

Frequency of Occurrence of Tooth-Jaw Disorders in Children

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Relevance of research. According to the Jaxon Health Organization (WHO), 50% of the population suffers from tooth-jaw disorders (TJA). In studies carried out at the US National Institute of Dentistry, 40% of the population has anomalies in the development of teeth and various disorders of the formation of Jaws, in which in 15% of cases surgery is required to eliminate them. The presence of the development of TJA is reflected in the patient's appearance and, consequently, in the perception of it by those around him, which in turn leads to a deterioration in the quality of life, a violation of the psyche and the formation of the personality character, the process of chewing food and swallowing it does not become full. Also, the presence of TJA in a child is considered one of the reasons for the development of caries, periodontic diseases and changes in the chakka-lower jaws. Subsequently, the child experiences speech disorders, which at a young age makes it difficult for the child to enter into communication and negatively affects the body's cognitive reactions. The frequency of tja occurrence increases as the age grows and is accompanied by deformities of the jaw-facial skeleton. Epidemiological studies by both domestic and foreign authors indicate the variability of this pathology, and amount to 250-750 cases per 1000 population, while every second patient needs orthodontic assistance [1.3.5.7.9.11]. According to their data, the prevalence of tooth-jaw disorders in children and adolescents in RF industrial cities was from 25.0% to 75.0% gacha. Significant deviations of tja prevalence in different regions of the RF are observed from 25.0% to 52.0%, especially the highest rates observed in northern Russia.

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The prevalence of TJA was 64.3% to 86.1% gacha in various populations of children between the ages of 5 and 17 living in the same area. An epidemiological examination of children and adolescents in Moscow City found that TJA was common, accounting for 65.8%, tja was characterized by 19.7% and 2.7% cases of distal and medial occlusions, respectively, with deep occlusion of the cranial teeth and vertical deocclusion being 19.7% and 2.2% respectively. According to the author, narrowing of the tooth rows has often been reported, especially among TJA, with this pathology observed in 27.1% of children with

TJA. According to the author, the occlusion crossed in the TJA structure was the lowest percentage - 1.3%. According to the Italian Dental Association Kunso Shahri 43.5% of schoolchildren had different dental-jaw disorders. In Scandinavian countries, TJA was found in 48.8% of cases. In the Czech Republic, tooth-jaw disorders were found in 52-55% of children and adolescents. More than 10,000 children aged 7-9 who were examined in the UK found that 45-48% of them had dental-jaw disorders. The prevalence of tja in Dakar was around 58.9%. In Greece, the frequency of TJA was much higher, at 64.8%. Also epidemiological investigations carried out in EU countries have shown that these anomalies are common (59.4%).

The degree of prevalence of TJA is also convincingly linked to the ethnic composition of the contingent under investigation, as well as the presence of ethnic features in the structure of the tooth-jaw joint. According to the observations of the authors of the series, the presence of macrodentia is characteristic for the Mongoloid-related ethnic group, calling the formation of TJA, leading to disharmony between the dimensions of the teeth and jaws. In modern dentistry, the use of aesthetics has grown in importance. A biometric examination of the teeth was carried out by the author among the Uzbek population, it was found that the size of all the gills of the teeth, in comparison with the southern Altai, is small, except for the lower molars. According to a large number of studies, the frequency of occurrence of TJA depends on the age of the patient, so some authors have found that tja grows in a significant way in the early period of bite exchange at the age of 7-10 years. Found a convincing increase in TJA in children between the ages of 6 and 11. Anoxina A.V. [9; 10-16 b.] according to data, 52% of children aged 7 to 10 in Kazan Shahri had TJA. Ulitovsky S.B. according to data, 66.9% of children aged 6-12 had tja. After studying 1,200 sources of scientific literature, it was found that TJA occurs in 24% of children during the temporary bite period, 49.0% during the exchange bite period, and 35.0% during the permanent bite period until the age of 17.

5,299 children between the ages of 3 and 14 found an increase in the proportion of TJA during the replacement period of the bite after examination. This pathology was observed by the authors in 83.8% of children aged 6-7 years. After examining 1,125 children aged 3-7 years, it was found that TJA was found in 59% of cases in this group. The prevalence of TJA among schoolchildren in Moscow city has proven to be 44.7%. In children between 8 months and 3 years of age, the prevalence of forming TJA was 33.1%, while the formed TJA reached 28.2%, while the percentage increase in the ratio between 3 and 4 years of age was observed, so that the forming TJA occurred in 44.2%, and the forming - in 35.5% of cases, since the formation - at 6 years such disorders increased by 49.1% and 39.8%, respectively. It was found that tja occurs at 2.9% in the late period of bite exchange, 5.6% more during the permanent bite period than at the early period of exchange bite (27.5%).

In a study of the available sources that covered the issues of the frequency of tja occurrence, we concluded that in 24.0% of children, this pathology occurs during the period of temporary teething, in 49.0%, during the period of permanent teething, this pathology is recorded in 35.0% of patients. At the same time, this was observed by most authors that at the age of 6-7, by the initial period of bite exchange, the frequency of bite anomalies decreases, however, the prevalence of tooth row deformation increases [2.4.6.8.10.12.14]. Among 1,125 children in preschool age, 59.0% have bite anomalies, while among 27.1% of children, with an incompatibility of jaw-to-jaw ratio, there is a change in The Shape of the tooth rows, which the category considered necessary to recommend orthodontic treatment with the device method for children. It pays great attention to the feasibility of introducing a unified assessment of the growth and development of age changes or tooth-jaw disorders among children and adolescents. Thus, the same thing is shown by some authors that among children under 2-2.5 years of age, there are a lot of, functional deviations with a large diaphanon, as well as incomplete formation of the tooth-jaw system of the lower and upper jaws. The detection of these deviations can then be considered early risk factors for tja development.

Among children between the ages of 3 and 18 with TJA, 1,000 conducted a retrospective examination of medical cards. The same was found by the authors that 51.3% of children with TJA were in the early

mixed bite period. The survey observed dental placement in children of this category, dental arcs-1-2 or more species anomalies of occlusions, indicating their confluence. On the basis of the development of functional occlusion, such as dolichocephaly and hypoplastic variants of the structure of the skeleton of the face and brain, genetically determinatized anatomical, dysplastic external and internal phenotypic signs lie. Dental pathology, in particular, nobop, has identified a high level of prevalence of TJA in children living in environmental conditions. The authors confirm that early removal or loss of milk teeth, soft tissue abnormalities, a mixed type of breathing, hypotonus of the oral circular muscles, sluggish chewing are the main ones in the structure of TJA formation factors. The main role in the diagnosis of TJA is played by a doctor's examination in children aged 3-5 years and the recommendation of dynamic synapses. In children of this category, it is not always possible to obtain control-diagnostic models. A large number of risk factors (4.45 per person) have been identified in children with TJA who have sought orthodontic treatment in the late period of bite exchange, when compared with the early period of bite exchange (3.6 per person) and the period of permanent bite (2.45 per person).

According to many researchers, TJA affects both general and local disorders in the human body. We also found data in the literature confirming that there is a correlation between chewing, swallowing and speech dysfunction of TJAS, facial configuration, character formation, chronological and bone age imbalances [11.13]. In children, it is recommended to send for orthopedic advice when deep occlusion of the cranial teeth and expressed forms of distal occlusion are detected. The high incidence of TJA in children is characterized by the presence of structures that are not morphologically marked, they support. According to the data given by the authors, an eight-year-old child is observed to grow at the same time the crown part of permanent molars, the root part of premolars against the background of the exchange of temporary molars, which indicates the presence of different levels of tissue maturation. Various forms and reactions of growth are also observed in the influence of both external and internal factors. A decrease in the corners of the lower jaws (PJSHB) to the basal and alveolar surface from 135-1400 to 115-1300 occurs at the age of 3 years, then it slows down sharply. Early loss of the first permanent molars in children is considered a risk factor for the development of tooth-jaw deformity due to lateral tooth displacement. On the basis of the above, it can be concluded that currently TJA is considered an urgent problem in the field of Orthodontics, in particular in children and adolescents, whose frequency of occurrence constitutes a stable high level [13.14].

Conclusion. Literature in the interpretation of sources, from our side, it was determined that the information presented is not the same, which is due to the errors of the methods used and representativeness. In children, TJA is considered a serious problem, since this pathology affects the quality of life of the child, is directly involved in his physical and mental development, as well as in the development of caries and inflammatory diseases in the jaw-face area.

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