ETHIOPIAN INTERNATIONAL JOURNAL OF MULTIDISCIPLINARY RESEARCH

eISSN: 2349-5715 pISSN: 2349-5707

Volume: 11, Issue 06, June-2024 SJIF 2019: 4.702 2020: 4.737 2021: 5.071 2022: 4.919 2023: 6.980 2024: 7,662

ADJUSTING THE UPPER JAW BITE CUSHION AND DETERMINING THE HEIGHT OF THE LOWER 1/3 OF THE FACE. DETERMINING THE CENTRAL RELATIONSHIP. DETERMINATION OF BITE HEIGHT

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Resume: The article discusses the clinical manifestations of complete toothlessness, that is, adentia. In order to determine the types of adentia, 50 patients were subjected to basic and additional examination methods. Orthopedic treatment was carried out in 50 patients using the information and examination methods presented in the article. Among those who participated in the survey, there are women and men. Based on the methods of studying the height of the pricus, there was a need to solve the medical and social problem and to develop new technologies for the effective complex treatment of patients with partial and complete missing teeth.

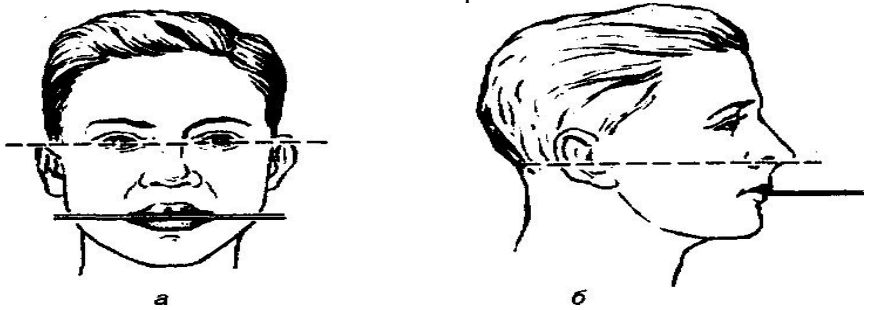
Key words: Wax base, Prosthetic formation, Camper's horizontal line, roentgen, Anatomical method, Anthropometric method, Anatomo-physiological method.

IMPORTANCE OF THE SUBJECT

An urgent problem of modern dentistry is the study and prevention of adentia in patients, which is the cause of complete or partial absence of teeth, and orthopedic treatment.

Adjusting the wax base of the upper jaw and the bite pad.

1. Check the wax base border.
2. Forming the frontal edge of the wax pillow. In this case, the frontal edge of the wax should be visible 0.5-1 mm from the upper lip. The cutting edges of the frontal teeth are placed as an aesthetic requirement.
3. Shaping of the frontal surface of prosthetic formation (occlusion formation, masticatory formation). The frontal surface of the wax should be parallel to the pupil line.
4. Formation of the side surface of the prosthetic formation. The side surface of the wax should be parallel to the horizontal line of the camper.



Determining the central relationship. Determination of bite height.

In complete secondary edentulism, the lower part of the face is reduced. In prosthetics, the height of this part is determined using the following methods. 1. Anatomical method. This includes Gizi and Keller's method. This method is based on restoring the aesthetics of the appearance. It is measured by the loss of nasolabial and chin folds. The lower part of the face is measured as the mouth slowly opens and folds disappear.

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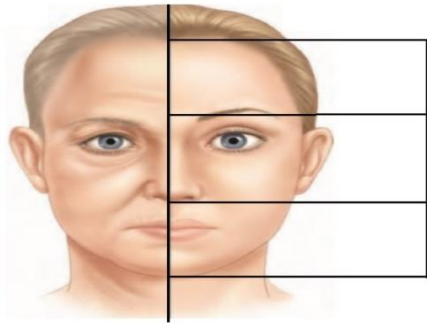
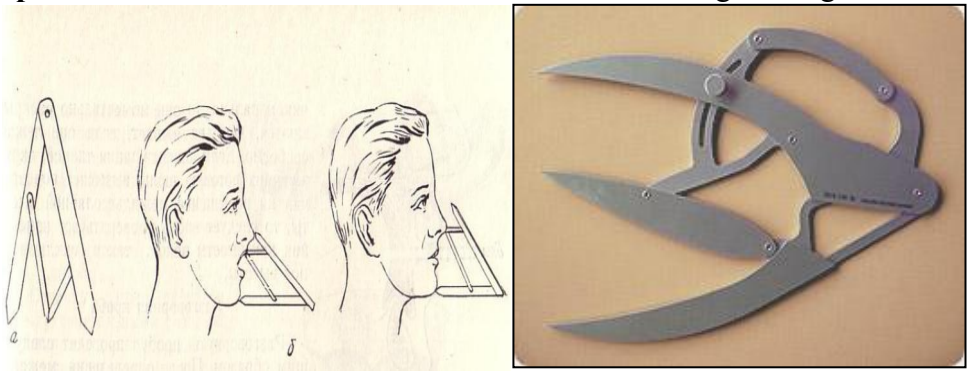
2. Anthropometric method.

Kontarovich method. The upper, middle and lower parts of the face are equal. Basically, the middle part of the face is measured and the lower part is leveled with wax pads.



Wadsworth-Uayt method. Kotarovich modified the method. The distance from the area where the hair starts to the area where the edge of the eye sockets are united, the area where the upper and lower lips are united from the area where the eye sockets are united, is equal to the distance from the base of the nose to the chin.

Jupitts method. Sectio auerio. Cesium is measured using a Gringer circle through gold dots.



The photographic method takes a picture of the patient and reconstructs the facial structure, calculating the ratio of the parameters in the picture to the parts of the patient's face..

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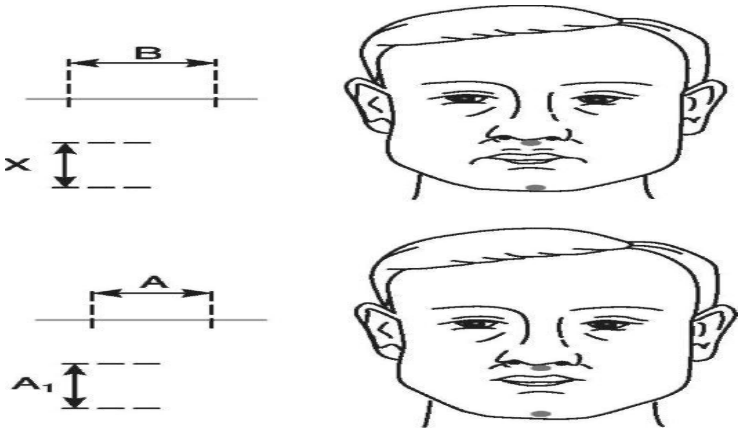


$$X = (A1 \times B) / A$$

3. Anatomo-physiological method. in this way a physiological state of rest is found. The lower 1/3 of the face is measured when the patient's mouth is wide open and closed, and the upper and lower lips are not touching.

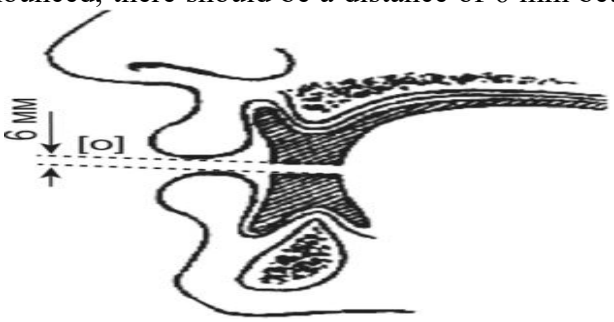
Physiological rest can be determined by Kemeni's test. In this test, the patient throws his head back, opens his mouth to the maximum and slowly closes it. The distance is measured by making a STOP by touching the upper and lower lips.

Bite in central relation.

Bottom of the face

Height of 1/3 part = Pricus height + Physiological resting state (2-4 mm).

After determining the height of 1/3 of the face, the wax pad of the lower jaw is adjusted according to the muli pad of the upper jaw. In this case, high and the vestibular surfaces of the lower waxy cusps should be flush. When the letter "O" is pronounced, there should be a distance of 6 mm between the



wax bleshes.

The upper and lower waxy parts are equalized to the determined distance, then softened and bitten until it decreases by 2-4 mm.

The purpose of the study. correct determination of the types of pricus height in complete edentulism, study in patients and use in orthopedic treatment.

MATERIALS AND METHODS.

This method was tested in 50 patients. There are men and women among those who participated in the survey. All patients have a tooth row defect, i.e., adentia.

RESULTS

As a result of these examinations, 95% of our patients had complete secondary adentity, and the remaining 5% had complete primary adentity. After the loss of teeth in the dental row in patients with the clinical manifestation of secondary adentia, changes in the interrelationship of form and

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function and clinical appearance, the number of missing teeth, the role of teeth in chewing, types of tooth-tooth relationship , the clinical appearance is different depending on factors such as the state of hard tissues, the patient's age and general condition. All patients underwent basic and additional examination methods.

CONCLUSION

Correct diagnosis and early detection of the types of adentia will help in orthopedic treatment, restoration of occlusion and correct approach to orthopedic treatment in secondary deformation of tooth rows..

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