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COMPLETE REMOVABLE DENTURES

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ANNOTATION

Complete edentulism is a worldwide, widespread problem and is the predominant diagnosis in patients over 65 years of age. Complete loss of teeth has a significant impact on the physiological and social parameters of human life, so this problem requires the closest attention. Orthopedic treatment with traditional full dentures is not an ideal treatment for complete edentulous, due to some of the difficulties that arise when using them. The study of this issue led to the introduction of intraosseous dental implants into the practice of orthopedic dentistry. The advantages of this technique are: a significant improvement in function, prevention of bone resorption, a significant increase in patient satisfaction with treatment.

Keywords: complete removable denture, intraosseous implants, occlusal-gingival distance.

INTRODUCTION

The options and possibilities for treating a patient with complete edentulism, of course, should be based on the principles of the most individual approach, since the state of the edentulous oral cavity is a prognostic factor that determines the complexity of the design and the possible result of prosthetics. The most important factors that should be considered in the treatment of patients with this diagnosis are: the duration of the adentia, as well as the patient's awareness of the need for regular visits to the dentist to identify the risk of complications after orthopedic treatment . It has been clinically proven that in modern conditions, when treating patients with complete edentulism, the doctor must motivate him, firstly, to make complete removable dentures based on implants, and, secondly, to maintain a high level of oral hygiene, since the formation of dental stone around the abutment and the prosthesis itself can lead to the development of reimplantitis, so it is necessary to undergo annual dispensary examinations.

The conducted studies show that the success of such implant-supported prosthetics for 5, 10, 15 years is observed in more than 90% of cases. Treatment with intraosseous implants should be discussed in terms of potential improvement in prosthetic outcomes. Implant-retained complete dentures are the minimum standard of care for a fully edentulous mandible. This type of prosthetics has a physiological interaction with the remaining alveolar bone, improves chewing function, provides a positive result in improving social adaptation and creates conditions for rational oral hygiene.

When planning orthopedic treatment using the method described above, it is recommended to observe some parameters for the most optimal prosthesis design. The recommended minimum ridge height is 10 mm. It is also necessary to estimate the distance from the plane of occlusion to the resorbed crest of the alveolar process, the so-called occlusal-gingival distance, which is filled with artificial teeth, base plastic, attachments and abutments. A minimum height of 10 mm is recommended for placing 4 mm incisors over the denture resin, 2 mm resin, 1 mm retainer thickness, 3 mm for the abutment outside the bone crest. It is necessary to observe

the absolute minimum of the occlusal-gingival distance in order to achieve an aesthetic, phonetic, hygienic result.

Mandibular complete removable denture with two implants and ball abutments compared with an orthopantomogram. The end result will be considered successful if the osseointegration of the implants is achieved during the treatment, and the use of a removable prosthesis is effective. Achieving long-term success depends on the completeness of the examination during the observation period, individual care for the oral cavity and the prosthesis, timely relocation during the entire period of the prosthesis functioning.

Orthopedic treatment of edentulous patients using removable dentures is associated with additional difficulties that may increase patient dissatisfaction with this type of construction. It is clear that at present, intraosseous implants should be considered as the best alternative to traditional removable dentures in the treatment of edentulous patients. The planning must take into account the occlusal-gingival distance, the height of the alveolar ridge, as well as the A-P extent, which will ensure long-term success. The results obtained in the process of dental implantation require constant monitoring and control throughout life, as well as regular hygiene care and prevention of possible complications.

Complete adentia occurs, as a rule, after the loss of teeth as a result of complicated caries and / or inflammatory and destructive changes in periodontal tissues, in rare cases it is the result of congenital malformations of the dentition, the manifestation of hereditary genetic syndromes, as a result of chromosomal aberrations and gene mutations. According to G.V. Baziyan (1971), complete absence of teeth is observed at the age of 40-49 years in 1% of the examined, 50-59 years old - in 5.5% and in people over 60 years old - in 25% of cases [6] . The study of the prevalence of the main nosological forms subject to orthopedic treatment in modern conditions showed that complete loss of teeth is detected from the age of 50 in 11.9 ± 0.3% of the examined and becomes very significant already in the age group of 55-59 years, amounting to 26.6 ± 0.5%, especially a sharp increase in their number is observed from the age of 60 - 34.8 ± 0.02% and reaches 43.1 ± 0.1% in the age group of 70 years and older . Severe atrophy of the alveolar processes, their relationship with the maxillary sinuses, the base of the pyriform foramen, and the mandibular canal often make it difficult to plan and perform orthopedic treatment using dental implants with complete adentia. In addition, decompensated pathology of the internal organs makes this treatment impossible. In these cases, removable prosthetics is the main method of rehabilitation of this category of patients.

The high prevalence of inflammatory periodontal diseases, ranging from 85% to 98% in the older age group of the population, indicates a significant relevance of this problem in dentistry [5,6]. The most common nosological form of this pathology is periodontitis, an inflammation of periodontal tissues, characterized by destruction of the periodontal ligamentous apparatus and alveolar bone . A number of authors attribute the role of the root cause to the microbial factor and the violation of occlusal relationships. However, often in the elderly, the appointment of antibiotic therapy, the elimination of supracontacts does not lead to the cure of periodontitis and prolongation of the remission period, but only lead to a decrease in the severity of the inflammatory reaction.

Numerous studies indicate an important role in the pathogenesis of periodontal diseases of microcirculation disorders, accompanied by structural and functional changes in periodontal

tissues against the background of severe hypoxia. The state of hypoxia contributes to the intensification of free radical processes that cause damage to cellular and subcellular membranes. In this regard, the use of pharmacological agents with antihypoxic, antioxidant and membrane-protective properties can be very effective in the treatment of inflammatory periodontal diseases. One of the drugs that normalizes the acid-base state in acidosis of various etiologies, which enhances intraorgan blood flow and tissue metabolism, is dime-phosphone. It has a membrane-stabilizing and anti-inflammatory effect. When applied externally, dimephosphone has an antiseptic effect, increases the protective functions of the skin and mucous membranes. This drug is able to bind free radicals that trigger chain reactions of lipid peroxidation.

Dental prostheses in the oral cavity of the patient Y., who is tidying with the tissues of the prosthetic bed, made it possible to reduce the thickness of the base to 0.3 mm, to obtain a functionally adapted orthopedic structure for the patient, while maintaining the temperature perception of the prosthetic bed, close in physical and mechanical properties to the parameters of the body. The absence of macroshifts on the contact surface of the prosthesis with the prosthetic bed eliminates the inflammatory reaction of the mucous membrane and forms a uniform distribution of masticatory pressure on low, medium and well pliable tissues, increasing the effective area of structures. All of the above, together with the biochemical and biomechanical compatibility of titanium nickelide with body tissues, reduces the time of adaptation to prostheses and prevents the progression of atrophy of prosthetic bed tissues.

LIST OF USED LITERATURE

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