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TA'LIMI & INNOVATSIYALARI

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- 14.00.02 - Morfologiya;
- 14.00.03 - Endokrinologiya;
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- 14.00.06 - Kardiologiya;
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- 14.00.09 - Pediatriya;
- 14.00.10 - Yuqumli kasalliklar;
- 14.00.11 - Dermatologiya va venerologiya;
- 14.00.12 - Tibbiy reabilitologiya;
- 14.00.13 - Nevrologiya;
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- 14.00.19 - Klinik radiologiya;
- 14.00.20 - Tibbiy genetika;
- 14.00.21 - Stomatologiya;
- 14.00.22 - Travmatologiya va ortopediya;
- 14.00.23 - Hamshiralik ishini tashkil etish;
- 14.00.24 - Sud tibbiyoti;
- 14.00.27 - Xirurgiya;
- 14.00.28 - Neyroxirurgiya;
- 14.00.41 - Xalq tabobati;
- 14.00.35 - Bolalar xirurgiyasi;
- 14.00.34 - Yurak-qon tomir xirurgiyasi

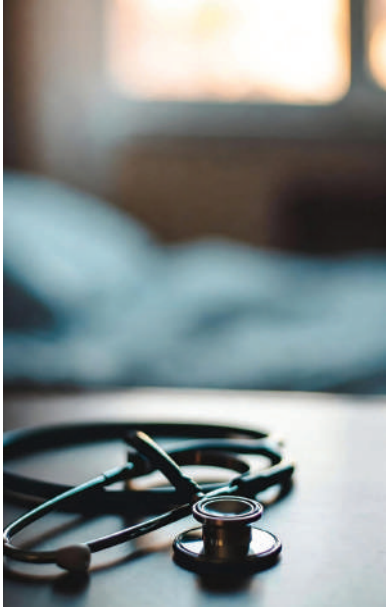
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MUNDARIJA

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DEVELOPMENT OF A SET OF INNOVATIVE PREVENTIVE MEASURES AIMED AT
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UDK: 616.31-053.2:613.95

DEVELOPMENT OF A SET OF INNOVATIVE PREVENTIVE MEASURES AIMED AT PREVENTING DISEASES OF HARD DENTAL TISSUES IN CHILDREN, TAKING INTO ACCOUNT THEIR AGE-RELATED CHARACTERISTICS BASED ON CLINICAL AND DIAGNOSTIC CRITERIA



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Abstract. This article established the patterns of the relationship between the quality indicators of oral hygiene and the development of hard dental tissue diseases in preschool- and school-aged children, and scientifically demonstrated that deterioration in oral hygiene is a key determinant of the intensity of pathological processes.

Keywords: Pediatric dentistry, oral hygiene, dental caries, hard dental tissues, prevention, hygienic indices, dental health.

Annotatsiya. Ushbu maqolada maktabgacha va maktab yoshidagi bolalarda og‘iz bo‘shlig‘i gigiyenasining sifat ko‘rsatkichlari hamda tish qattiq to‘qimasi kasalliklarining shakllanishi o‘rtasidagi o‘zaro bog‘liqlik qonuniyatlari aniqlangan. Shuningdek, gigiyenik holatning yomonlashishi patologik jarayonlar jadalligini belgilovchi asosiy determinant omil ekanligi ilmiy jihatdan isbotlangan.

Kalit so‘zlar: bolalar stomatologiyasi, og‘iz bo‘shlig‘i gigiyenasi, tish kariyesi, tish qattiq to‘qimasi, profilaktika, gigiyenik indekslar, stomatologik salomatlik.

Аннотация. В данной статье установлены закономерности взаимосвязи между качественными показателями гигиены полости рта и формированием заболеваний твёрдых тканей зубов у детей дошкольного и школьного возраста. Также научно доказано, что ухудшение гигиенического состояния является основным детерминирующим фактором, определяющим интенсивность патологических процессов.

Ключевые слова: детская стоматология, гигиена полости рта, кариес зубов, твёрдые ткани зубов, профилактика, гигиенические индексы, стоматологическое здоровье.

INTRODUCTION

The prevalence of hard dental tissue diseases among preschool- and school-aged children remains high worldwide, including in our country. According to statistical data, 80–90% of school-aged children present with varying degrees of dental pathology, necessitating a fundamental revision of the preventive healthcare system. Poor oral hygiene is considered a primary etiological factor in the development of dental diseases in children [1,3]. Dental diseases in childhood negatively affect not only masticatory function but also speech development, the aesthetics of the maxillofacial system, and overall systemic health, including gastrointestinal function and immune function. Improving preventive strategies reduces the future need for complex and costly treatment procedures [2,4,5]. In recent years, research on the early detection of dental caries has reached a qualitatively new level. The International Caries Detection and Assessment System (ICDAS II) has enabled the standardization of visual diagnostic procedures. Studies focusing on the digital analysis of microchanges in hard dental tissues and the segmentation of pathological lesions using artificial intelligence (AI) algorithms are rapidly expanding. However, clinical protocols for the widespread application of these methods in school-aged children have not yet been fully established [6,7,8].

Aim of the study. The aim of the study was to evaluate the role of oral hygiene status in the development of hard dental tissue diseases in preschool- and school-aged children, as well as to improve the prevention system for hard dental tissue diseases by using modern clinical and diagnostic criteria and innovative preventive methods. To investigate the relationship between the current oral hygiene status of preschool- and school-aged children and the prevalence and intensity of major hard dental tissue diseases; To perform a comparative evaluation of the sensitivity and specificity of modern clinical and diagnostic methods and innovative technologies (digital and optical-fluorescence methods) for the early detection of hard dental tissue diseases in children; To develop a comprehensive set of innovative preventive measures aimed at preventing hard dental tissue diseases in children, based on the identified clinical and diagnostic criteria and taking age-related characteristics into account; To conduct a comparative analysis of the effectiveness of the improved preventive system over time, based on clinical, hygienic, and laboratory (immunological or biochemical) indicators.

LITERATURE REVIEW

The study included 200 children with dental caries and periodontal diseases, as well as a control group of 45 children in the same age category who were free from these conditions. The subject of the study included the affected areas, namely the condition of hard dental tissues and periodontal tissues, as well as the research materials and questionnaire data. The scientific novelty of the study is as follows: The patterns of the relationship between oral hygiene quality indicators and the development of hard dental tissue diseases in preschool- and school-aged children were identified, and it was scientifically demonstrated that deterioration in oral hygiene is a key determinant of the intensity of pathological processes. Compared with traditional visual-instrumental examination methods, diagnostic criteria based on the high sensitivity and specificity of modern optical-fluorescence and digital diagnostic techniques (DIAGNOdent, DIFOTI, etc.) for detecting initial carious lesions and hidden cavities were developed.

Based on the identified clinical and diagnostic indicators and the age-related physiological characteristics of children, an integrated innovative preventive algorithm aimed at preventing hard dental tissue diseases was developed. The use of local preventive agents and modern approaches to oral hygiene education was scientifically substantiated. The effectiveness of the proposed improved preventive system was assessed not only using standard clinical and hygienic indices but also by examining the positive dynamics of biochemical and immunological homeostasis in oral fluid, including the cytokine profile and enzymatic activity, as well as the stabilization of local protective factors.

RESEARCH METHODOLOGY

In addition to the main clinical and laboratory research methods, the prevalence, intensity, and progression of dental diseases were studied in 200 children. Their oral hygiene status was also assessed, along with the level of knowledge of the children, their parents, and caregivers regarding proper oral hygiene practices. Extensive preparatory work and appropriate organizational measures ensured that accurate dental examinations could be conducted within a minimal time frame. Data from mass dental examinations were recorded in an individual patient chart. Oral examinations of the children were performed using generally accepted clinical methods.

The condition of the teeth was assessed sequentially, starting with the upper jaw from right to left, followed by the lower jaw from left to right. Dental Caries and Its Complications (the Most Common Conditions). In

children in this age group, the course of the disease depends on the degree of mineralization of dental tissues. Dental caries was classified into superficial, moderate, and deep forms. Pulpitis was identified in acute and chronic forms, with chronic forms being more common in children. Periodontitis exhibited a specific clinical course depending on whether the root apex was still developing or undergoing resorption.

ANALYSIS AND RESULTS

Non-Carious Lesions. This group included defects occurring before or after tooth eruption: Enamel hypoplasia (underdevelopment of enamel); Fluorosis (associated with fluoride levels in drinking water); Hereditary defects of hard dental tissues. Periodontal and Oral Mucosal Diseases. Gingivitis, including juvenile gingivitis occurring during adolescence (13–17 years) due to hormonal changes; Stomatitis, including aphthous, herpetic, and traumatic forms. Dental and Maxillofacial Anomalies (Orthodontic Problems). One of the relevant areas of assessment in children aged 3–12 and 13–17 years included: Dental arch anomalies (malposition of teeth); malocclusion, including distal, mesial, open, and deep bites. According to the International Classification of Diseases, 10th Revision (ICD-10), the 200 patients were classified as follows: K02 — Dental caries; K04 — Diseases of pulp and periapical tissues; K05 — Gingivitis and periodontal diseases; K07 — Dentofacial anomalies. This systematic approach enabled the acquisition of statistically reliable results through comparison with a control group of 45 healthy children of the same age.

In the distribution of the 200 examined children according to age groups and stages of dental system development, the frequency of clinical presentations typical of dental practice and the periods of tooth replacement were used as the main criteria. High Prevalence of Caries and Its Age-Related Pattern. Dental caries occupied a leading position across all groups (57.5%). The highest numbers of cases were observed among children aged 3–6 years (30 cases) and 7–12 years (50 cases), which is associated with the degree of mineralization of hard dental tissues.

In children aged 3–6 years, the thin enamel of primary teeth and its high organic content contribute to the rapid progression of carious lesions. In the 7–12-year age group, the incidence reached its peak (55.6%) due to the incomplete mineralization of fissures in newly erupted permanent teeth, particularly the first molars. Dynamics of Complicated Forms of Caries. The relatively higher incidence of pulpitis and periodontitis in children aged 3–6 years (30%) is explained by the diffuse nature of carious lesions in preschool children and the wide pulp chamber. In this age group, caries can progress rapidly to complicated forms within a short period. The decrease in this indicator among adolescents aged 13–17 years (25%) is associated with the completion of tooth formation and increased enamel resistance.

CONCLUSION

The remineralization capacity of oral fluid in relation to hard dental tissues was studied using the microcrystallization test. In the examined subjects, 2–3 drops of mixed saliva were placed on a glass slide and allowed to dry naturally at room temperature (+20–22°C). The dried saliva samples were examined under a light microscope at ×40 or ×100 magnification. The evaluation was performed using a 1–5-point scale based on the shape, quantity, and distribution of crystals: Type I (4–5 points): clearly defined, large, fern-like crystals, indicating high remineralization potential.

Type II (2.5–3.5 points): crystals present in the central zone, with amorphous structures at the periphery, indicating moderate remineralization potential. Type III (1–2 points): predominance of amorphous structures with isolated small crystals, indicating low remineralization potential and high susceptibility to dental caries. In addition, the results demonstrate that the structural characteristics of salivary microcrystals can be considered a potential diagnostic marker reflecting the balance between demineralization and remineralization processes in the oral cavity. The method may be used for screening assessments of caries risk in children and for monitoring the effectiveness of preventive dental interventions in clinical practice.

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