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QUALITY OF LIFE ASSESSMENT IN ORTHOPEDIC TREATMENT WITH DISEASES OF THE ORAL MUCOSA

Abstract: Low awareness of patients about the rules for using and caring for orthopedic structures adversely affects their quality of life, and also affects the increase in the incidence of oral mucosa. Methods of prevention and treatment of this pathology have been proposed.
Keywords:quality of life, oral cavity, mucous membrane, orthopedic treatment

Introduction. In recent years, dentists have been observing an increase in the number of people seeking diseases of the oral mucosa and red border of the lips. More often this is due to the deterioration of the general somatic status of patients, new manifestations of systemic diseases on the oral mucosa, a tendency to increase life expectancy, the adverse effects of occupational hazards, bad habits, local traumatic and allergenic factors of iatrogenic nature.

The multifactorial genesis of severe forms of SOPR pathology is most fully manifested in the elderly and senile, as well as in patients with reduced immune resistance of the body, especially in connection with the presence of many chronic diseases, as well as in conditions of often complete or partial absence of teeth, low level of oral hygiene and dentures, disorders of microbiocenosis and salivation. Atrophic and hyperplastic processes in the tissues of the oral cavity can be intensified under the influence of local traumatic factors (prosthetic structures, restorations, etc.), leading to the development of long-term non-healing ulcers or hyperplasias resistant to traditional therapy with the possibility of malignancy.

Chronic diseases of the oral cavity are manifested by functional and aesthetic disorders that can lead to anatomical changes in the tissues of the oral cavity, including the prosthetic bed. Edema, erosion, atrophy, hyperplasia, sclerosing of the SOPR, manifested by primary and secondary changes in the mucous membrane of the cheeks, palate, tongue, gums, and in the corners of the mouth, create unfavorable conditions for the use of dentures, fixation of prosthetic structures, and hygienic care [1, 2]. Anatomical and functional disorders detected by the SOPR additionally reduce the already insufficient chewing efficiency in the absence of teeth. As a result, it is necessary to jointly solve the problems that are relevant for therapists and prosthodontists: a reasonable choice of the material and the design of the dental prosthesis, sparing instrumental and technological support for prosthetic treatment, the optimal terms of dental rehabilitation after prosthetics, the rational choice of special means for fixing dentures and hygienic care for them, special psychological patronage of the patient.

In modern specialized literature, the issues of improving conservative and drug treatment of SOPR diseases are more often touched upon [3], while insufficient attention is paid to orthopedic dental rehabilitation and the features of the prosthetic approach to patients with specific forms of SOPR pathology.

Undoubtedly, orthopedic constructions can initiate the development of oral cavity diseases and are a complex problem in the rehabilitation of patients with SOPR and CCH. According to the literature, in patients with full removable laminar prostheses, SOPR diseases are detected 3.3 times more often than in patients with a preserved dentition on both jaws [4]. Individualized rational

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prosthetics should consolidate the result of conservative treatment and contribute to the speedy elimination of structural, functional and aesthetic disorders that could be associated with both damage to the SOPR and the absence of teeth. The ultimate goal of comprehensive conservative and prosthetic treatment of patients should be to improve the quality of life (QoL) of a patient with chronic SOPR pathology [5].

The aim of this study was to establish the role and determine the features of prosthetic treatment in comprehensive dental rehabilitation and improvement of QOL indicators in patients with chronic diseases of the oral genital mutilation.

Materials and methods. The study was carried out on the basis of the Department of Orthopedic Dentistry and Orthodontics of the Bukhara State Medical Institute named after Abu Ali ibn Sino. Patients who sought medical and consultative assistance regarding complaints about previously unsatisfactory dental prostheses, which led to diseases of SOPR and CCH, underwent a general clinical examination, which included: questioning, examination, palpation, percussion, probing, calculation of index indicators. general somatic status, the conclusions of the teaching staff of the department, extracts from outpatient cards were taken into account.

Special attention was paid to the assessment of the initial level of dental care for patients with chronic pathology of the oral cavity, the availability of a systematic and integrated approach to treatment, the completeness of oral cavity sanitation, the elimination of general and local risk factors, the selection of rational hygienic protocols, and, if necessary, the availability of dispensary observation of patients and its effectiveness.

The examination was carried out in 72 patients of both sexes (aged 40 to 65 years) with the most common pathology – lichen planus (PLR) of the oral cavity and candidiasis of the oral cavity, in whom, after clinical examination, it was decided to carry out the prosthetic stage of complex treatment to consolidate the results of conservative treatment and to restore the anatomical and functional state of the oral tissues as completely as possible.

The initial prosthetic status was assessed with an analysis of the type of prosthetic structures available, the prosthetic materials used, the quality of prostheses and their hygienic condition. Since a wide range of materials, including metals, are used for the manufacture of prosthetic structures, special attention was paid to the possible presence of galvanism in the oral cavity in the pathology of SOPR. The results are processed statistically using the standard Microsoft Office 2007 software suite.

Various test questionnaires, including the Eysenck test, were used as a tool for assessing the patients' QOL. The efficacy of treatment from the standpoint of assessing the patients' QoL was analyzed by the method of Student's variation statistics with the calculation of a paired t-test. The differences were considered significant at $p < 0.05$.

Results. The analysis showed that the structure of SOPR and CGC diseases was dominated by: CPL (28.5%), candidiasis (17.0%), chronic recurrent aphthous stomatitis (10.5%) and leukoplakia (8.5%). Various forms of precancerous diseases of CG were detected in 3% of patients.

In most cases, SOPR diseases were accompanied by pronounced edematous-painful and xerostomic symptoms. Patients were bothered by the unusual appearance of the mucous membrane (80.4%), bad breath (78.6%), speech disorders and impaired diction (68.2%), aesthetic problems (63.6%).

The analysis of the orthopedic status in patients with LP and candidiasis of the SOPR showed that 65.8% of the examined patients needed prosthetic treatment, while 45.2% had previously used dentures, but preparation for prosthetic treatment was carried out without taking into account the pathology of the SOPR and, therefore, without substantiating the use of materials for structures and predicting possible complications - LP and candidiasis of the SOPR.

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Unsatisfactory hygienic condition of removable dentures available in the oral cavity was observed in 85% of patients. In 82.5% of cases, when assessing the quality of prostheses, chips, roughness, discoloration, cracks, undercuts, etc., were revealed, which was due not only to the long-term use of prostheses, but also to aggressive hygienic cleaning of prosthetic structures (the use of a brush too hard for prostheses, abrasive cleaners). None of the patients with removable prosthetic appliances in the oral cavity used specialized, safe and effective denture cleaners.

Among patients using removable dentures, 77.8% had not previously used means for fixing prostheses in the oral cavity (35.5% of them were satisfied with the fixation of their prosthetic structures, and the rest did not know about the existence of such devices); 25.0% of patients used fixation products, but were not satisfied with the quality of the latter or the organoleptic properties of the drugs used. Only 4 patients constantly used means for fixing prostheses.

All patients with LP and candidiasis of the SOPR required prosthetics or replacement of existing structures with new ones. The decision on prosthetics was made when remission of the LP and candidiasis of the SOPR were achieved after conservative treatment.

In the course of orthopedic rehabilitation, the following principles were adhered to. When prosthetics with fixed structures, a gentle mode of preparation of abutment teeth was used. Impressions were obtained with alginate and silicone impression materials. Particular attention was paid to the edges of artificial crowns: they should not be sharp and plunge deep into the gingival groove, injuring the gingival attachment. The intermediate part of the bridge should be washable and tangential in shape; The saddle shape was excluded due to the high probability of bedsores on the gum.

When choosing removable structures, preference was given to clasp dentures, if possible. In all cases, individual spoons and an unloading method for obtaining functional impressions were used. Particular attention was paid to the correct design of the functional edge of the prosthesis with the isolation of cords and bony protrusions. The quality of polishing of the plastic was taken into account - all surfaces of the prosthesis were rounded, sharp edges, roughness and undercuts of the prosthesis were excluded. Good fixation and stabilization of the prosthesis are the key to successful orthopedic treatment of patients with SOPR diseases, so patients were advised to use special means for fixing removable dentures (for example, Korega cream).

The most important component of successful rehabilitation of patients with SOPR diseases is rational oral hygiene. Patients were recommended to use effective and safe toothpastes for SOPR (Sensodyne F, Parodontax + fluoride), mouthwashes with a pronounced anti-inflammatory effect without alcohol, toothbrushes of medium hardness for the period of remission and soft ones at the time of exacerbation of the SOPR disease.

The rational care of removable dentures, which can form microbial plaque on the surface, is the most important component of perfect hygiene. To prevent the occurrence of prosthetic stomatitis, it was recommended to use specialized products for effective cleaning of dentures (for example, Corega Bio Formula tablets). The use of such products with pronounced antimicrobial and antifungal activity [6, 7] prevents the occurrence of microscratches on their surface, allows you to extend the life of prostheses, as well as the appearance of Candida-associated prosthetic stomatitis.

After orthopedic rehabilitation of 48 patients with LP or candidiasis of the SOPR, 37 full removable laminar prostheses (20 for the upper and 17 for the lower jaw), 30 partial removable laminar prostheses (18 for the upper and 12 for the lower jaw), 10 bridges and 47 single-standing crowns were made. After the completion of orthopedic rehabilitation and the period of adaptation to removable structures, test surveys were repeated, which confirmed that effective conservative treatment of destructive diseases of the SOPR after rational orthopedic treatment is not always accompanied by normalization of dental indicators.

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Conclusion. The acuteness of the problem of orthopedic care is associated with the high need of patients for prosthetics, the increasing role of prosthetic structures as risk factors for the development of SOPR diseases, the lack of clear recommendations for working with these patients at the stages of complex treatment and medical examination, the lack of clear instructions for the regulated use of specialized means of prosthetic and oral cavity care, the psycho-emotional mood of doctors and patients. Individualized Rational prosthetic treatment consolidates the result of conservative therapy and contributes to the speedy restoration of impaired functions associated with both SOPR diseases and missing teeth, as well as improves the patients' QoL.

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