

DENTAL CARIES AND DISEASES CAUSED BY THEM

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ANNOTATION

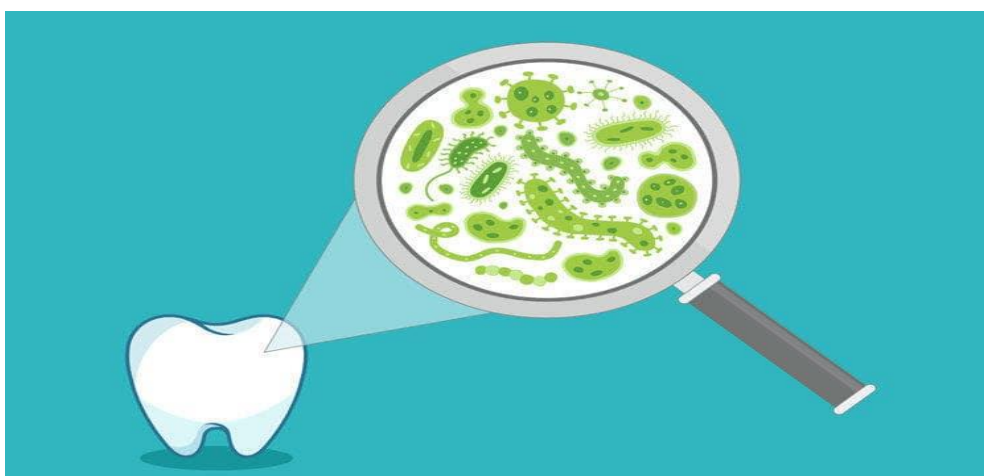
The disease is considered one of the very common pathologies among the population. According to statistics, caries occurs in 80% to 98% of people in different countries and among different races. For the last two years, the disease has been spreading widely among children, especially in the population living in economically underdeveloped countries, where it has been observed that caries disease occurs to varying degrees.

Keywords: statistics, caries occurs, disease occurs to varying degrees, gastrointestinal system play an important role

Dental caries is not considered an independent disease; this pathology is caused by general changes in the body. For example, a decrease in local and general immunity, changes in the gastrointestinal system play an important role in the formation of caries.

Currently, there are more than 400 theories that explain the cause of the origin of caries. However, in most theories, a coating is formed on the tooth enamel in the case when the personal hygiene of the oral cavity is not followed, and this coating leads to caries. The coating develops as a result of constant cleaning or improper cleaning of teeth, especially in areas where the tooth edge of the teeth is poorly touched (tooth sides, teeth of the mind).

The tooth coating is firmly covered in the tooth enamel layer and is considered to have favorable conditions for these bacteria (streptococcal flora). The mineral substances contained in the saliva cause the coating to harden. Such a coating that forms on the tooth is called dental plaque.



Bacteria that live on dental plaque produce lactic acid, and this product causes tooth enamel demineralization. Tooth enamel demineralization is the first stage of the onset of caries. Sucrose is converted by streptococci into a polysaccharide known as dextran, while dextran accelerates tooth enamel decay. It is for this reason that caries develops faster in people who eat a lot of sweets.

The effect of microorganisms and the duration of the demineralization process depend on the specificity of the organism. In most patients, immunity to carious-causing bacteria is slow, even in the case when the patient is able to fight other disease-causing microorganisms. In people with immunodeficiency syndrome, the development of caries is faster. Caries is recorded twice as often in people suffering from exudative diathesis and rickets.

As a result of a change in the content of saliva, that is, an increase in the amount of mineral salts in it, the likelihood of caries formation also increases. Somatic diseases, a lack of mineral salts, especially the lack of sufficient minerals with feed at the time of the teeth coming out, increase the risk of developing caries. As a result of congenital pathologies of the enamel floor (aplasia or enamel floor hypoplasia), the development of caries is very often noted.

Regions with developed production industries, regions with negative environmental conditions, pollution of drinking water cause a decrease in the overall protective function of the human body. People living in such conditions also have a high frequency of caries.

Clinical symptoms of dental caries

Depending on the depth of damage to the hard part of the tooth, 4 different forms of caries differ. At the stage of caries spots, the color of the tooth enamel layer becomes dull. There are no erosions on the hard floor of the tooth, examination with the help of a probe provides little information, no changes are observed on the hard floor at this stage. Sometimes the stain can also disappear on its own, the cause of which has not been fully studied, but stemmatologists argue that the activation of the human immune system causes the stain to disappear.

Surface caries-a dark spot appears on the tooth enamel floor, in an instrumental examination it is possible to determine whether the enamel floor has softened. Sometimes it can be seen that the process of Decay has begun in all areas of the tooth enamel floor. However, these changes are observed only in the enamel floor itself.

Middle-level caries-damage to the tooth enamel and dentin floor. Deep caries is a lesion of all tissues of the tooth, a complete violation of the integrity of the tooth.

Usually patients complain of pain in areas of the tooth that have undergone caries, increased pain when touched by sweet, bitter, hot or cold products. Pain is also not felt if the influence of the factor leading to the origin of the pain is stopped. By default, dental caries does not call for a feeling of pain.

In the acute course of caries, several teeth are damaged, their outer layer is covered with a dark gray coating, teeth soften, pain syndrome is strongly manifested. Signs like this are manifested in not one but several teeth.

In the chronic course of caries, pigmentation, compaction of the affected areas of the tooth and changes in the boundaries of the tooth are observed. The process is aggravated by slow asthma, non-treatment of the disease is complicated by pulpitis and periodontitis, which is in a state when the tooth has to completely fall out or completely remove.

Diagnosis and treatment of caries

Caries is detected by stemmatologists at the time of visual examination or with the help of instrumental examinations. Complaints in the patient help to diagnose caries. The main treatment for caries is the removal of the affected area of the tooth and its replacement.

The affected area is completely removed, and its place is disinfected. The more quality the disinfection procedure is carried out, the better quality the sealed substance will be and will last for a long time.

Currently, a laser method is used to remove areas affected by dental caries. The effective aspects of the method are pain sensitivity, noiselessness and poor quality of the tooth for fixing. Treatment of superficial caries is increased to Ambala in several ways. Of these, the most common method is “scraping” (syphoning) and demineralizing the carious areas of the tooth. The practice of remineralization is carried out by administering 1% sodium fluoride using appliqué or electrophoresis. Secondary caries is treated with the removal of the affected tooth area and its location fixing.

Treatment of deep caries requires quality qualifications from a doctor, since at such a level almost all parts of the tooth will be damaged. If the dentin floor is not damaged a filling is placed in order to protect it from the affected areas of the tooth, this filling will consist of three layers: a healing pad, a phosphate-cemented pad that serves as insulation, and a permanent filling material (most often).

The fixing material is selected depending on the type of damaged tooth. For teeth that are clearly visible in the oral cavity, a material of special anatomically good quality is selected, both aesthetically and aesthetically.

Before filling, the affected part of the tooth is completely removed, the tooth is disinfected, dried and the selected filling material is placed. After the filler material is placed, the edges are smoothed, the excess parts are processed. The more qualitatively the filled part is settled, the less likely microorganisms will develop in it later.

Dental caries prevention

Dental Caries Prevention includes such measures as trying not to form a coating on the teeth, using quality toothpaste and a quality tooth edge, and strict adherence to personal hygiene of the oral cavity. If you notice that the tooth enamel layer has softened, it is necessary to use fluoride preservatives in itself (paste, solution and varnishes).

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