

SURGICAL TREATMENT AND DIAGNOSIS OF RADICULAR CYSTS**Mamatkulov Farkhodjon Xusenovich**Research advisor: **phD Khazratov A.I.**

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Abstract. So, when it comes to teeth, this problem is especially relevant any tooth, whether an anterior tooth, wisdom tooth or a number of other reasons, can develop a root cyst. In addition, several such cysts can fall on a single tooth at the same time. This article will give you more information!

Keywords: Causes and symptoms, diagnosis and treatment. Odontogenic cysts of the jaws Odontogenic cysts Radicular and follicular cysts.

ХИРУРГИЧЕСКОЕ ЛЕЧЕНИЕ И ДИАГНОСТИКА КОРЕШКОВЫХ КИСТ

Аннотация. Таким образом, когда дело доходит до зубов, эта проблема особенно актуальна любому зубу, будь то передний зуб, зуб мудрости или ряд других причин, может развивать корневую кисту. Кроме того, несколько таких кист могут одновременно упасть на один зуб. Эта статья даст вам больше информации!

Ключевые слова: причины и симптомы, диагноз и лечение. Одонтогенные кисты челюстей одонтогенные кисты коликулы и фолликулярные кисты

INTRODUCTION**Odontogenic cysts of the jaws.**

A cyst is a membrane cavity consisting of an outer layer of connective tissue and an inner lining, mainly layered flat epithelium. The cyst cavity usually contains opalescent transparent yellow fluid due to the presence of cholesterol crystals, sometimes gray cottage cheese (with keratocysts). Its growth is due to the presence of intracranial pressure created by the produced bladder fluid, which leads to atrophy of the surrounding bone tissue and proliferation of the epithelium.

The etiopathogenesis of odontogenic cysts is diverse. In periapical tissues, a cyst based on an inflammatory process is called a root (radical), which can be apical (apical) and lateral (lateral). This includes residual (residual) radical cysts and paradentals. Other cysts are malformations of the odontogenic epithelium. These include keratocysts (primary odontogenic cysts), tooth-containing (follicular) cysts, blast cysts, and gingival cysts.

MATERIALS AND METHODS

The frequency of jaw cysts ranks first among other odontogenic formations. People of different ages have cysts, which are 3 times more common in the upper jaw than in the lower jaw. There are many similarities in the clinical and radiological manifestations and treatment modalities of different odontogenic cysts. However, each type of cyst has its own characteristics, which allows them to be distinguished from each other.

Root (radical) cyst. The appearance of a root cyst is associated with the development of a chronic inflammatory process in the periapical tissues of the tooth, which leads to the formation of apical granulomas. Within this granuloma, epithelial cells (Malasse Islands) proliferated by inflammation of the periodontal ligament multiply and first lead to the formation of cystogranulomas, which then form a cyst that completely covers the cavity. Previous views of a

number of authors (I. G. Lukomsky, Gravits, Shuster) about another source of epithelium in granulomas (gum, fistulas corridor) have now lost their meaning.

Odontogenic keratocyst (primary cyst). Reports of keratocysts are rare in the local literature. In foreign sources it was first described by Philipson and called keratocytic because its membrane epithelium is keratinized. The recurrence capacity of the cyst and the possibility of malignant transformation were noted.

It mainly develops in the lower jaw corresponding to the third major molar and spreads to the body, corner and ramus of the jaw, leading to large bone loss, resulting in what has often been interpreted in the past as ameloblastoma. .

RESULTS

Primary cysts are relatively rare, occurring in people of different ages.

The cyst grows imperceptibly and does not manifest itself for a long time. In some patients, a cyst is detected due to the addition of inflammation, sometimes it is found accidentally during an X-ray examination for other diseases. The association between cyst onset and dental pathology cannot be noted in the history of patients.

With growth, the keratocyst has a unique feature: it spreads to the original jaw and does not lead to obvious deformation of the bone. It is therefore detected when it reaches a large size, when the body, angle, and horn of the jaw are affected.

X-ray imaging is presented in the form of extensive thinning of bone tissue with clear polycyclic contours, uneven resorption of bone tissue gives the impression of multi-chambered formation (Fig. 9). Often this process involves coronary and condylar processes. Jaw deformity is usually undetectable. The cortical plate becomes thinner and in some places it may be absent. The radiograph usually reveals the preservation of the periodontal cavity of the tooth roots projected onto the cyst area.

Odontogenic cysts - why dental cysts are dangerous

If you examine the cyst, it looks like a dense capsule, which it really is, and fortunately - the dense lining of the cyst prevents the spread of infection. But a benign cyst is not as simple as it seems - it causes very dangerous complications and if education is not taken care of, the cyst can become dangerous over time.

Most often, a cyst of the anterior teeth, a tooth cyst that blocks the maxillary sinus canals, and an eighth molar cyst are diagnosed. An odontogenic cyst can be five millimeters to three to five centimeters in diameter, and formations less than five millimeters are called granulomas.

DISCUSSION

Cysts on the teeth, causes

If there is an infection in the pulp that is part of the main root canal, a cyst will form. It is formed from dead cells affected by infection, equipped with a dense shell at the top, separating diseased cells from healthy tissue. Therefore, it is very important to treat any infection that occurs in the body so that it does not become chronic. After all, the same sinusitis and even blood-borne tissue tends to reach healthy people. In addition to those noted, the formation of a dental cyst can develop in a negligible manner, with inaccuracies in filling or with damage to an improperly installed tooth crown, teeth, and jaws.

Dental cysts, symptoms

A dental cyst is characterized by the absence of symptoms during its growth. Of course, a person who closely monitors the health of the oral cavity will not find it difficult to notice a change in the color of the gums or the presence of a shift in the tooth cavity, but the cyst is mostly imperceptible. can develop. although it continues to destroy the jaw bones with tooth roots, a certain size is achieved. After reaching a growth of only three centimeters in diameter, the cyst appears as a general disorder, enlarged lymph nodes, headache, high body temperature, swelling of the jaw at the site of cyst growth, strongly expressed . I invite you to visit the website of the dental clinic Dr. Stepman, follow the link and read more about dental cyst removal operations. The information is necessary and useful.

As the cyst grows, the swelling of the face increases, a noticeable swelling appears at the site of the cyst formation, accompanied by constant traction pain. Sometimes the swelling subsides, but soon reappears due to enlargement and pus of the periosteum, in which case dentists identify an odontogenic periostitis. If you do not ask for help in this case, you can expect further development of the process, which can end in tooth loss. Only a timely visit to the dental clinic will prevent further complications, which can lead to death.

Methods of treatment of dental cysts

Modern dental methods of treating cysts allow the tooth to be preserved without removal. Of course, the stage of the disease is of great importance in the treatment of odontogenic cysts, and dentists use conservative and surgical methods based on these indicators.

In the case of a diagnosis of a cyst no larger than eight mm, doctors use a conservative therapy method, which involves thoroughly irrigating the canal with medication and then cementing it.

The use of the surgical method involves removing the cyst by cutting the gums or completely cutting its capsule. This approach allows the tooth to be preserved by subsequently replacing the tops of the tooth roots with implants. In this case, a meeting is inevitable. Unfortunately, if there is a neglected process or a cyst formed at the root of the eighth molar, the dentist will recommend removing the tooth along with the cyst.

Prevention of dental cysts

So there is no prevention in this case, but by following the simple recommendations, you can avoid the indicated disease.

Description of the clinical condition

A healthy 33-year-old man was referred by a general practitioner to the periodontal department for treatment of a giant cyst and a lower right third molar affected by it. Panoramic X-rays showed a large and clearly defined area of light surrounding the affected lower right third molar crown, as well as the distal root of the adjacent second molar.

Initially, the presence of an odontogenic cyst was detected (pathological-histological examination was required to make a final diagnosis). The affected tooth is in an upright position, the apical part of its root is very close to the lower border of the lower jaw, and the mesial tubercles are close to the distal root of the second molar. CT examination confirmed the anatomical location of the molar roots and the boundary of the cyst with the mandibular canal.

CONCLUSIONS

In addition, there was very little bone on the right side in the distal root region of the second lower molar, which cast doubt on the long-term prognosis of this tooth. Clinical studies

have shown that the probing depth of the pockets was 9 mm on the tongue side and 7 mm on the buccal side on the distal surface of the second molar root. Loss of the alveolar ridge was also assessed, with the distance from the enamel-cement boundary to the lower part of the bone defect being 16 mm, confirming the severity of the pathology.

Orthodontic extraction was chosen due to the high degree of bone loss, the extent of the injury, and the proximity of the tooth to the mandibular nerve, as well as the depth of retention, along with marsupialization of the cyst.

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