fissure of permanent first molars, application with fluoride-containing drugs.

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