



## COMBINED USE OF METALLOKERAM AND CHICAL MATERIALS IN THE TREATMENT OF WEDGE DEFECTS

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*Sadriev Nizom Nazhmiddinovich*

*Uzbekistan, Samarkand*

*acc. of Samarkand State Medical University*

*Lutfullayev Qobiljon*

*Musirmanov Abdusalim*

*Mutalifov Abduxalil*

*Norqulova Sevara*

*Student of Samarkand State Medical*

*University faculty of Dentistry, Uzbekistan*

### ANNOTATION

Purpose articles is stimulation healing bone jaw defects, using a combined osteoplastic preparation. Treatment carried out 64 patients with impacted teeth With application combined osteoplastic material. The result of the study is a significant reduction in the number of local complications after bone grafting using combined osteoplastic drugs.

**Key words:** bone defect of the jaws; osteoplastic drugs.

**Introduction.** Diagnosis and treatment of patients with unerupted permanent teeth in a timely manner recently seems to be one of the most pressing problems in dentistry. Violations timing of teeth eruption and their abnormal location in the dental arch lead To morphological, functional, A also to aesthetic disorders of the maxillofacial area, which, in turn, directly affects the activities of other human organs and systems.

In this case, the leading reasons for the violation of the timing of the eruption of permanent teeth and their abnormal location are incorrect placement or delay in the replacement period of temporary teeth, premature removal of milk teeth, the presence of supernumerary teeth, congenital pathology of the maxillofacial region, inflammatory processes, as well as traumatic injuries to the jaws. As a rule, the retention of individual teeth is painless and asymptomatic and is diagnosed accidentally as a result of a dental examination of the patient during other interventions. Defects that arise after complex surgery for osteomyelitis of the jaw and inflammatory complications in the postoperative period certainly create certain



Problems With healing bone wounds, By According to some sources, defects of this nature range from 14 up to 45%.

To eliminate bone defects in the oral cavity, after removing impacted teeth, autobone or other osteoplastic materials of various origins are mostly used . However similar operations Not Always lead to favorable results, results which often lead To various kinds complications. Based on the results of the analysis of the conducted surgical interventions, necessary search more new, impeccable And perfect ways prevention And elimination bone defects of the jaw bones, so the solution to this acute problem remains incompletely studied.

In this case, of greatest interest, within the framework of modern physiology of regenerative processes, are the methods which stimulate directed biophysiological action both in the area of bone defects and the entire human body, having general strengthening, regenerative, analgesic, desensitizing effects.

Surgical or any other trauma, as is known, is accompanied by a violation of regional circulation, which V subsequent And leads To violation regeneration fabrics. WITH with the current time progressive deficit oxygen and energy provision, promotes morphological and functional changes uniform elements blood, what and has a detrimental effect on metabolic processes in the human body, including the processes of osteoregeneration .

Despite significant achievements in modern dentistry, traumatology and tissue engineering, at the moment the problem of stimulating targeted osteogenesis is considered to be completely unresolved.

**Purpose of the study:** stimulation of the effectiveness of treatment of patients With bone defects jaw bones substitution in combination with osteoplastic materials.

**Materials And methods .** To study the effectiveness of the studied osteoplastic drug, operations were performed to remove impacted jaw teeth in 64 patients aged 19 to 54 years without severe somatic pathologies, from them men make up 28 (43.75%), and women – 36 (56.25%) (Table 1).

*Table 1.*

**Distribution sick By semi And age**

Age	Total operated on sick			
	Men		Women	
	Abs .	%	Abs .	%
19–25	13	18.75	16	26.56
25–34	10	14.0	eleven	15.62



35–44	3	6.25	6	7.81
45–54	1	3.12	2	4.68
55–64	1	1.56	1	1.56
<b>TOTAL</b>	<b>28</b>	<b>43.75</b>	<b>36</b>	<b>56.25</b>

According to the study plan and depending on the used drugs For filling bone defect after removal of retained teeth jaws, sick were divided into 2 groups (Table 2). In the main group of patients, the bone defect was filled with an osteoinductive drug - osteom+collapan gel (combined osteopreparations).

*Table 2.*

**Distribution sick V dependencies from way plastic surgery of a bone defect after removal of impacted teeth**

Used osteoplastic material	Total operated on sick			
	Men		Women	
	Abs .	%	Abs .	%
Ostium + Hydroxyapatite " Kollapan "	24	32.25	29	38.62
Group control ( blood clot )	9	14.5	eleven	13.62
<b>And that</b>	<b>33</b>	<b>47.75</b>	<b>40</b>	<b>52.25</b>

In the 1st main group (46, or 71.8%) patients, a bone defect after removal tooth filled out osteoplastic " osteum " material + hydroxyapatite " Kollapan " gel, control group – 18 (28.2 %) of patients were persons with postoperative bone defect was filled with a blood clot, then the flap was put in place and the wound was sutured tightly.

Survey was carried out By standard, generally accepted scheme, including clarification complaints, anamnesis, development present diseases, presence and absence of concomitant pathology. To obtain comparable data, patients of all groups underwent X-ray control before surgery, after 1, 3, 6 and 12 months after surgery interventions. OPTG ( Orthopantomography ) V digital form was received at help panoramic x-ray device VERAVIEW IC5 from J. MORITA MFG CORP (Japan). Using this apparatus were identified location retained teeth and carried out measurements plot, on which should conduct removing part bone element – compactosteotomy . The operation to remove impacted jaw teeth was performed as follows: under conduction and infiltration anesthesia SolutioUltracaini DS Forte 5% – 5 ml a trapezoidal incision was made. The mucoperiosteal flap was peeled off



, and a bone autograft was formed using a fissure and spherical bur (oval shape measuring 12x10 mm), then the coronal part of the impacted tooth was separated using a bur and its subsequent removal. Next, the root part was removed using an excavator, and the wound is treated with antiseptics. The bone wound was filled with the osteoinductive drug " Ostium " + collapan gel, an autograft was applied on top , covered with a mucoperiosteal flap and the wound was sutured tightly.

After operations straightaway appointed cold V region remote tooth in during 30 minutes. Subsequently, the postoperative wound is irrigated with an antiseptic solution. The general condition of the patient and the condition of the postoperative wound were assessed during repeated examinations 3, 5, 8 days after operations. Co words sick noted edema V area of the postoperative wound, as well as an increase in temperature on the first day after surgery.

**Results research And their discussion.** The general condition of all patients in the postoperative period was quite good, the recovery process proceeded smoothly, without any complications, the wounds healed by primary intention, the sutures were removed on the 8th day after surgery. To compare the treatment results, a follow-up examination was performed 30 days after operations, done radiographs in everyone groups sick and analyzed them. A slight decrease in the bone defect was revealed due to the formation of new bone tissue at the edges of the defect in patients of the main group, and the first signs of osteogenesis appeared. X -ray examination data indicated restoration of the bone defect in patients where For closing defect osteoplastic materials in combinations. In the control group of patients, according to the x-ray, the bone defect remained at the same level, without changes.

Control radiograph through 90 days showed what in the main group of patients noted optimization of reparative processes V damaged fabrics, more half the defect is replaced by newly formed bone tissue. In the control group of patients, the reduction of the bone defect only began due to the formation of new bone tissue at the edges of the defect, in 2 (11.1%) The patients were noted to have suppuration of the bone defect with the formation of purulent periostitis; they received additional treatment: opening of periostitis followed by antibiotic therapy.

After 6 months, complete regeneration of bone tissue was observed in patients of the main group; the defect was filled with bone trabeculae, similar in location to the pattern of healthy bone, but in 6 (13%) cases there was no clear trabecular pattern. During visual and palpation examination of the operated tissues in everyone patients basic groups change architectonics Not was revealed. In the control group of patients, more than half of the bone defect was filled.



After 12 months, in the main group of patients, the boundaries of the bone defect merged with their own intact bone tissue V 100 % cases. In the test group 40% bone the cavity remained unfilled.

**Conclusion.** Thus, based on the results of the study, the clinical implementation of the combined use of biocomposite material during dental surgical interventions , it can be noted that the combined material does not cause inflammatory processes during the postoperative period, is well tolerated by patients, and helps accelerate bone tissue regeneration in the area. formed defects after surgical interventions. In a retrospective assessment of the postoperative course, we noted a significant decrease numbers local complications after bone plastics With using combined osteopreparations By comparison With results obtained when carrying out these operations without using these components. IN in the end, carried out observation and received results allow us recommend to the use of combined osteopreparations in a set of measures to prevent post-extraction complications.

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