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COMPARATIVE ANALYSIS OF THE "ALL ON FOUR" IMPLANTATION METHOD WITH ONE-STAGE LOADING WITH FIXED PROSTHESES WITH THE TRADITIONAL METHOD OF REMOVABLE PLATE PROSTHESIS.

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Actuality: People lose their teeth throughout their lives for various reasons: due to age, diseases (severe forms of periodontitis), and maxillofacial injuries. This condition is called adentia. Restoration of the dentition with complete or partial adentia occurs with the help of removable and non-removable dentures. Removable dentures present discomfort to many, causing the gag reflex and inconvenience. To solve this problem, implantation is used. All-on-4 technology refers to a one-stage technique with immediate loading, since a fixed prosthesis is installed immediately after implantation, until the artificial root is completely fused with the jawbone. Dental implantation and prosthetics on four implants quickly and effectively restores the aesthetics and functions of the dentoalveolar apparatus. If in classical prosthetics the patient will have to wait more than six months for all the implants to heal, then the "all on four" procedure allows the teeth to be installed on the day of treatment. In each jaw, two implants are located in the front part vertically and parallel to each other, and two implants - at an angle of up to 45 degrees in the distal region, where the molars are located.

Aim To conduct a comparative analysis of the "ALL ON FOUR" implantation method with one-stage loading with fixed prostheses with the traditional method of a removable plate prosthesis and to explore the benefits of All on 4.

Material and methods: Three patients with a traditional removable plate prosthesis and three patients with fixed prostheses installed on implants according to the "All on 4" technique.

Results: The first patient with fully removable laminar dentures said that he had strong gag reflexes in the beginning. Another patient was rebased 2 times. The third patient often came for correction and was tired of frequent visits to the dentist. In three patients with implants, the screw-retained prosthesis was installed. This suggests that in the future the prosthesis can be easily unscrewed without damaging the implants and the prosthesis itself. A correctly made screw-retained prosthesis is not screwed directly to the implants, but to the multi-unit abutments, and they are screwed to the implants. All three patients were satisfied with the fixed denture, which is more comfortable. They quickly got used to dentures, the dentures fit snugly against the gums. The first patient after a year of wearing a prosthesis changed it to zircon prostheses. A zirconium prosthesis is manufactured using an accurate CAD / CAM method (modeling and manufacturing of a prosthesis is carried out using computer technology and high-precision milling).

Conlusion: Dental implantation and prosthetics using the "ALL ON FOUR" method quickly and effectively restores the aesthetics and functions of the

dentoalveolar apparatus, without causing discomfort for the patient.

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BIOCHEMICAL FORMATION OF THE SALIVA AT TEENS AFTER FIXED ORTHODONTIC DEVICES

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Research objective: studying of biochemical composition of saliva at children.

Materials and methods. Used Instrumental Neutron Activation method (determination of the mineral composition of saliva) at the Institute of Nuclear Physics, Academy of Sciences, Republic of Uzbekistan.

Calcium in saliva of patients at all stages of the study did not changed significantly (Significant differences from baseline). Patients in the early stages of the study also found changes in calcium content - 3760/11400, potassium - 166100/115000, sodium - 28400/10100. The first patient - lack of iodine I <0.1, magnesium deficiency Mg <50, the lack of strontium Sr - <10, selenium Se- <0.1 helium Hg - <0.01 in second patient - lack of brass La <0.1, magnesium deficiency Mg <50, the lack of copper Cu <1.0, selenium Se- <0.1 / <0.1 and Hg helium - <0.01.

Results and discussion.

However, the saliva more than teeth available for study as indicator of changes in children after treatment with fixed orthodontic devices.

Conclusions.

Timely preventive treatment of children after orthodontic procedures to prevent the spread of the process and the development of secondary caries.

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