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OBSERVATION OF INDICATORS OF PROSTHETIC STOMATITIS IN PATIENTS USING PROSTHESES MADE OF ETHACRYL AND FTOROX

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Abstract: This article discusses the frequency and clinical manifestations of stomatitis in patients after ethacryl and ftorox prosthesis. 45 patients aged 30 to 70 years were examined with ethacrylate and fluorox polymers. 25 men and 20 women participated in the survey. All patients required partial removable prostheses. There were no contraindications for prosthetics. Prostheses are made of ethacrylate and fluorox. Due to the urgency, there is a need for medical assistance, social problem, effective complex treatment of patients, development of new technologies for partial and complete absence of teeth.

Key words: Acrylic polymer, ftorox polymer, prosthetic stomatitis, prosthetics, questionnaires.

IMPORTANCE OF THE SUBJECT

Orthopedic treatment of patients with partial and complete absence of teeth is an urgent problem of modern dentistry. According to a number of data, the improvement of orthopedic structures should be developed in certain clinical and laboratory stages. In general orthopedic treatment, 60% of patients refuse to use removable prostheses for various reasons, and 27-35% of cases are due to poor fixation and stabilization in the jaws. Modern removable orthopedic structures serve to restore the optimal defect in the treatment of patients with partial and complete absence of teeth and increase the efficiency of the highly demanding chewing function. There is sufficient data on the functioning of orthopedic structures in the temporomandibular joints in the biomechanical process of masticatory muscles. Prosthetics records a decrease in favorable conditions, insufficient attention is paid to treatment to ensure optimal oral hygiene after orthopedics. Preparation of the oral cavity during prosthetics is considered an important quality of modern dentistry, namely orthopedic structures. Impressions of partial and complete absence of certain methods of prosthetics teeth have certain disadvantages, especially when prosthetics with dental implants, difficult reference points cannot be determined due to the insufficient number of articulators in the manufacture of modern prostheses. The traditional method does not ensure parallelism between the line of the pupil and the incisal edge of the group of front teeth. Traditional surgical techniques of preparation and formation of individual prosthetic area in patients with partial and complete absence of teeth are performed. Surgical methods that need to be used are performed.

Complications during dental implantation range from 5% to 25%. The patients were diagnosed with signs of using dentures based on dental implants: peri-implant mucositis in 81% of cases and dental peri-implantitis in 30-56% of cases. Peri-implantation diagnosis involves mucositis, dental peri-implantitis. Initial metabolic-based features can be determined using inclusion criteria and verbal scoring. Qualitatively and quantitatively the patient's fluid parameters. Monomeric acrylic plastics are most widely used in the production of removable orthopedic structures. Along with their advantages, they have a number of disadvantages: dentures made from these materials can cause toxic and allergic reactions in the oral cavity. Thermoplastic materials

currently used for the manufacture of partially and completely removable dentures are flexible, elastic and aesthetic. Thanks to these prostheses, the retention type and the known disadvantages of dentofacial clasps and pelotes, the lack of functional distribution, the occlusal load on the supporting teeth and along the plane is stabilized. Treatment of patients with the problem of fracture of the removable part is structural in nature, while the fixed part remains functional in the oral cavity. In the long-term observation period, in some cases it is necessary to remove the abutment tooth, since as a result of the development of periodontal diseases or complex forms of caries, the use of this design is impossible due to the replacement of locking dentures. Alternative solutions to these technologies are required. Analysis of domestic and foreign literature revealed the need to improve orthopedic training and comprehensive treatment of partial and complete absence of teeth. Due to the relevance of the medical and social problem that needs to be solved and the development of new technologies, complex treatment of patients with partial and complete absence of teeth is effective. Purpose of the study. To study the incidence and clinical manifestations of stomatitis in patients after prosthetics with acrylic polymers and to identify clinical and anamnestic predictors of their development.

MATERIALS AND METHODS

45 patients aged from 30 to 70 years were examined. 25 men and 20 women took part in the survey. All patients required partial removable dentures. There were no contraindications to prosthetics. Prostheses are made from ethacrylate and fluorox. Due to the relevance, there is a need for medical care, a social problem, effective comprehensive treatment of patients, and the development of new technologies for partial and complete absence of teeth. The procedure was carried out in accordance with prosthetic manufacturing standards. Clinical and double examination of the patient's medical history (before prosthetics and 1 month after installation of the prosthesis). The development of prosthetic stomatitis and allergic reactions is based on established and assessed risk factors using a questionnaire developed for the clinic. The presence of occupational hazards, bad habits, allergic diseases, dental diseases and joint pathologies was taken into account. We used Kendall's rank correlation (t) method, $\chi 2$ test, and Yates' correction with Fisher's angular transformation. Differences were considered statistically significant at $p<0.05$.

RESULTS

Discovered after 1 month of prosthetics, symptoms of stomatitis developed in 28.6% of cases. Clinical manifestations of stomatitis are discomfort in the oral cavity, pain, including damage to the oral mucosa (100% of cases), dry mouth (65%), sensitivity disorders and changes in taste (53%), the presence of hyperemia and swelling of the mucous membrane membranes of the oral cavity (100.0% of cases), headaches and sleep disturbances (35.0%), single point bleeding of the mucous membranes (15%), exacerbation of atopic dermatitis (6.9%). In the majority of patients (83%), the first symptoms of stomatitis appeared 7-14 days after prosthetics. The two selected groups of patients (with and without denture stomatitis) did not differ significantly ($p>0.05$) in clinical and anamnestic characteristics and timing of the initial visit to dental care. However, it was found that the development of the prosthesis has a positive relationship with stomatitis ($p <0.05$). the presence of allergic diseases in patients, exposure to negative chemical factors ($t=0.20$) and thyroid pathology ($t=0.20$).

CONCLUSION

Information about the patient's allergies should be used to determine the risk in the patient's medical history, as well as the development of prosthetic stomatitis in each patient and to carry out therapeutic and individual preventive measures. The basics of preventing the occurrence of prosthetic stomatitis have been studied.

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