



Distinctive Features of Clinical Indicators of Dental Diseases in Workers of the Chemical Industry

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Abstract: It is proved that the high prevalence of non-carious lesions of the teeth, the oral mucosa is associated with such production processes as oil and gas extraction, metallurgy, chemical production, baking bread and confectionery. Prevention and rehabilitation of dental diseases helps to preserve the ability to work of a significant part of the country's population - workers of industrial enterprises, especially since a number of studies reliably reveal the role of teeth and surrounding tissues in the general state of the body.

Keywords: chemical production, oral mucosa, prevention.

One of the main features of diseases of the oral cavity, which occurs among employees of the enterprise "Navoiazot", is the fact that they have more oral mucosa and parodont tissue. The most common of them are allergic stomatitis (44.5%), 5.7 times more common than the control group (7.7%). Among workers, diseases of the parodont tissue, characteristic of the professional description or caused by the direct influence of harmful factors observed in the conditions of cocktails at the enterprise, account for 27.4% - 41.8%. In the control group, these diseases are 2 times less (14.1% - 21.4%). It should be noted that the changes observed in the oral cavity are accompanied by redness, swelling, itching of the mucous membrane of the gums, teeth twitching, aching tongue, tickling of the upper respiratory tract and frequent sneezing processes [1,4].

Purpose of the topic: Clinical and laboratory examination of dental diseases in workers of the chemical industry and the identification of modern methods of treatment.

Research material. A very careful approach to each change observed in the patient's body should be taken in the examination. Because this circumstance can help in determining the etiological factors of general and dental diseases observed in the body. One of the main conditions for examining patients is to study their complaints. The study of patient complaints is considered one of the main stages of diagnosis of the disease.

But to make an accurate diagnosis of the disease and choose the right treatment measures will have to take into account the general malaise in the patient's body.

Therefore, when making a diagnosis, methods of collecting general and special anamnestic data differ.

And the collection of a special Anamnesis sets itself the goal of studying the complaints of patients belonging to the maxillofacial region. For this, patients are provided to tell about their complaints and additional questions are asked in order to know when they appeared, the cause and the characteristics of the rejection.

One of the main reasons for patients to turn to the doctor – dentist khuzuri is pain. There may be pain: in dental diseases (caries, nocariosis jaro chats, pulpitis, periodontitis), paradont (gingivitis, parodontitis, parodontosis) and in the area of \ u200b \ u200bThe mucous membrane of the oral cavity (stomatitis), as well as pain in the face – jaw.

In diseases of dental caries and parodontitis, there is pain in the tooth socket under the influence of external influences (mechanical, thermal, and chemical), and the pain stops when the effect ends.

In pulpitis, pain is complained of, which occurs for no reason, at night and gets worse under the influence of external influences.

In the case of periodontitis, however, pain is complained of, which is persistent, whining and gets worse when bitten.

In Parodont diseases, patients complain of bleeding gums in addition to pain, moving teeth and, in some cases, falling out teeth.

In diseases of the mucous membrane of the oral cavity, patients complain of dry mouth, redness of the mucous membrane and the appearance of ulcers, as well as unpleasant discharge from the mouth. Patients with oral diseases, which are common among employees of the Navoiazot enterprise, were examined by 1470 patients aged 19-55 years and older who were under treatment. Patients aged 19 to 55 years and over were considered to be at higher risk for chemical production poisoning. The age levels of patients are compiled according to the WHO classification (Table 1). The age group from 19 to 29 years old was 568 (38.6%), the age group 30-39 was 354 (24.1%) patients, 450 patients were in the 40-54 years (30.6%), 98 patients were in the 55 years and older (6.67%) range.

The average age of patients is 30 ± 39 years. As can be seen from the data presented (Table 1), patients with oral diseases, which are common among employees of the Navoiazot enterprise, became 1,470 patients in the age range of 19-55 years and older (90.1%). The control group was compatible with the main group by age.

A general Anamnesis study can help determine the extent to which common diseases in the patient's body affect the oral organs. This is because changes in the oral cavity can manifest as a symptom of common concomitant diseases observed in the patient's body. In addition, the detection of common diseases in the patient's body helps the patient to determine the indications and contraindications to the selection of anesthetics used in the local anesthetic, which he plans to transfer.

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Research methods:

1. Dental (visual, instrumental, instrumental dental examination).

2. Microbiological methods for studying oral fluid samples from the oral cavity (microscopic examination, local examination).
3. Histological research methods: reactive changes in the mucous membrane of the oral cavity with diseases of various origins.

Examination of the mucous membrane of the oral cavity, tongue, lips. Rubbing, scraping and removing traces from the surface of the organs of the mucous membrane of the oral cavity. Checking the inner surface of the langes along the line of closing the teeth, the hard and soft palate, the retromolar, sublingual area of the bottom of the mouth, the inner surface of the lips, the corners of the mouth, the red border of the lips.

4. Statistical (variation statistics, correlation analysis, or, RR).

Since there are a small number of groups of patients aged 55 years and older in the distribution by age in patients with existing oral diseases caused by chemical poisoning, we have selected mainly patients around 19-29 and 40-54 years for the study as the largest number of groups, with 115 patients, all the in-depth studies were conducted mainly with these young patients.

A study of the prevalence of caries in the teeth of patients with existing oral diseases caused by chemical poisoning compared with patients of the control group revealed a reliable high prevalence of caries in the teeth of patients of the same age group.

It should be noted that caries on permanent teeth proceeds early and aggressively, developing in a short time of complications of caries such as pulpitis and periodontitis, in which against the background of strong, anti-inflammatory therapy of the underlying disease is practically symptom-free. With caries disease, the onset of damage was determined by the period of the exit of permanent teeth or the presence in the first year of the exit of teeth, as well as the presence of several carious pits in the parts of the crown of permanent teeth. The specificity of dental caries in patients with diseases of the oral cavity caused by chemical poisoning, the nature of its reproduction, in the presence of several carious hives on 1 tooth (up to 3-4). Caries has been found to occur not only in the usual dental areas typical of it, but also in the areas of the cervical spine.

In patients with diseases of the oral cavity caused by chemical poisoning, it is known that in recent years it is difficult, and sometimes impossible, to stop the development of diseases in the organs and tissues of the oral cavity only with treatment measures. For this reason, it is necessary to develop and implement measures for the Prevention of major dental diseases. Despite the large number of publicized data on Oral hygiene in patients and the presence of various hygiene products in the modern market, the state of oral hygiene in a fairly large part of the population remains unsatisfactory. The study of the state of hygiene in the oral cavity of patients with diseases of the oral cavity caused by chemical poisoning is presented in Table 6. Studies of the level of oral hygiene have shown that most patients are at very low levels in the first age group. If only 1 (3.26%) patients in the main group had a good oral level, while 3 (9.68%) patients had satisfactory levels, the remaining 7 (22.58%) patients were unsatisfactory and 11 (35.48%) patients had very bad levels and 9 (27.03%) patients had very bad levels. At a total value of 87.1%, more than half of the patients with this main group even testified that the bulk of the patients under study had a very low level of oral hygiene [1.3.5.7.9.11.13.15.17.19].

In the data of patients with diseases of the oral cavity caused by chemical poisoning, various forms of gingivitis were detected in almost 90% of patients. In this case, it should be noted that in patients with diseases of the oral cavity caused by chemical poisoning, the incidence intensity of parodont soft tissue is much higher. From nosological forms of gingivitis, chronic catarrhal gingivitis was prescribed in most cases in both forms of the disease, respectively, 77.4% and 88.5%, 81.82% and 93.5% in the main group.

It is proved that the average distance between the apical hole and the tip of the tooth root is 0.5-1 mm. These are very difficult to detect with an X-ray. Therefore, in the following years, the apex – laceration method has been widely used to determine the length of the root canals and the condition of the apical hole stem. To do this, the dental canals are cleaned of dental pulp and necrotic masses.

The active electrode of the apex – locator-metal is connected to the file, and the passive electrode is placed on the lip. The distance between the file end and the apical hole is visible on the pibor screen when the file is inserted into the root canal and directed towards the apical hole. When the file reaches the apical hole, the number "0" appears on the screen, there will be a sound signal, and the luminous indicator will light up. If the file action is continued again, the "E" letter will be visible on the screen, there will be a continuous beep, and the luminous indicator will turn off. The length of the channel is the distance from the end of the file to the rubber band.

The apex locator helps me to identify the perpharasion holes that occur in the bottom of the tooth cavity and in the canal wall.

The method of electroodontodiagnostics is used to determine the state of the tooth pulp. Healthy tooth pulp affects 2-6 mKA electric current. With the onset of an inflammatory process in the pulp tissue, the sensitivity to electric current decreases. In diseases of pearariosis of dental solid tissue and neuralgia of ternary nerve fibers, pulp tissue is exposed to an electric current of less than 2 MCA. In caries disease spotted and superficial caries, pulp tissue affects 2-6 MCA of electric current, 7-12 MCA in middle caries, 13-25 MCA in deep caries, 26-35 MCA in acute furnace pulpitis, 36-50 MCA in acute diffuse pulpitis, 51-100 MCA in chronic pulpitis.

Taking into account the above data, it can be concluded that, using the example of the chemical industry "Navoiyazot", it is possible to recommend the methods of verification given to the oral tissues of workers of other chemical industries located in the Central Asian region in order to give an assessment of dental problems. They serve as an instruction to doctors – dentists working in places when workers study the condition of the oral cavity by associating it with cocktail conditions, and subsequently, accordingly, develop measures for the treatment and Prevention of dental diseases that occur in them[2.4.6.8.10.12.14.16.18].

Based on the data obtained as a result of the study, we can draw the following conclusion. Treatment with the use of the drug Kvertin is an effective anti-inflammatory therapy for the treatment of inflammatory diseases of the mucous membrane of the oral cavity, which has a complex effect on the pathogenetic connections of inflammation.

Conclusions:

1. Patients with existing diseases of the oral cavity caused by chemical poisoning when planning the complex treatment of major dental diseases, it is necessary to take into account the high level of morbidity of the organs of the oral cavity.
2. Patients with diseases of the oral cavity caused by chemical poisoning should use various additional means for the prevention and treatment of dental caries and parodont diseases, in addition to increasing dental knowledge and training in hygiene.

The regenerative properties of the drug Kvertin powder are manifested in accelerated wound healing. Kvertin powder, along with the treatment of several diseases, treats parodontal diseases, erosive and ulcerative diseases of the mucous membrane of the oral cavity, as well as purulent-inflammatory diseases of soft tissues, also with high activity. In practice, Kvertin powders should be used.

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