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Improvement of Prophylactic Measures in Patients with a Complete Removal of Plate Removal

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The relevance of the research. Full removable prosthesis is one of the most complex denture types in orthopedic stomatology. The complexity of this type of prosthetics depends not only on the structure and its fixing properties, but also when a full dental prosthesis is established (often on average 70% -85%, according to different authors), the inflammation of the prosthetic bed is accompanied by serious inflammation of the gastric tissue, mucous membranes. Serious pathological changes occur in salivary glands. [1-3].

The development and progression of prosthetic stomatitis depends on the general state of the organism, the area of the base and the anatomical conditions of prosthetics [4]. The prophylaxis and prophylaxis of prosthetic stomatitis is mainly the use of antiseptic rhinestones, based on vegetable oils [5; 6]. However, the short-term effect of these agents on the mucous membrane does not produce the desired effect,and the percentage of prosthetic stomatitis observed in the dental prosthesis, which is fully recovered, remains high in prolonged duration[7].

As a result, we have developed a method for the treatment and prophylaxis of prosthetic stomatitis by changing the design of the prosthesis base to create a drug substance depot [8]. As an effective remedy, we chose amaranth oil.

The aim of the research was to evaluate the effect of the design of the amartant oil on the tissues of the mucosa and alveolar tumor.

Research materials and methods. All patients participating in clinical and clinical laboratory trials (114 people) were divided into 3 groups for prophylaxis of

prosthetic stomatitis. Acrylic dental prostheses with full plate were made in all patients.

The first group consisted of 32 patients with traumatic prosthetic stomatitis and clinical symptoms. A"Rotokan" solution and intensive hygiene of the prosthesiswere recommended for the first 7 days in terms of using the prosthesis.The second group (36 people) was provided with a prophylactic treatment with amartant oil after prosthetics and was given to them to drink fat and to rinse the mouth [9]. The third group consisted of patients with dental prostheses, made with a modified base, and prosthetic stomatitis prophylactic technique, which was used by our side, was used.

A micro growth-positive reaction method was used to detect acute inflammation of the mucous membrane under the dental prostheses. The Shiller-pisarev solution and the 1% solution of toluidine are used.

Atrophy of the jaw alveolar tumor crown has been determined by the method of detecting atrophy atrophy. To this end, we have received anatomical colophony.Models are made of IV grade plaster. The model that is being studied is adapted to the standard state, parallel to the plausibility of the plane model, which passes through the three highest peak points of the toothpick. The modeling of the sokol with the model is placed on the lower plate of the gear to form the diagnostic models of the jaws. Then it is placed in a complex dentist vibrator. Under the influence of vibration and weight force, the high-speed plate of the device has fallen into contact with the top three points of the prothesis area of the model, and the model is gypsum.The vibrator was then disconnected and the model was removed from the cocoon holder. Symptoms of the model are indicated by the grading circle in the same interval range (5mm) across the entire length of the alveolar coronal area in the non-teeth area. The dots are encoded with the Latin alphabet. The atrophy level of the alveolar coronary at each point was statistically investigated and learned with results after 1,2,6 months and one year.

Research results and their discussion.

When analyzing the Shiller-Pisarev test, it should be noted that in all the follow-up groups, a high incidence of the first day was observed, with 25% in the first group, 30.56% in the second group and 32.61% in the third group.

Other evidence suggests that in many cases (from 90.6% in 97.83% in the third group) (92.4% in average), after prosthetic insertion of the dental prosthesis) with traumatic prosthesis stomatitis. Research has shown that the level of inflammation of the mucous membrane does not depend on the condition of the prosthesis bed, the patient's jaws (the lower, upper jaws and classes are equal in patients with negative symptoms).

In the first group, when examining the individual values of the Shiller-Pisarev test, it should be noted that the inflammatory inflammatory decline in the 7th day has been reduced twice (from 25.0 to 12.5%) due to anti-inflammatory

therapy and prosthesis, without inflammation in the mucous membrane the number of patients remains unchanged. After 1 month, the inflammatory state in the localized areas (up to 2 cm2) had a significant decrease in the number of patients with positive (++) (only 53.13 versus 12.5%).

It was observed that there was no sharp reaction of the mucous membrane at specific observations and a minimal (12.5%) positive reaction to the Shiller-Pisarev test.

Thus, the use of conventional anti-inflammatory therapy ("Rotokan") in complete prosthetics, severe inflammation in the first day after prosthetics is replaced by a low-7-day reaction, and in prolonged periods (6 months) no sharp reaction occurs in prolonged periods. However, the number of patients without inflammation remains unchanged.

In the second group, the appearance of the 7th day was virtually unchanged from the results of the 1st group. However, we observed that the number of patients with mucous membranes in the mucous membrane increased by 8.33% after one month, which suggests that effective use of amaranthic fat in traumatic prosthesis stomatitis.

In the third group, the number of patients with negative symptoms increased sharply in 7 days after the prosthesis, and in 6 months - 36.96%. The acute severe inflammation in the 7th day also decreased from 32.61% to 6.52%. In the long term, the majority of patients (79.1%) had mucous membrane dentures or negatively or positively inflammatory reactions.

Thus, by using a modified base for the prophylactic stomatitis prophylaxis, we have significantly reduced the level of inflammation in the mucous membrane of the prosthesis bed by 24.46% (87.50% in the first group and 63.04% in the third group).

We have proven that the use of amaranth oil significantly reduces the prosthesis stomatitis inflammation, prevents the occurrence of chronic prosthetic stomatitis, and the quantitative continuous use of fat in the mucous membrane increases the effectiveness of anti-inflammatory fat.

In the prosthesis removal and prosthetic stomatitis prophylaxis, according to the results of the study of the atrophy dynamics of alveolar rhinoceroses, processes that lead to the acceleration of alveolar neoplasms in patients using full dental prosthesis.

Atrophy for the first time (up to 3 months) after the prosthesis was equal to 0.19 ± 0.04 to 0.22 ± 0.03 in all groups. This, in our opinion, confirms the pathogenesis of prosthetic stomatitis.

However, the level of atrophy in the second and third groups declined dramatically (almost three times) a year after the prosthesis was observed in the three groups, with a higher level of precision ($p < 0.05$). This dynamics is also observed in 15 months and 18 months.

This information is based on the fact that the use of Amarantional Oils for prophylactic dentistry prophylaxis results in a decrease in atrophy atrophy speeds by 139.4% and in specific periods (18 months) by 175%. Applying the modified base of the prosthesis base to the amaranth oil decreases the rate of atrophy by 43.6% and 328.8%.

Conclusions.

On the inner surface of the fully removable prosthesis, three important clinical tasks that arise in the preparation of a fully removable prosthesis in prosthetic stomatitis complications using a microchannel system are addressed:

- Prosthesis of the abovementioned plate, which is filled with the drug, allows to eliminate the traumatic etiologic factor in the development of prosthetic stomatitis;
- The canal system reflects the anatomical structure of the mattress or dental prosthesis, which does not affect the fixation and stabilization of the prosthesis due to the preservation of the clarity zone;
- We have significantly reduced the level of inflammation in the mucous membrane of the prosthesis bed by 24.46% (87.50% in the first group and 63.04% in the third group), with the use of modified modified prosthesis dental prophylaxis using amanthood oil;
- Using the modified base of the prosthesis base with cured fat, reduces the rate of atrophy by 43.6%.

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