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Soft teeth and their role in the development of periodontal disease

Rakhmonova Feruza Mutalibovna

Andijan State Medical Institute propaedeutic, Department of Dentistry Senior teacher

Ohunjonova Hayotkhon Khosiljonovna

Andijan State Medical Institute propaedeutic, Department of Dentistry assistants

Rasulova Mahfirat Mehmonkulovna

Andijan State Medical Institute propaedeutic, Department of Dentistry assistants

Sherboyeva Mukaddam Husanboyevna

Andijan State Medical Institute propaedeutic, Department of Dentistry assistants

Abstract--This article provides a broad and detailed description of the soft teeth and their role in the development of periodontal disease, as well as the prophylactic aspects that should be taken by physicians in the treatment of this disease. When orthopedic dentists grind teeth, especially when the adjacent sides are separated, the interdental sutures are cut, the tissue bleeds, and the wound is injured. If the patient is not instructed to follow the oral cavity in the orthodontic treatment of defects in the dentition, the retention of food debris in the orthodontic appliances and in uneven rows of teeth can lead to the appearance of dentures.

Keywords---Periodontal disease, oral cavity, tooth decay, tartar, soft teeth, carbonates, microelements, bacteria, saliva, tartar color, patient's life history, gums.

The patient's life history is asked along with the complaint, as the integrity of the organism requires it. These include what diseases the patient has had in his or her lifetime, how severe they are, what complications they have left behind, the susceptibility of the disease to treatment, the rate of recurrence, and more. The purpose of examining a patient is to clarify the diagnosis and make the right treatment based on the results. Methods of examination of the patient include:

- Inquiry into the patient's life and medical history;
- Conduct a clinical examination;

- Implement the necessary laboratory and other testing methods.¹

Implementing these methods requires a high level of knowledge from the physician. The purpose of asking what the patient is suffering from is to treat periodontal disease as well as other diseases in the body, for which the patient should be referred to a specialist in the identified disease. Diagnosis of other illnesses requested from the patient should be clearly recorded in a specific space on the patient's medical history sheet. Such determination also involves caution and precision in the selection of medications to be prescribed to our patient. For example, in a patient's complaint it is found that there are cases of bleeding gums, it is known in medicine that ascorbic acid strengthens the walls of blood vessels, so it can be prescribed to the patient from the dentist's point of view, but when asked about past and present illnesses said ascorbic acid causes an increase in blood sugar, which means that the patient should be prescribed another drug to stop bleeding gums.

It should be noted that at first the patient may say that he does not have any disease, because he may not know that periodontal disease is associated with other diseases, so the doctor may ask the patient additional questions by explaining need. During the interview, the doctor's level of knowledge was high. It is also important to determine the patient's susceptibility to allergies. Finally, the patient's home and work conditions should be taken into account.

The second stage of the inquiry is to determine the history of the complaints that led the patient to seek medical attention. The doctor should first listen carefully and patiently to all the complaints of the patient, and then clarify each type of complaint, if necessary, with additional questions. For this purpose, it is necessary to determine the time of onset of the disease, the symptoms of the disease at that time, whether he consulted a doctor and how he was treated. It is important to know the degree of pain in the patient's current complaint and whether the disease caused a change in body temperature. In the examination of periodontal disease, special attention is paid to each section of periodontal tissue.

The method recommended by Fedorov and Volodkina determines the cleanliness of the oral cavity. It uses a 3% iodine tincture or an aqueous solution of Lugol's solution. A cotton swab is thoroughly soaked in this solution and rubbed into the oral cavity of the tooth.

Another method of examination in periodontal disease is the degree of tooth movement. The tooth is squeezed with tweezers on both sides and moved towards the oral cavity and oral cavity, and if the movement is 1 mm, it is considered as the first degree. The movement is towards the oral cavity and the oral cavity, but more than the first level and also towards the side teeth, which is the second level. If the tooth moves around its axis, it is considered a third degree. It is also important to check for bleeding gums.² If the periodontal tissue is not diseased, the gums will not bleed. Bleeding is a mild form of bleeding when something hard touches the gums, such as when brushing teeth. Spontaneous bleeding of the

¹ Duschanov B.A., Iskandarova Sh. T. General hygiene. Tashkent, 2017

² Textbook for the development of skills in the field of prevention. Tashkent, 2019

gums is considered severe. In periodontal disease, bleeding of the gums depends on the extent of damage to the capillary wall.

Kulazhenko's test determines the stability of capillaries to vacuum. A glass tube is placed on the moving part of the gums on the side of the oral cavity and negative pressure is applied. The duration of bleeding indicates the degree of disease of the capillary walls. The norm is to bleed in 50-60 seconds. If it has been formed before, it will be evaluated accordingly. Light bleeding in 30-40 seconds, moderate bleeding in 20-30 seconds and severe bleeding in 5-20 seconds.

Periodontal disease is caused by local and general factors. In some patients, both local and general factors may be involved. In such patients, the disease is severe. Local causes: The most important are dental caries. Tooth decay is caused by neglecting the space between the organs and tissues in the oral cavity. It contains migrating epithelium, food debris, saliva, and a large number of different microbes. At one mg of toothpaste, their number is 100 million. and 300 mln. Reaches.

Toothpaste comes in a variety of hardnesses and colors. Depending on the degree of hardness, it is called differently. The soft ones are called tartar and the hard ones are called tartar. The color of tartar is white, light or dark brown, bluish. They are colored by food, tobacco, drugs, and blood dyes. For some reason, not chewing food with a certain group of teeth and the high content of carbohydrates in the diet, especially sucrose, glucose and fructose, lead to the rapid appearance of tooth decay. Soft toothpaste contains mostly proteins and carbohydrates, not minerals.

Tooth stones contain organic and inorganic substances. Organic matter is 18-20 percent. They contain migrating epithelium, food debris, bacteria, mucin and saliva. Inorganic substances make up 71-78% and contain calcium, phosphorus, magnesium, alkali metals, carbonates and trace elements. 60-70% of the inorganic part is calcium phosphate.

The process of tartar formation can take place in three stages:

The first stage is the saturation of soft toothpaste with mineral compounds and the formation of primary crystal buds. This period lasts for about 45-60 days.

The second stage is the growth and maturation of the crystal buds. This period lasts about 45-60 days, sometimes 600-700 days, ie 1.5-2.0 years.

The third stage - the saturation of the crystal buds with complete mineral compounds lasts more than 1.5 - 2.0 years.

Depending on where they appear, there are stones on the gums and under the gums. The stones on the gums are more likely to be located near the outlets of the salivary glands. Appears on tooth surfaces. These stones range in color from white to brown. The whiter the stone, the softer it is. Gingivitis is less common in young people and more common in adults. People who have a lot of tartar in their teeth have more calcium and phosphorus in their saliva and blood, which indicates a violation of mineral metabolism. Tooth calculus is very similar in composition to kidney and liver stones.

As the tartar thickens and grows, it mechanically crushes the soft tissue and hard tissue, the alveolar bone, and poisons them with the toxic serum that is formed during microbial survival and reproduction. As a result, the gingival epithelium becomes inflamed.

A wide variety of microorganisms in the oral cavity produce enzymes during their life cycle. Depolymerization of glucose-aminoglycons in the main substance facilitates the entry of microbial toxins into the tissue. Collagen compounds in periodontal tissue are mainly broken down by proteases. So, one of the local causes of periodontal disease is not paying enough attention to oral hygiene.

Periodontal disease can also be caused by reduced or no chewing function of the teeth. In developed countries, this factor is growing, as the production of semi-finished products by food companies is growing from year to year. Such foods are crumbly and can be swallowed without chewing. As a result, there is no need to grind and chew with the teeth of the jaw. As a result, the function of periodontal tissue is reduced and the tissue atrophies. Another negative factor is the lack of certain teeth. For example: if small and large chewing teeth are removed from the upper right side due to any disease, the lower chewing teeth on this side do not participate in the process of crushing food. In open prikus, atrophy occurs in the anterior teeth.³ As a result, atrophied tissues do not have sufficient resistance to the negative factors (microbes, injuries) that cause periodontal disease. In addition, the gums in these teeth accumulate quickly because the self-cleaning function that occurs during chewing is not performed. As a result, dystrophy develops in periodontal tissue, collagen fibers are damaged, and bone tissue atrophies.

Another important cause of periodontal disease is an anomaly in the alveolar growth and placement of teeth (anomalies) that has been confirmed by most scientists and averages 40-55%. In the case of an anomalous pricus, the degree of clearance of the oral cavity is reduced, that is, the conditions are more favorable for food debris to get stuck in the crown of the tooth, especially in its neck, incisors, interdental space. This creates good conditions for microbes, which means that there is a lot of nutrients, and the mucous membrane is more injured and bleeds due to uneven teeth. This condition facilitates the transition of saprophytic microbes to the pathogenic state, resulting in waste and humus formed during the life of these microbes, leading to inflammation of the tissues.

Tissue damage for a variety of reasons is also one of the causes of periodontal disease. Both the patient and the dentist can be to blame for this. Injuries common to patients (digging between the teeth and cavities with knives, hairpins, needles, matchsticks, etc.) can lead to gum damage.

Circumstances that cause inflammation of periodontal tissue by dentists: carelessness in the treatment of cavities, malignant drugs used to necrosis it in inflammation of the pulp, especially in the case of poplar adhesions in front of the gums put. Permanent fillings can cause disease if improperly placed on the gums

³ Gигиена. Ред. Румынтсев Г.И. – М., 2001

hanging from the gums. Manual extraction of tartar can also lead to gum injury and subsequent inflammation.

When orthopedic dentists grind teeth, especially when the adjacent sides are separated, the interdental sutures are cut, the tissue bleeds, and the wound is injured. If the hooks of the removable teeth are low, it will injure the gums. When a cast is removed with a cast, if the cast is too hard, the gums will often rub and bleed. This can lead to inflammation of the local periodontal tissue.

If the patient is not instructed to follow the oral cavity in the orthodontic treatment of defects in the dentition, the retention of food debris in the orthodontic appliances and in uneven rows of teeth can lead to the appearance of dentures.

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