

A STUDY OF THE FIXATION OF PROSTHESES IN PATIENTS USING A FULLY REMOVABLE PLATE PROSTHESIS MADE FROM INDIVIDUAL TRAYS

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Resume: The article discusses the fixation and clinical manifestations of patients using a fully removable plate prosthesis made on an individual tray. The method was tested on 11 patients aged 50 to 65 years. Among those who took part in the survey, there were 5 women and 6 men. All patients received fully removable dentures. There are no contraindications to prosthetics. Dentures are made from ethacrylic polymer. On the basis of prosthetics, there was a need to solve medical and social problems and develop new technologies for effective comprehensive treatment of patients with partial and complete absence of teeth.

Key words: Protacryl, Etacril, noracryl based, individual spoon, stomatitis, prosthetics, questionnaires.

IMPORTANCE OF THE SUBJECT

Orthopedic treatment of patients with complete absence of teeth is an urgent problem of modern dentistry. According to a number of data, plate prosthesis should be improved with orthopedic constructions at certain clinical and laboratory stages of preparation. In traditional orthopedic treatment, patients refuse to use removable prostheses in 36% for various reasons and in 11% due to poor fixation and stabilization of the jaws. In the treatment of patients suffering from complete absence of teeth, modern removable orthopedic constructions are subject to requirements such as optimal maintenance of chewing function and high efficiency corresponding to removable orthopedic prostheses. In domestic and foreign literature, issues of the complex interaction of temporomandibular joint occlusion, masticatory muscles and biomechanics during the operation of orthopedic prostheses focused on occlusion are insufficiently covered. After orthopedic treatment, a decrease in favorable conditions for optimal oral hygiene was noted. In prosthodontics, oral cavity preparation is not given enough attention. In modern dentistry, the accuracy of orthopedic prostheses is important, which depends on the quality of the molds. Certain methods of taking molds in the complete absence of teeth have certain disadvantages, especially in prosthetics with the help of full dentures. The traditional method is to draw a parallel between the smile line and the incisal edge of the front group of teeth. In patients with incomplete teeth, the traditional surgical technique of preparation and formation of an individual prosthetic area provides a traumatic intervention. There is a need to use other methods without surgical correction. Complications of full dentures range from 16% to 26%. The diagnosis of the mucosa of the complete removable denture, the complete removable denture, requires the introduction of preliminary signs based on metabolic criteria and can be carried out by evaluating the patients' saliva with qualitative and quantitative indicators. In the production of the most removable orthopedic structures, monomer-containing non-redodont plastics are used. Along with their advantages, they have a number of disadvantages: prostheses made of these materials can cause toxic and allergic reactions. Thermoplastic materials currently used for the production of fully removable prostheses have flexibility, elasticity and aesthetics. These prostheses are attached to the teeth due to dentoalveolar clamps and pellets, which belong to the retaining type of clamps and have certain disadvantages, functional non-distribution of the occlusal load on the abutment teeth

and stabilization along the plane. The most functional and aesthetic fixation in prosthetics of partial dental cavity defects is the production of a clasp prosthesis with a lock type. Patients are treated with the problem of breaking the removable part of the construct, while the non-removable part remains functional in the oral cavity. In long-term follow-up, in some cases, as a result of the development of periodontal disease or complex forms of caries, it is necessary to remove the supporting tooth. Clammer prostheses of this design cannot be used due to a change in the clinical situation. Alternative solutions are required for these technologies. The analysis of local and foreign literature revealed the need to improve orthopedic training and comprehensive treatment of partial and complete absence of teeth. Due to urgency, there was a need to solve and develop medical and social problems. New technologies for effective complex treatment of patients with partial and complete absence of teeth.

The purpose of the study. Determining clinical and anamnestic predictors of fixation and stabilization in patients using a fully removable plate prosthesis made on individual spoons.

MATERIAL AND METHODS: This method was tested in 11 patients aged 50 to 65 years. 5 women and 6 men participated in the survey. All patients previously had their full removable prostheses made based on a custom mold.

All clinical and laboratory stages in the preparation of prostheses were carried out without errors and defects. Patients were made two prostheses (the first one was on a standard spoon, the second one was on an individual spoon) and underwent clinical and functional examination. In the clinical study, we took into account the presence of occupational hazards, bad habits, allergic diseases, dental diseases and accompanying pathologies.

RESULTS: As a result of our investigations, 80% of the patients who wore prostheses without tests on standard spoons had their fixation restored due to the anatomical structure of the jaws and adaptation. Fixation and stabilization were not restored in the remaining 20% of patients. Fixation and stabilization of the prosthesis was restored in 90% of patients who took a functional mold and wore a prosthesis attached to it with the help of a personal spoon. As it turned out, after 3 months after prosthetics, signs of getting used to it developed. Clinical manifestations include discomfort in the oral cavity, burning of the mucous membrane of the oral cavity, dry mouth, impaired sensitivity and changes in taste sensations, hyperemia. The two selected groups of patients (prosthesis prepared on a standard spoon, prosthesis prepared on a personal spoon) significantly differed in clinical and anamnestic characteristics during the initial treatment for dental care, that is, it was found that the fixation of dental prostheses was at a higher level in patients who used a personal spoon in complete edentulism.

CONCLUSION: In case of complete edentulism, the fixation of prostheses made by functional otoscope using an individual spoon is convenient for the patient, and the process of getting used to the prosthesis changes for the better.

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