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EFFECTS OF NON-METAL NON-CERAMIC DENTAL PROSTHETICS ON SALIC ACID BALANCE AND MINERAL HOMEOSTASIS

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Relevance. In the dental practice of the world, there are forms that manifest themselves in the form of a high frequency of various orthopedic and orthodontic defects, including different levels of adentia. "... the prevalence of adenoids has increased significantly and is reported to be 35.4-62.9%." note. Many researchers have reported that patients have developed an inability to wear dentures during different levels of adaptation from removable dentures. "... in the diagnosis and prognosis of inability to wear dentures, it provides objective information about compensatory and adaptive reactions that occur during the use of removable dentures and the development of prophylactic measures to accelerate the body's adaptive capacity." 3 Thus, homeostasis of the oral cavity and allowing to propose modern methods of diagnosis, prevention and treatment of adentia, which have properties that affect the general condition of the body.

Objective: To determine the types and extent of operational changes in non-metallic ceramic prostheses that occur during use.

Object of study: 185 patients with partial adentia aged 25-60 years were selected, of whom 95 were men and 90 were women, and the control group consisted of 20 healthy individuals.

Research methods. The following methods were used to achieve the goal and solve the problems: dental, biochemical, and statistical.

Results of the study: Our clinical examination was aimed at determining the condition of the prosthetic structures by the patient, evaluating the effect of these structures on the periodontal and oral mucosa. Every 0.5 prosthetic constructions at each control inspection; 1, 3, 6, 12, 24, and 36 months after prosthesis placement, we monitored the color of the prosthesis surface and recorded all changes that occurred, as well as oxidation of the prosthesis material. Assessing the condition of the prosthesis helped to identify changes in gloss, as well as the presence of holes and voids on its surface. Detection of friction and perforation of the occlusal surface for stamped, stamped welded and rigid cast structures played a major role in assessing the condition of the prosthesis.

The color and gloss of the occlusal surface of metal prostheses began to change 6 months after prosthesis placement. Similar changes in prosthetic surface color were noted in 11.4% of patients with MKKP (Table 2). Swelling and bleeding of the marginal gums occurred in 17.6% of patients who received a prosthesis. No changes were noted in the criteria studied for the prosthetic constructions TsQPK in the above-mentioned conditions.

Discoloration of the MKKP surface after 12 months of prosthesis was detected by us in 22.9% of cases (Table 3). These changes were observed at the welded location of the prosthetic structures and were related to the color and gloss of the metal surface. We noted that in the above-mentioned period, the condition worsens in patients with this PC.

To assess the condition of the prosthetic structures during 12 months of use, the adaptation of the coatings between the tooth tissue and the edge of the artificial veneers is appropriate in 10.8 cases in the form of cracks.

In the MKKP, a visual decay plane was recorded in 2.9% of cases of occlusal contact. Deterioration of marginal tissue condition was reported in 26.5% of patients with PC. The effect of MKKP and TsQPK prosthetic structures on the periodontal edge was not determined.

Twenty-four months after prosthetics, surface color and borderline color changes were detected in 8.8% of patients with PC. Table 4). It was noted that edge adaptation for PC was 8.8% of adaptation deterioration. No deterioration was observed in the adaptation of the edge alignment of the prosthetic structures of the MKKP and TsQPK prosthetic structures.

8.8% and 8.6% of cases, respectively, were identified for PC and MKKP for each surveyed group. In patients with TsKMP prostheses, only 1 case (2.6% of all structures) was visual in terms of which we decided to include this group in situational cases with rupture of the occlusal surface of the crown supporting 27 dental bridges. Tumors, cyanosis, and marginal gum bleeding were present in 32.4% of patients with PC.

Island discoloration of the metal surface of prostheses was observed in patients with PC in 11.8% of cases 36 months after prostheses (Table 5).

By the end of the study, no large bumps, crusts, and erosions were observed in any of the groups examined. During each control inspection, the localization of pores, shells, and erosions was matched to the flame of the connector to the thermal impact zone on the soldered parts of the prosthesis. Patients with MKKP and TsQKP had no prosthetic structures of holes, shells, and erosions on the surface of the prostheses. At the end of the study, defects in the ceramic coatings of TsKMP prostheses were detected in 2.6% of cases (1 prosthesis). This defect was a rupture of the occlusal surface of the crown supporting the bridge prosthesis of the 27th tooth, which we noted 24 months after the prosthesis was placed. The deterioration of the marginal alignment of the crowns was reflected in the appearance of a gap between the artificial crown edge and the tooth tissue in groups of patients with PC in 11.8% of cases, respectively. Also, for patients with PC, the deterioration of marginal alignment was expressed in the form of caries adjacent to the edge of the bracket, with a predetermined appearance of the gap between the artificial crown edge and the tooth tissue in 2.9% of cases. There was no deterioration in marginal adaptation of the crowns in patients with MKKP and TsQKP prostheses during the study.

Conclusion.

Dentures lead to changes in the acid-base balance of the oral fluid, full cast dentures without a protective-decorative coating have the least impact on it (pH 7.2 ± 0.03, 12 months after prosthesis placement, until the end of the study), metal-ceramic prostheses have little effect (pH 7.39 ± 0.02 from 12 months after prosthesis placement until the end of the study).

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