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PREVENTION AND TREATMENT OF DENTAL FLUOROSIS IN CHILDREN

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ANNOTATION

Fluorosis (lat. Fluorum — fluorine + osis) is a chronic condition that develops before (and after) teething from extended intake of fluorine-rich water or goods (fluorine also enters the body by breathing in a contaminated environment). The sickness is widespread. The fluorine concentration of the soil, drinking water, and diets of rural Kanan district people, as well as their teeth, were evaluated for fluorosis and caries. The assessed population raises cattle, drinks water from four self-flowing artesian wells, and eats mostly local foods. There is no industry in the region that may emit pollutants into the land and water. Pesticides and fertilizers are not utilized.

Keywords: chronic, children, fluorosis, region, remineralizing gel, composite

Taylakova Dildora Ibragimovna
Buxoro davlat tibbiyot instituti

BOLALARDA TISH FLUOROZINI OLDINI OLIISH VA DAVOLASH

ANNOTATSIYA

Ftoroz (lot. Fluorum — ftor + osis) — ftorga boy suv yoki mahsulotlarni uzoq muddat iste'mol qilish natijasida tish chiqishdan oldin (va undan keyin) rivojlanadigan surunkali holat (ftor ham ifloslangan muhitda nafas olish yo'li bilan organizmga kiradi). Kasallik keng tarqalgan. Koson tumani qishloq fuqarolar yig'ini aholisining tuprog'i, ichimlik suvi va oziq-ovqat mahsulotlaridagi ftor kontsentratsiyasi, shuningdek, ularning tishlari ftoroz va kariyesga qarshi baholandi. Baholangan aholi qoramol boqadi, to'rtta o'z-o'zidan oqadigan artezian qudug'idan suv ichadi va asosan mahalliy taomlarni iste'mol qiladi. Mintaqada yer va suvga ifloslantiruvchi moddalar chiqaradigan sanoat yo'q. Pestitsidlar va o'g'itlar ishlatilmaydi.

Kalit so'zlar: surunkali, bolalar, flyuoroz, mintaqa, remineralizatsiya qiluvchi gel, kompozit

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ПРОФИЛАКТИКА И ЛЕЧЕНИЕ ЗУБНОГО ФЛЮОРОЗА У ДЕТЕЙ

АННОТАЦИЯ

Флюороз (лат. Fluorum — фтор + osis) — хроническое состояние, развивающееся до (и после) прорезывания зубов от длительного приема богатой фтором воды или продуктов (фтор попадает в организм также при вдыхании в загрязненной среде). Болезнь широко распространена. Концентрация фтора в почве, питьевой воде и рационах сельского населения Казанского района, а также их зубы оценивались на флюороз и кариес. Обследуемое население разводит крупный рогатый скот, пьет воду из четырех самотечных артезианских скважин и питается в основном местными продуктами. В регионе нет промышленности, которая может выбрасывать загрязняющие вещества в землю и воду. Пестициды и удобрения не используются.

Ключевые слова: хронический, дети, флюороз, регион, реминерализующий гель, композит.

The topic's relevance. The examined soils did not differ from those in other parts of Uzbekistan in terms of total fluorine concentration; nevertheless, they contained higher water-soluble fluorine. In other soils, the concentration of water-soluble forms of fluorine in the Kasansky district soil ranged from 5.2+0.33 mg/kg in the 0-25 cm layer to 5.15+0.36 mg/kg in the 26-50 cm layer. Uzbekistan ranges from 0.25+0.04 to 3+0.52 mg/kg dry soil. Fluorine concentrations in artesian wells ranged from 0.64 to 1.5 mg/l (on average 0.93 + 0.09 mg/l), indicating that they were within the allowable range.

Modern dentistry provides a variety of successful treatments for treating dental fluorosis. However, it remains a concern for many people, mainly kids, in the Bukhara region's Jondor, Karakul, and Alat districts.

This problem is growing increasingly important as society regards a beautiful, healthy smile to be the criterion of achievement for acceptable norms.

The study's goal is to enhance fluorosis preventive and treatment approaches in order to improve the condition of teeth.

Material and methods. A survey of 448 children from three districts of the Bukhara region and the city of Bukhara (Jondor, Alat, Karakul, and the city of Bukhara) was done.

Of the 448 youngsters evaluated, 130 were from the Alat region, 110 from the Jondor region, 105 from the Karakul region, and 103 from the city of Bukhara. As a result, 172 of the 448 children had dental fluorosis.

Results and discussion. According to clinical examination statistics, the spotted form (50.3%), the dashed form (36%), the chalky-

speckled form (7%), and the erosive form (6%) have the highest frequency of dental fluorosis in youngsters.

Clinical data show that a large percentage of the occurrence of the spotted form of fluorosis was in children from the Alat region and the city of Bukhara (50%), in the Zhondor region (48%), and the smallest percentage was in children from the Karakul region (17, 5%).

A large percentage of the dashed form was found in children from the Karakul district (67.5%) of the Bukhara region, (40%) in children from the city of Bukhara, (36% in children from the Jondor district), and (30% in children from the Alat district of the Bukhara region.

Fluorosis with chalk spots was observed in the same percentages (10%) in children from all districts of the Bukhara region and the city of Bukhara.

The Alat region had the highest rate of incidence of the erosive type of fluorosis (10%), followed by the Zhondor region (6%) and the Karakul region (5%) of the Bukhara region. The erosive type of fluorosis was not detected in Bukhara.

As a result, the number of children with dental fluorosis and its many forms is increasing at the moment, confirming the need of preventative measures and treatment of a severe form of this disease.

One of the promising possibilities for the secondary prevention of dental fluorosis in children is the use of a novel remineralizing gel GC MI Paste as an application and Supradin Kids within.

The proprietary component PP-ACP (Recaldent) obtained from milk is found in GC MI Paste Remineralizing Gel. It generates a biological protective coating on the tooth's surface, shielding the enamel from damage.

The gel is intended to prevent and cure early stage caries, dental fluorosis, restore mineral balance, and assist reduce tooth sensitivity to cold and heat. Because the paste contains no fluorine, it is suitable for youngsters. Promotes the production of dental enamel, protects milk teeth from acid attack, and combats early caries.

The paste has a faint, subtle yogurt flavor. Applicable in the form of applications. Maintains dental health by improving enamel quality.

There is no fluorine in this product. It is suitable for youngsters, including milk teeth.

Tablets Supradin kids fish is a dietary supplement (BAA) to meals that provides extra choline, vitamins C, B6, B12, and nicotinamide (nicotinamide).

Composition: Omega-3 fatty acids are key structural components of tissue cell membrane phospholipid layers. As a physiologically important nutrient for efficient functioning of the central nervous system and visual apparatus, it is required for the brain and retina of the eyes.

Choline is essential for the body's development, growth, and preservation of performance.

GC MI brushes her teeth with fluoride-free toothpaste after brushing her teeth. Squeezed paste the size of a big pea was applied to a dry toothbrush or finger (about 1 cm, 0.3 g paste) (Fig. 1). Gently wipe the paste from the surface of the teeth. We maintained it for 3 minutes without spitting because saliva boosts the gel's efficiency. After 3 minutes, saliva was spat out softly. For 30 minutes, children were urged to abstain from eating and drinking. Rinse your mouth with water after 30 minutes.



Fig.1. Remineralizing Gel GC MI Paste

Recommended to use in the morning and evening.

"Supradin kids" was prescribed (1 tablet 3 times a day for 4 weeks).

Already in the first 3 months of treatment in the Alat region in children, a partial improvement in color after enamel remineralization was observed in 20%, while in 5 months a partial improvement in color was observed in 40.8%. In the Zhondor district, a partial improvement in color was observed in 30.6% for 3 months. For 5 months, a partial improvement in tooth color was observed in 50.4%. In the Karakul region for 3 months, a partial change in the color of the spots was observed in 37.2% at 5 months, partial discoloration was observed in 44.4% of children. In the city of Bukhara for 3 months, a partial change in the color of the spots was observed in 47.2% at 5 months, partial discoloration was observed in 64.4% of children.

At 6 months in the Alat region, a partial improvement in the color of tooth stains was observed in n=50 (83.3%) children out of 60 (46.1%). Of these, n=30 (60%) with a spotted form and n=20 (40%) children with a dashed form of fluorosis.

In the Zhondor district, 52 (47.2%) of the children with spotted fluorosis, 31 (60%) of the children with dashed fluorosis, and 21 (40%) of the children with dashed fluorosis showed a partial improvement in the color of the spots. In the Karakul region, a partial improvement in the color of spots with a spotted form of fluorosis was observed in n=15 (37.5%) of the examined children, a dashed form was observed in n=10 (25%) of the children, and a chalk-mottled form was observed in n=2(5%).

Out of n=20 (19.4%) children in the city of Bukhara, a minor

improvement in the color of the spots was noticed with a spotted form in n=9 (45%), a dashed form in n=7 (35%), and a chalk-speckled form in n=1 (5%) children. Based on the findings, we believe that the most appropriate and successful remineralizing treatment for spotted, streaked, and chalky-mottled fluorosis. They began filling teeth after six months of complicated treatment. Minor tooth flaws were noticed and treated with a light-cured microfilament hybrid flowable composite GC

Gradia Direct (in all kinds of dental fluorosis). GC Gradia Direct is a new state-of-the-art composite for direct restorations that meets the demands of both physicians and patients by giving exceptional, natural-looking esthetics in most situations with a single shade (Figure 2). This material is also appropriate for the manufacturing of linings for composite restorations due to its unique physical qualities, superior flowability, and the possibility of direct application with a syringe.



Fig.2. Filling material GC Gradia Direct.

Color is the optical property that most affects the appearance of the tooth.

In fact, this is a three-dimensional space, consisting of:

- tone (hue) - actual colors
- chroma - color saturation
- brightness (value) - lightening or darkening the color.

In dentistry, the nature of tooth structure also involves other optical properties such as transparency, opalescence, and fluorescence.

How these optical properties are perceived, and therefore the appearance of the tooth, is determined by how the surface of the tooth reflects light back to the eye of the observer.

There are two types of reflection:

- Specular reflection, when the eye perceives all wavelengths of light.
- Diffuse reflection occurs when light within a tooth reflects off a complex series of surfaces, this type of reflection affects how the tone, saturation and brightness of the tooth, as well as its transparency and opalescence, are actually perceived.

The particle structure mimics the reflectivity of natural teeth.

When studying the optical properties of the tooth, it became clear that the more accurately the restorative material can mimic the internal structure of a natural tooth, the more natural the restoration will look in the oral cavity.

To accomplish this result, the GC GRADIA DIRECT material is made out of a microfilled composite matrix largely composed of quartz and prepolymerized fillers. The amount of each component and the range of particle sizes have been carefully selected so that when they interact, they produce a variety of surfaces with varying reflecting qualities. As a result, the inside structure has a multi-faceted structure similar to that of a normal tooth, resulting in internal reflectivity that nearly resembles the qualities of a genuine tooth.

Natural aesthetics are provided by natural reflection.

Indeed, the "chameleon effect" with the surrounding natural teeth is so strong that the restoration is frequently cosmetically "invisible" when just one shade is utilized, and it exhibits exceptional aesthetic attributes when several colors are used.

So, 3 months after filling, 100% of treated children had complete safety of fillings with dashed, chalky-mottled, erosive, and some patchy

forms. Fillings were entirely retained in 95.5% of children at 6 months, with partial loss noted in 4.5% of children. Some of the failures that have been observed in prevention and treatment have been associated with poor or insufficient discipline in the implementation of prescribed therapeutic measures.

The examination of all the data given allowed certain generalizations to be formed and some recommendations to be made about the tactics of insertion and treatment of individuals with non-carious lesions of the teeth during their creation.

To begin, the differential diagnosis of damage to the hard tissues of the tooth and the administration of preliminary complex (general and local) remineralizing therapy with careful monitoring of the quality of brushing teeth (this greatly increases the success and effectiveness of local procedures) allows for positive results in the treatment of all forms of dental fluorosis.

As shown by the results of the treatment without prior remineralizing therapy, it is impossible to immediately begin the procedure of filling teeth, since with dashed and chalky-speckled forms of dental fluorosis, violations of the enamel structure are observed. This will lead to the loss of fillings and further destruction of the tooth. Secondly, a group of children with non-carious lesions of the teeth need further observation, clinical examination and treatment even after filling the teeth and removing stains.

It is necessary to carry out observation for 1 year with the appointment of a monthly general remineralizing therapy every three months with GC MI Paste remineralizing gel. This tactic gives good results in all cases.

Conclusions

1. Out of 448 youngsters tested, 130 were from the Alat region, 110 from the Zhondor region, 105 from the Karakul region, and 103 from the city of Bukhara.
2. Clinical data show that a large percentage of the occurrence of the spotted form of fluorosis was in children from the Alat region and the city of Bukhara, and showed the same percentage (50%), in the Zhondor region (48%), the smallest percentage of the spotted form was observed in children from the Karakul region (17.5%). A large percentage of the dashed form was found in children of the Karakul district (67.5%) of the Bukhara region, (40%) of this form was observed in children of the city of Bukhara, (36%) was observed in

children of the Jondor district and (30%) of the dashed form was observed in children of Alat district of Bukhara region. Fluorosis with chalk spots was observed in the same percentages (10%) in children from all districts of the Bukhara region and the city of Bukhara. The Alat region had the highest rate of incidence of the erosive type of fluorosis (10%), followed by the Zhondor region (6%) and the Karakul region (5%) of the Bukhara region. The erosive type of fluorosis was not detected in Bukhara.

3. Supradin kids 1 tablet 2 times a day for 4 weeks + MI During the observation period, Tooth Mousse gel (daily for 4 weeks) shown the most beneficial dynamics in the level of hygiene index, the degree of enamel resistance. So, 3 months after filling, the entire safety of fillings with dashed, chalky-mottled, erosive, and some spotty forms was identified in 100% of treated youngsters. After 6 months, 95.5% of children's fillings were totally maintained, whereas 4.5% had partial loss.

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ЖУРНАЛ СТОМАТОЛОГИИ И КРАНИОФАЦИАЛЬНЫХ ИССЛЕДОВАНИЙ

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