

CONSIDERATIONS ON CARIES DISEASE

Ergasheva Irodakhon, clinic ordinator

Tashkent State Institute of Stomatology

Abstract. Dental diseases of the oral cavity, are of particular importance in clinical medicine. The following article discusses the most common type of dental disease, that is, caries. The causes of this disease and the specific features of its treatment are analyzed.

Key words: medicine, stomatology, caries, enamel, dentin, cement, filling, diagnosis, analysis.

Introduction. Stomatology is a branch of clinical medicine that studies diseases of the organs of the oral cavity, namely the tongue, lips, pharynx, mucous membranes of the mouth, maxillofacial system and adjacent areas, the reasons that cause them, and methods of preventing these diseases.

The most common dental diseases include: caries – erosion of hard tooth tissues; tartar is a hard layer consisting of food residues, bacteria and cells; periodontitis – inflammation of tissues around the tooth; gingivitis – inflammation of the gums without breaking the tooth-gum connection; periodontitis – inflammation of the root membrane and pre-root tissues of the tooth; pulpitis – inflammation of the soft tissues inside the tooth, as well as congenital and traumatic injuries of the oral cavity.

Main part. The term “caries” was borrowed from ancient Greek into Latin (lat. caries) and means “decay”. Caries is a widespread disease, affecting 90% of the world's population. Caries is a complex pathological process, in which the decay of dental tissues is observed and a damaged cavity is formed in the tooth - a cavity. Many factors play a role in the origin of caries. For example, oral microflora; food and diet; the amount of fluorine in the water; composition and volume of saliva; general condition of the body; extreme effects on the body; endogenous and exogenous factors in the external and internal environment.

In stomatology, caries is classified anatomically, topographically and clinically. Anatomical classification mainly consists of enamel caries, dentine caries, cement caries. The topographic classification of caries is based on the depth of the disease and is observed in the following forms: spot-shaped caries, surface caries, medium caries and deep caries. According to the clinical classification, there are rapid and slow-progressing caries, which appear as white and pigmented (brown) spots. According to the results of the examinations, it was determined that caries is white when it progresses rapidly, and pigmented when it progresses slowly. The way in which caries progresses is of great importance in drawing up a treatment plan.

Usually, patients do not notice any subjective sensations in case of caries in the form of spots. In some cases, patients complain of tooth sensitivity. On the surface of the enamel demineralization, a change in its color is observed, from white, light brown, dark brown to brown. The disease begins with the loss of enamel gloss in a limited part of the tooth. Usually, such changes are located on the neck of the tooth. When probing, this surface is smooth and painless. In the vital staining test, the stain is stained blue. In caries in the form of stains, a comparative diagnosis is made with fluorosis and hypoplasia.

A spot formed by surface caries is formed as a result of destructive changes at the site of caries. The patient complains of short-term pain caused by chemical reactions sweet, salty, sour. If the cavity of caries is located in the neck of the tooth, pain may also occur from the thermal effect. During examination and probing, a small defect is detected. The defect is located only in the enamel layer. When detecting superficial caries, a comparative diagnosis is made with hypoplasia, tooth erosion, and a Ponasiman defect.

In medium caries, the defect has an average depth past the border of enamel and dentin. In most cases, the patient does not feel pain. In rare cases, the patient complains of short-term pain caused by thermal, mechanical, chemical effects. During examination and probing, a carious cavity of moderate depth is detected, with a rough surface due to the presence of softened dentin at the bottom of the cavity. When detecting moderate caries, a comparative diagnosis is made with a

periodontal defect, erosion, and chronic periodontitis. When probing moderate caries, sensitivity is observed at the enamel-dentin border.

Deep caries is characterized by short-term pain caused by all kinds of effects. The pain stops after receiving the effective treatment. An examination reveals a deep carious cavity with softened dentin. When probed, the bottom of the cavity of caries is painful. When identifying deep caries, a comparative diagnosis is made with moderate caries, acute partial pulpitis, and chronic fibrous pulpitis. Moderate caries is distinguished by the pain caused by the impact and the depth of the cavity. It is distinguished from pulpitis by the spontaneous onset of pain and the duration of the pain.

Treatment of caries is local and general. Treatment measures of a general nature are aimed at increasing the protective forces of the human body and tissue resistance. For this purpose, B, D, E vitamins and mineral components are recommended to the patient. For example, calcium gluconate, phytin, etc.

Local treatment depends on the tissue changes. In caries in the form of spots, the tissues are not sharpened, and the lost mineral components are introduced into the area of demineralization, where the spot is formed. For this, remineralizing solutions are applied. The main components of these solutions are calcium, phosphorus, fluorine. The effectiveness of remineralization therapy is determined by conducting a vital staining test. It is recommended to use toothpastes containing fluoride.

To treat teeth with caries, the tissues in which pathological changes have occurred are removed. In the treatment of moderate caries, the cavity is filled, dried, and a base and then a permanent filling are placed. In the treatment of deep caries, a healing ointment is applied to neutralize the microflora of the carious cavity and prevent pulp inflammation. Pastes containing calcium hydroxide are used as healing ointments. After the healing ointment, the separating aqueous dentin, phosphate cement base, and then permanent filling are restored.

In cases of superficial, medium, and deep caries, it is necessary to remove pathologically altered tissues. For this, the tooth is extracted.

Tooth sharpening is the main step in the treatment of caries. Regardless of the caries cavity, sharpening and forming the caries cavity consists of several stages. First, if necessary, anesthesia is administered; the carious cavity is opened; the carious cavity is expanded and the softened, pigmented dentin is removed; the cavity is formed, that is, pathologically altered tissues are removed based on the principle of preserving healthy tissues when filling the cavity; after the cavity is formed, it is filled in order to restore the anatomical shape and functional state of the tooth.

The stages of preparing a cavity for filling include: preparing the tools needed for filling; preparing the filling material; protecting the cavity to be filled from saliva; drying the cavity; put a separating matrix if the porous contact is on the surface; preparation of filler raw materials; re-drying the cavity; diapering; filling raw materials into the cavity; shaping, sanding and polishing the filling; isolation of the filler from saliva.

It should be mentioned here that some complications may arise in the treatment of caries. For example, an error in diagnosis; Careless opening of the tooth cavity when sharpening the cavity of caries; as a result of not using the matrix when filling the contact surface of the tooth, the excess filling crushes the gingival suction; when filling teeth, the contact point with the adjacent tooth is lost, and the gap between the teeth is opened, resulting in inflammation of the gingival sac; necrosis of the pulp due to the toxic effect of the filling material; lifting the bite during filling; burning of the pulp due to an error in processing the carious cavity; inflammation of the pulp due to an error in treating the formed cavity with alcohol or a strong substance; the occurrence of secondary or recurrent caries due to incomplete removal of pathologically altered tissues in the carious cavity; immediate or rapid loss of the filling due to improper shaping of the cavity; tooth discoloration due to improper selection of the filling material and color.

According to experts, three factors that cause caries play an important role. These are: dental caries, sweets and fluoride deficiency. Influencing these three factors leads to a decrease in the intensity of caries. To reduce the intensity of caries,

it is necessary to clean the teeth from plaque, reduce the amount of sweets in the daily diet, and eliminate fluoride deficiency.

Conclusion. It is clear that among dental diseases, caries is actively observed, and it is important to study its causes and pathological processes. This disease significantly affects not only dental health, but also a person's daily life. In order to prevent the disease, it is recommended to undergo a specialist examination and follow the rules of hygiene.

References:

1. Александров М.Т. Стоматология. – Москва: «Геотармедиа», 2008.
2. Баровский Е.Б. Терапевтическая стоматология. – Москва: «Медицина», 2002.
3. Komilov X.P. Terapevtik stomatologiya. Og'iz bo'shlig'i shilliq pardasi kasalliklari. – Toshkent: "Yangi asr avlodi", 2005.
4. Tashpulatova N.A. Stomatologik kasalliklar. Kasb-hunar kollejlari o'quvchilari uchun o'quv qo'llanma (qayta nashr). – Toshkent: "Fan va texnologiya", 2016.
5. Чернявский М.Н. Латинский язык и основы медицинской терминологии. Издание третье, исправленное и дополненное. – Москва: ШИКО, 2007.