

Impact Factor: 4.917

ISSN: 2181-0966

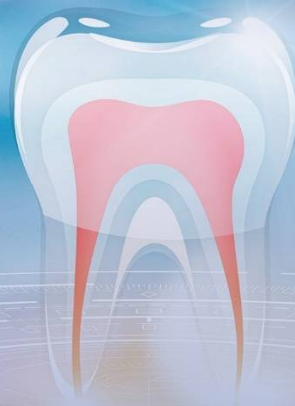
DOI: 10.26739/2181-0966

www.tadqiqot.uz

JOURNAL OF

ORAL MEDICINE AND CRANIOFACIAL RESEARCH

Informing scientific practices around the world through research and development



SAMARKAND
STATE MEDICAL UNIVERSITY

VOLUME 3
ISSUE 2

2022

ЖУРНАЛ СТОМАТОЛОГИИ И КРАНИОФАЦИАЛЬНЫХ ИССЛЕДОВАНИЙ

ТОМ 3, НОМЕР 2

JOURNAL OF ORAL MEDICINE AND CRANIOFACIAL RESEARCH
VOLUME 3, ISSUE 2



Главный редактор:

Ризаев Жасур Алимджанович

доктор медицинских наук, профессор, ректор Самаркандского государственного медицинского института, Узбекистан

Заместитель главного редактора:

Юлдашев Абдуазим Абдувалиевич

доктор медицинских наук, доцент Ташкентского Государственного стоматологического института, Узбекистан

ЧЛЕНЫ РЕДАКЦИОННОЙ КОЛЛЕГИИ:

Билалов Эркин Назимович

доктор медицинских наук, профессор, Узбекистан

Новиков Вадим Михайлович

доктор медицинских наук, профессор, Украина

Бекжанова Ольга Есеновна

доктор медицинских наук, профессор, Узбекистан

Бахритдинова Фазилат Арифовна

доктор медицинских наук, профессор, Узбекистан

Шомуродов Кахрамон Эркинович

доктор медицинских наук, доцент, Узбекистан

Шамсиев Жахонгир Фазлиддинович

доктор медицинских наук, доцент, Узбекистан

Юсупалиходжаева Саодат Хамидуллаевна

доктор медицинских наук, доцент, Узбекистан

Вахидов Улугбек Нуритдитнович

доктор медицинских наук, доцент, Узбекистан

Муртазаев Саидмуродхон Саидаълоевич

доктор медицинских наук, доцент, Узбекистан

Шукурова Умида Абдурасуловна

доктор медицинских наук, доцент, Узбекистан

Хасанова Лола Эмильевна

доктор медицинских наук, доцент, Узбекистан

Хазратов Алишер Исамиддинович

PhD, Узбекистан

Кубаев Азиз Сайдалимович

ответственный секретарь, PhD, доцент,

Аветиков Давид Саломонович

доктор медицинских наук, профессор, Украина

Амхадова Малкан Абдурашидовна

доктор медицинских наук, профессор, Россия

Копбаева Майра Тайтолеуовна

доктор медицинских наук, профессор, Казахстан

Грудянов Александр Иванович

доктор медицинских наук, профессор, Россия

Лосев Фёдор Фёдорович

доктор медицинских наук, профессор, Россия

Шаковец Наталья Вячеславовна

доктор медицинских наук, профессор, Белоруссия

Jun-Young Paeng

доктор медицинских наук, профессор, Корея

Jinichi Sakamoto

доктор медицинских наук, профессор, Япония

Дустмухамедов Дильшод Махмудович

доктор медицинских наук, доцент, Узбекистан

Ризаев Элёр Алимджанович

доктор медицинских наук, доцент, Узбекистан

Камалова Феруза Рахматиллаевна

доктор медицинских наук, доцент, Узбекистан

Абдувакилов Жахонгир Убайдулла угли

доктор медицинских наук, доцент, Узбекистан

Зоиров Тулкин Элназарович

доктор медицинских наук, доцент, Узбекистан

Верстка: Хуршид Мирзахмедов

Editorial staff of the journals of www.tadqiqot.uz
Tadqiqot LLC the city of Tashkent,
Amir Temur Street pr.1, House 2.
Web: <http://www.tadqiqot.uz/>; Email: info@tadqiqot.uz
Phone: (+998-94) 404-0000

Контакт редакций журналов. www.tadqiqot.uz
ООО Tadqiqot город Ташкент,
улица Амира Темура пр.1, дом-2.
Web: <http://www.tadqiqot.uz/>; Email: info@tadqiqot.uz
Тел: (+998-94) 404-0000

Chief Editor:

Jasur A. Rizaev

*Doctor of Medical Sciences, Professor,
Rector of the Samarkand State Medical
Institute, Uzbekistan*

Deputy Chief Editor:

Abduazim A. Yuldashev

*Doctor of Medical Sciences, Associate
Professor of the Tashkent State Dental
Institute, Uzbekistan*

MEMBERS OF THE EDITORIAL BOARD:

Erkin N. Bilalov

Doctor of Medical Sciences, Professor, Uzbekistan

Vadim M. Novikov

Doctor of Medical Sciences, Professor, Ukraina

Olga E. Bekjanova

Doctor of Medical Sciences, Professor, Uzbekistan

Fazilat A. Bahritdinova

Doctor of Medical Sciences, Professor, Uzbekistan

Kakhramon E. Shomurodov

Doctor of Medical Sciences, Associate Professor, Uzbekistan

Jahongir F. Shamsiev

Doctor of Medical Sciences, Associate Professor, Uzbekistan

Saodat H. Yusupalikhodjaeva

Doctor of Medical Sciences, Associate Professor, Uzbekistan

Ulugbek N. Vakhidov

Doctor of Medical Sciences, Associate Professor, Uzbekistan

Saidmurodkhon S. Murtazaev

Doctor of Medical Sciences, Associate Professor, Uzbekistan

Umida A. Shukurova

Doctor of Medical Sciences, Associate Professor, Uzbekistan

Lola E. Khasanova

Doctor of Medical Sciences, Associate Professor, Uzbekistan

Alisher I. Khazratov

PhD, Uzbekistan

Aziz S. Kubayev

Executive Secretary, PhD, Associate Professor, Uzbekistan

David S. Avetikov

Doctor of Medical Sciences, Professor, Ukraine

Malkan A. Amkhadova

Doctor of Medical Sciences, Professor, Russia

Maira T. Kopbaeva

Doctor of Medical Sciences, Professor, Kazakhstan

Alexander I. Grudyanov

Doctor of Medical Sciences, Professor, Russia

Losev Fedor Fedorovich

Doctor of Medical Sciences, Professor, Russia

Natalya V. Shakovets

Doctor of Medicine, Professor, Belarus

Jun-Young Paeng

Doctor of Medicine, Professor, Korea

Junichi Sakamoto

Doctor of Medicine, Professor, Japan

Dilshod M. Dustmukhamedov

Doctor of Medical Sciences, Associate Professor, Uzbekistan

Rizaev Elyor Alimdjaniyevich

Doctor of Medical Sciences, Associate Professor, Uzbekistan

Kamalova Feruza Raxmatillaevna

Doctor of Medical Sciences, Associate Professor, Uzbekistan

Jahongir U. Abduvakilov

Doctor of Medical Sciences, Associate Professor, Uzbekistan

Tulkin E. Zoirov

Doctor of Medical Sciences, Associate Professor, Uzbekistan

Page Maker: Khurshid Mirzakhmedov

Editorial staff of the journals of www.tadqiqot.uz

Tadqiqot LLC The city of Tashkent,
Amir Temur Street pr.1, House 2.

Web: <http://www.tadqiqot.uz/>; Email: info@tadqiqot.uz

Phone: (+998-94) 404-0000

Контакт редакций журналов. www.tadqiqot.uz

ООО Тадqiqot город Ташкент,
улица Амира Темура пр.1, дом-2.

Web: <http://www.tadqiqot.uz/>; Email: info@tadqiqot.uz

Тел: (+998-94) 404-0000

СОДЕРЖАНИЕ | CONTENT

1. Tulyaganov Jamshid Shovkatovich, Rizaeva Sevara Mirgulyamovna, Abduvakilov Jahongir Ubaydullaevich A MODERN VIEW ON AN INTEGRATED APPROACH TO THE REHABILITATION OF PATIENTS WITH POSTOPERATIVE JAW DEFECTS.....	6
2. Ахмедов Алибек Баходирович, Эронов Ёқуб Қувватович ИПАК ИШЛАБ ЧИҚАРИШ КОРХОНАЛАРИ ИШЧИЛАРИДА СТОМАТОЛОГИК КЎРСАТКИЧЛАР ТАҲЛИЛИ.....	10
3. Ibragimova Feruza Ikramovna PREDICTION OF DENTAL MORBIDITY IN CHEMICAL INDUSTRY WORKERS.....	14
4. Насретдинова Махзуна Тахсиновна, Абдиев Элбек Муроджосимович ҚУЛОҚ ШОВҚИНИ БОР БЕМОРЛАРНИНГ КОНСЕРВАТИВ ДАВОСИНИ МАҚБУЛЛАШТИРИШ.....	17
5. Насретдинова Махзуна Тахсиновна, Бахронов Бекзод Шавкатович ҲОЛАТИЙ ХУРУЖСИМОН НИСТАГМ ГЕНЕЗИДА ИНФЕКЦИОН ВА ТОМИРЛИ ОМИЛЛАРНИ ТАДҚИҚ ЭТИШ.....	20
6. Nurova Shoxsanam Norpo'latovna OVERVIEW OF THE ETIOLOGY, DIAGNOSIS, TREATMENT AND PREVENTION OF DENTAL DEFORMITIES IN WOMEN IN EARLY MENOPAUSE.....	23
7. Рустамова Дилдора Абдумаликовна ОРГАНИЗАЦИЯ МЕДИКО-СТОМАТОЛОГИЧЕСКОЙ ПОМОЩИ ПАЦИЕНТАМ С СИСТЕМНЫМИ ВАСКУЛИТАМИ, ПЕРЕНЕСШИМИ КОРОНАВИРУСНУЮ ИНФЕКЦИЮ.....	27
8. Нарова Наргиза Элбековна, Мухамедов Иламан Мухамедович, Хасанова Лола Эмильевна ИЗУЧЕНИЕ ЧУВСТВИТЕЛЬНОСТИ МИКРОФЛОРЫ ПОЛОСТИ РТА У ПАЦИЕНТОВ, ПОДВЕРГАЮЩИХСЯ СЪЕМНОМУ И НЕСЪЕМНОМУ ОРТОДОНТИЧЕСКОМУ ЛЕЧЕНИЮ, ПРИ ИСПОЛЬЗОВАНИИ НЕКОТОРЫХ ЛЕКАРСТВЕННЫХ ПРЕПАРАТОВ.....	34
9. Нуоров Норпулот Бобокулович ОРТОПЕДИЧЕСКОГО ЛЕЧЕНИЯ ПОЖИЛЫХ ЛЮДЕЙ ПО ВОЗРАСТНЫМ СПЕЦИАЛЬНОСТЯМ.....	38
10. Заитханов Аскар Анварович, Бекжанова Ольга Есеновна, Ризаев Элёр Алимджанович КЛИНИЧЕСКИЕ ПРОЯВЛЕНИЯ ВОСПАЛИТЕЛЬНЫХ ОСЛОЖНЕНИЙ ДЕНТАЛЬНОЙ ИМПЛАНТАЦИИ.....	41
11. Юнусходжаева Мадина Камалитдиновна, Хасанова Лола Эмиловна ОСОБЕННОСТИ ЭФФЕКТИВНОСТИ КАЛЬЦИЙСОДЕРЖАЩИХ ПРЕПАРАТОВ ПРИ ЛЕЧЕНИИ БЫСТРОПРОГРЕССИРУЮЩЕГО ПАРОДОНТИТА.....	44
12. Заитханов Аскар Анварович, Бекжанова Ольга Есеновна ИНДИВИДУАЛЬНОЕ ПРОГНОЗИРОВАНИЕ РАЗВИТИЯ ОСЛОЖНЕНИЙ ДЕНТАЛЬНОЙ ИМПЛАНТАЦИИ НА ОСНОВАНИИ ОЦЕНКИ КЛИНИЧЕСКИХ ФАКТОРОВ РИСКА.....	47
13. Raximov Zokir Kayimovich, Pulatova Shahzoda Karimovna RESULTS OF TREATMENT OF UNCOMPLICATED LOWER JAW FRACTURES.....	52
14. Бекжанова Ольга Есеновна, Эгамбердиев Улугбек Абдумаликович АНАЛИЗ РАБОТЫ ВРАЧА - СТОМАТОЛОГА, НА ТЕРАПЕВТИЧЕСКОМ ПРИЁМЕ ПРИ ДИАГНОСТИКЕ И ЛЕЧЕНИИ КАРИЕСА ЗУБОВ.....	57
15. Бакаев Жасурбек Нажмидинович ҚОЗИҚ ТИШЛАР РЕТЕНЦИЯСИНИНГ ЭТИОПАТОГЕНЕЗИ ВА ДИАГНОСТИКАСИДА РАҚАМЛИ ЁНДАШУВ (Адабиётлар шарҳи).....	60
16. Zeynitdinova Ziyoda Askarovna COVID-19 BO'LGAN BEMORLARDA TIZIMLI YALLIGLANISH VA IMMUNO-GEMATOLOGIK BUZUQLIKLARNING MARKERLARI.....	67
17. Камбарова Шахноза Али Хусейнована, Рахимов Зокир Кайимович АНТРОПОМЕТРИЧЕСКИЕ ПАРАМЕТРЫ УГЛА НИЖНЕЙ ЧЕЛЮСТИ У ДЕТЕЙ С ВРГН.....	71
18. Turayeva Firuza Abdurashidovna THERAPEUTIC AND PREVENTIVE MEASURES IN PATIENTS WITH CHRONIC GENERALIZED PERIODONTITIS IN MENOPAUSAL WOMEN.....	74

OVERVIEW OF THE ETIOLOGY, DIAGNOSIS, TREATMENT AND PREVENTION OF DENTAL DEFORMITIES IN
WOMEN IN EARLY MENOPAUSEdoi <http://dx.doi.org/10.5281/zenodo.6736332>

ANNOTATION

To date, it is well known that the relationship between the state of the dental system and the hormonal background of the female body. This is evidenced by the data on the effect of cyclic changes in the level of gonadotropin and steroid hormones in different phases of the menstrual cycle on the condition of periodontal tissues in women. It has also been proven that estrogen deficiency negatively affects both the condition of the hard tissues of the teeth, and especially the condition of periodontal tissues.

Keywords: dental system, women, periodontal disease, hormones, menopause

Нурова Шохсанам Норпулатовна
Бухарский государственный медицинский институт

ОБЗОРНЫЙ ХАРАКТЕРИСТИКА ОБ ЭТИОЛОГИИ, ДИАГНОСТИКИ, ЛЕЧЕНИЕ И ПРОФИЛАКТИКИ
ЗУБОЧЕЛЮСТНЫХ ДЕФОРМАЦИЙ У ЖЕНЩИН В РАННЕЙ МЕНОПАУЗЫ

АННОТАЦИЯ

На сегодняшний день хорошо известно, что существует взаимосвязь между состоянием зубочелюстной системы и гормональным фоном женского организма. Об этом свидетельствуют данные о влиянии циклических изменений уровня гонадотропина и стероидных гормонов в разные фазы менструального цикла на состояние тканей пародонта у женщин. Также было доказано, что дефицит эстрогена негативно влияет как на состояние твердых тканей зубов, так и особенно на состояние тканей пародонта.

Ключевые слова: зубочелюстная система, женщины, пародонт, гормоны, менопауза

Nurova Shoxsanam Norpulatovna
Buxoro davlat tibbiyot instituti

ERTA MENOPAUZADA AYOLLARDA TISH-JAG ' DEFORMATSIYASINING ETIOLOGIYASI, DIAGNOSTIKASI, DAVOLASH
VA OLDINI OLISH BO'YICHA UMUMIY TAVSIF

ANNOTATSIYA

Bugungi kunda tish-jag ' tizimining holati va ayol tanasining gormonal fonida o'zaro bog'liqlik mavjudligi yaxshi ma'lum. Bu ayollarda periodontal to'qimalarning holatiga hayz davrining turli bosqichlarida gonadotropin va steroid gormonlar darajasidagi tsiklik o'zgarishlarning ta'siri haqida dalolat beradi. Shuningdek, estrogen etishmovchiligi qattiq tish to'qimalarining holatiga va ayniqsa periodontal to'qimalarning holatiga salbiy ta'sir ko'rsatishi isbotlangan.

Kalit so'zlar: tish-jag ' tizimi, ayollar, periodontal, gormonlar, menopauza

The effect of estrogen levels on the dental status of patients is confirmed by positive. Changes on the part of oral tissues that occur against the background of the use of local hormone replacement therapy [6,13,14]. However, to date, the question of the timing of the occurrence, as well as the severity of dental changes in women that occur in the early stages of surgical Menopause, against the background of pronounced hypoestrogenism compared to the initial state (before surgical treatment) remains insufficiently studied.

The state and functioning of various systems of the human body is largely determined by its hormonal background [8,15,16]. Hypoestrogenia in patients, especially pronounced as a result of surgical menopause, plays the role of a triggering factor in the development of a complex of metabolic disorders in various organs and tissues, including the dental system [2; 12].

The relationship between the deficiency of sex steroids and changes in the indicators of dental status in women has been proven [6;4]. However, the dynamics of dental disorders that occur in patients immediately after surgical menopause, as well as at subsequent stages, compared with the initial state before surgical treatment, has not been fully studied.

In recent years, the study of mixed saliva in dentistry has been one of the priorities, due to its decisive role in maintaining oral homeostasis, high sensitivity to various influences and non-invasiveness of the method [2, 2]. A number of studies have proven that salivary glands change their structure and function with various fluctuations of sex steroids, which leads to qualitative changes in the composition of their secret [9,5]. This is due to the presence of estrogen receptors in the exocrinocytes of the terminal sections and cells of the excretory ducts of the salivary glands [7,]. It is known that changes in the properties of

saliva affect the condition of the hard tissues of the teeth, periodontal tissues, oral mucosa and the microbial landscape of the oral cavity [1, 8].

However, to date, no studies have been conducted to determine the nature and severity of changes in the functional parameters of the salivary glands and the parameters of dental status in the early period of surgical menopause, when the female body finds itself in conditions of a sharp absolute estrogen deficiency without an adaptation phase to a new condition.

Perimenopause is a special period of a woman's life, which captures a wide age range (according to various authors, from 42 to 60 years), is characterized by a complex system of "hormonal restructuring" with a subsequent decrease in the activity of tropic hormones of the anterior pituitary gland, as well as thyroid, sex hormones, some neuropeptides, neurotransmitters, neurotransmitters and hormonal regulators of erythropoiesis, lipolysis and calcium-phosphorus metabolism.

Osteopenia and osteoporosis are frequent companions of perimenopause and hypoestrogenemia. Osteoporotic changes occurring in various parts of the skeleton affect, among other things, the bone tissue of the dental system, leading to a significant increase in the frequency of periodontal diseases [10].

The features of dental pathology are often closely related to such parameters of homeostasis as the functional state of the endocrine glands, the activity of metabolic processes in the body, in particular, calcium-phosphorus metabolism [3]. Currently, the mechanisms of development and progression of diseases of the dental system in many endocrine (diabetes mellitus, thyrotoxicosis, hypothyroidism, hypo and hyperparathyroidism, etc.) and somatic diseases are well studied. The structure of dental pathology in menopausal women is quite diverse, often represented by a severe course of diseases even in the absence of endocrine and somatic pathology [3,17]. One of the probable etiological factors is the low bone mineral density (MPEST) of the facial skeleton during menopause [12,4].

It is known that a decrease in bone density and mass is a frequent complication of the menopausal period in women [6,11]. (they indicate the presence of a reliable relationship between the state of the bones of the oral cavity and the state of the skeleton. In North America, Western Europe and Australia, the absence of teeth in 95 million people was combined with a sharp decrease in the BMD of the facial skeleton. The results of a 7-year study of osteoporosis and BMD of the facial skull in 457 people, conducted at the University of Alabama, indicate a strong and significant correlation between the BMD of the hip and lower jaw ($g = 0.78, p < 0.001$). At the same time, an analysis of the results obtained from a third of the study participants demonstrated that the revealed relationship is clinically significant.

Periodontal diseases are one of the most common dental pathologies. The periodontal tissue complex, including the alveolar bone, is in close functional and physiological relationship with other organs and systems, sensitively reacting to changes in homeostasis. Of particular interest in this regard is the effect of osteoporotic processes on periodontal tissues.

Unlike the extracranial parts of the skeleton, where the clinical consequence of osteoporosis is a high risk of fractures, a decrease in the BMD of the jaws is manifested by periodontal diseases, a violation of the stability of teeth, or loss of bone tissue in toothless areas with partial or complete loss of teeth.

At the same time, the nature of dental pathology in postmenopausal women (premenopause, menopause and postmenopause), its structure, prevalence and clinical and diagnostic features have not been sufficiently investigated.

Saliva plays a leading role in maintaining oral homeostasis. Saliva as a natural liquid biological medium has a huge impact on the hard tissues of the teeth, the oral mucosa, periodontal tissues, and the microflora of the oral cavity [4, 17]. A number of studies have proved that the salivary glands change their structure and function with various fluctuations of the sexual sterols, which leads to qualitative changes in the composition of their secretions [5,12,16]. In addition to the fact that oral tissues are well vascularized, which means an abundant supply of hormones with the bloodstream, oral tissues have an additional source

of free estrogens — the main female sex hormones contained in saliva [7]. The direct effect of estrogens on the function of the salivary glands has been proven by studies showing an increase in the rate of salivation, pH and buffer capacity, a decrease in discomfort in the oral cavity and contamination with lactobacilli when using hormone replacement therapy in women with natural menopause [9, 10].

Estrogen deficiency during menopause has the same significant effect on the tissues of the oral cavity as on other organs and systems of the female body, due to the presence of specific nuclear estrogen receptors in the basal layer of the gum epithelium, periodontal ligament fibroblasts, endotheliocytes of periodontal vessels and oral mucosa, alveolar and jaw bone cells, acinus cells and ducts of the salivary glands, tissues of the temporomandibular joints [10,11, 17].

Changes in dental status occurring with estrogen deficiency in women with natural menopause, which is usually a smooth, genetically programmed process with its inherent adaptation mechanisms, have been studied previously [8]. Surgical menopause, which is a one-time complete shutdown of ovarian function, is the strongest biological stress for the body [3, 7]. Absolute and sudden deficiency of female sex hormones leads to maladaptation in the neuroendocrine system. The symptoms that develop in this case are more pronounced than in natural menopause [5, 2,18].

Changes in the dental status and function of the salivary glands during hypoestrogenism resulting from surgical menopause remain poorly understood, and there is practically no data describing the processes in dynamics in the early stages after surgery. At the same time, the increase in the number of gynecological operations leading to a total shutdown of ovarian function and the progressive development of medicine aimed at preventing the development of pathological processes determine the high need to study this issue in order to predict and prevent complications from the sides.

Surgical menopause is understood as the state of artificial termination of menstrual function in a woman at any age due to surgical removal of the ovaries (ovariectomy), removal of the uterus (hysterectomy) with the preservation of one / both ovaries or part of the ovaries after their resection.

Natural (age-related) menopause develops as a result of the attenuation of ovarian functions and in the vast majority of women occurs at 45-55 years. Before the onset of age-related menopause, women gradually decrease for several years, and after that the production of sex hormones and the maturation of eggs completely subsides. This is called the "transition" period. First of all, the release of female sex hormones (estrogens and progesterone) is weakened, while the production of small amounts of male sex hormones (androgens) is preserved, with the help of which the female body can adapt to the changes that occur.

Surgical menopause pathogenetically differs from natural menopause by simultaneous complete cessation of ovarian function. This leads to the development of postovariectomy syndrome in 75-90% of women within a few days after surgery, which is characterized by the clinical picture of menopause (hot flashes and night sweats, tearfulness, sleep disorders, tachycardia, headache, depression) [6]. Hormonal deficiency, against which metabolic and neurovegetative disorders develop, affects the state of women's health and quality of life in general. Vasomotor manifestations are eventually joined by urogenital disorders (itching, burning, dryness and hyperemia of the mucous membrane, dyspareunia, urinary incontinence), osteoporosis with minor traumatic fractures and diseases of the cardiovascular system (CCC), which include heart attack, arterial hypertension, myocardiodystroia [6]. The positive effect of estrogens on the part of the CCC is carried out by their effect on the lipid profile of the blood, on the hemostasis system and vascular walls, therefore, after the development of menopause, the level of total cholesterol (CS), the concentration of atherogenic forms of lipoproteins (LDL and VLDL) increases [5]. Since the onset of menopause, bone resorption increases, which entails a decrease in bone mass, which is why the age of the beginning of menopause occupies a significant place. In particular, surgical menopause, which occurred in young women, will lead to osteoporosis faster, since initially the bone tissue began to break down from a low initial level [7].

Other extragenital functions of estrogens are also lost, such as the regulation of the function of the mammary glands, skin, hair and nails [6]. With hormonal deficiency, dryness and flabbiness of the skin develop, hair loss and thinning, brittle nails, deterioration of the gums. The loss of androgens synthesized by the ovarian stroma leads to a weakening or total loss of libido, which for young women turns out to be a significant complication. Operated women lose their sense of their own sexual attractiveness and femininity.

Atrophic vaginitis does not prevent previously asymptomatic infections such as chlamydia, ureaplasmosis, genital herpes, mycoplasmosis from manifesting. Metabolic disorders include changes in lipid balance, which can lead to obesity, hyperglycemia and hyperlipidemia. All of the above symptoms of postovariectomy syndrome occur in a known chronological sequence, despite the fact that the severity of these symptoms largely depends on individual characteristics. So, initially, operated women develop neurovegetative disorders, then metabolic-endocrine and psychoemotional.

According to foreign and domestic sources, in half (51%) of women, postovariectomy syndrome is severe, in 32% it is moderate, and in 17% it has a mild course. The severity of the course depends on the presence of concomitant chronic diseases, so in relatively healthy women, postovariectomy syndrome occurs in a mild form and has a shorter duration. Treatment and prevention of periodontal diseases remain one of the urgent problems of modern dentistry, since the prevalence of this pathology is steadily increasing. For a specialist, the identification of periodontal pathology is not difficult, especially in the developed stage of the disease. At the same time, determining the nature of the clinical course, differential diagnosis of nosological forms of periodontal

lesions, prognosis of the disease, identification of its relationship with the general condition of the patient and with changes in the dental alveolar complex and the bone system as a whole is a more complex task that requires further close study [1].

Clinical observations have long established a combination of cardiovascular pathology, rheumatism, diabetes mellitus, gastric and duodenal ulcers with various forms of periodontitis [2-4]. Sometimes periodontitis is a harbinger of the development of diabetes mellitus, hypertension, atherosclerosis. This is probably caused by the close functional and physiological relationship of the periodontal with the cardiovascular, central nervous, endocrine systems, and gastrointestinal tract, which is manifested by the corresponding pathogenetic cause-and-effect relationships [5, 6].

In the analyzed literature data, dentists are showing increasing attention to the problem of osteoporosis. Studies of the relationship of mineral metabolism disorders with diseases of the dental system, although numerous, but their results are quite contradictory, which determines the need for additional study and detailed analysis of this problem using modern research methods. Currently, we can only say with confidence that with a decrease in the mineralization of the skeleton, pathological changes in the periodontium increase, however, there is no convincing data in the literature on the relationship between the severity of osteoporosis of the axial skeleton and the degree of periodontal lesion, which determined the need and relevance of studying this problem.

In this regard, the purpose of this study is to study the state of the dental system in women with varying degrees of skeletal mineralization in the postmenopausal period.

USED LITERATURE

- Vavilova T.P. Biochemistry of tissues and fluids of oral cavity. [Biokhimiya tkaney i zhidkostey polosti rta]. Moscow: GEOTAR – Media; Sawczuk B., Golebiewska M., Mazurek A., Chyczewski L. Evaluation of estrogen receptor- β expression in the epithelium of the oral mucosa in menopausal women under
- Suri V., Suri V. Menopause and oral health. *Journal of mid-life health*, 2014, no. 5, pp. 115–120.6, 12, 13].
- Мирсаева, Ф. З. Изменение показателей ротовой жидкости у женщин репродуктивного возраста в разных фазах менструального цикла / Ф. З. Мирсаева, Г. А. Файзуллина // *Международный научно-исследовательский журнал*. – 2017. – № 4-3. – С. 169–173.
- Мирсаева Ф. З. Частота обострения хронического генерализованного пародонтита
- Tuna, V., Alkie, I., Safiye, A.S. et al. Variations in blood lipid profile, thrombotic system, arterial elasticity and psychosexual parameters in the cases of surgical and natural menopause / V. Tuna et al. // *The Australian & New Zealand Journal Of Obstetrics & Gynaecology*. – 2010. –Vol. 503].
- Нурова Ш.Н., Гаффаров.С.А., Нуров.Н.Б., Этиология, диагностика, лечение и профилактика зубочелюстных аномалий у детей, связанных с оториноларингологическими заболеваниями. *Педиатрия*. №4 2019.С. 154-157
- Ризаев, Ж., Кубаев, А. и Бузрукзода, Ж. 2022. СОВРЕМЕННЫЙ ПОДХОД К КОМПЛЕКСНОЙ РЕАБИЛИТАЦИИ ПАЦИЕНТОВ С ПРИОБРЕТЕННЫМИ ДЕФЕКТАМИ ВЕРХНЕЙ ЧЕЛЮСТИ (ОБЗОР ЛИТЕРАТУРЫ). *Журнал стоматологии и краниофациальных исследований*. 2, 3 (фев. 2022), 77–83. DOI:https://doi.org/10.26739.2181-0966-2021-3-15.
- Buzruksoda J.D., Kubaev A.S., Abdullaev A.S. Elimination Of Perforation Of The Bottom Of The Maxilla Jaw Sinus With Application Of Osteoplastic Material //CENTRAL ASIAN JOURNAL OF MEDICAL AND NATURAL SCIENCES. – 2021. – T. 2. – №. 1. – С. 162-166.
- Нурова Ш.Н., Хабилов Н.Л., Нуров Н.Б., Распространенность зубочелюстных аномалий у детей школьного возраста Бухарской области. «Международный журнал прикладных и фундаментальных исследований Москва, 2015.- №12, С.1633-1634
- NurovaSh.N., Gafforov SA, Maxillofacial anomalies in children with chronic tonsillitis and immunity factors, hypoxia and endogenous intoxication for the development and formation of pathology: *International Journal of "Pharmaceutical Research"* // Vol11, Issue 3, July-Sept, 2019.P. 8.
- Nurova Sh.N., Gafforov SA, Maxillofacial anomalies in children with chronic tonsillitis and immunity factors, hypoxia and endogenous intoxication for the development and formation of pathology // *International Journal of Pharmaceutical Research* September 2019 Vol 11 Issue 3 .C .1018-1026
- Nurova Sh.N., Nurov NB, Changes in the content of unmeasurable amino acids in the blood of school-aged children with pulmonary anomalies *Science and world International scientific journal*. # 3 (55), 2018, Vol. C 65- 66.
- Nurova Sh.N., Etiology, diagnosis, treatment and prevention of Dental deformities in children associated with Otorhinolaryngological diseases *World Journal of Pharmaceutical Research SJIF impact Factor 8.084 ISSN 2277-710 Volume 9, Issue 6, 267-277.*
- Deera T., Thirrunavukkarasu N. Saliva as a potential diagnostic tool. *Indian J. Med. Scis.*2010; 64: 293-306.
- Вавилова Т.П., Янушевич О.О., Островская И.Г. Слюна. Аналитические возможности и перспективы.М.: Бином; 2014.2]. 2008. (in Russian)
- Dental considerations in pregnancy and menopause / B. C. Lopez [et al.] // *J. Clin. Exp. 10.Dent.* — 2011. — Vol. 3. — P. 135–144.].
- Воложин А.И., 2005; Hamdy R.C. et al., 2003; Hosoi T. et al., 2003; Schragger J., 2003; Palvanen M. et al., 2003).
- Jansson C., Johansson S., Lindh-Astrand L. et al. The prevalence of symptoms possibly related to the climacteric in pre- and postmenopausal women in Linköping, Sweden. *Maturitas*, 2003, no. 45, pp. 129–135.].
- Вавилова Т.П., Янушевич О.О., Островская И.Г. Слюна. Аналитические возможности и перспективы.М.: Бином; 2014.2].

21. Гринин В. М. Колебания гормонального фона и влияние их на течение заболеваний пародонта у женщин / В. М. Гринин, А. В. Винниченко, Ш. З. Атаева // *Стоматология*.— 2012. — № 1. — С. 76–78. Забалуева Э. Ю. Повышение качества оказания стоматологической помощи
22. 5.Konttinen Y.T., Stegajev V., Al-Samadi A., Porola P., Hietanen J., Ainola M. Sjögren's syndrome and extragonadal sex steroid formation: A clue to a better disease control? *J. Steroid Bioch. Mol. Biol.*2015; 145: 237-44 4].
23. Kuznecova, O.N. Dinamika stomatologicheskogo statusa pri lechenii khronicheskogo generalizovannogo parodontita u zhenthin s razlichnim urovnem ehstradiola // *Krihmskiy terapevtichniy zhurnal*. – 2009. – № 1(12). 5. Leontjeva, E.Yu. Processih mineralizacii i demineralizacii ehmalih zubov u zhenthin s khirurgicheskoy menopauzoy // *Institut stomatologii*. – 2003. – № 1(18).].
24. Ганисик А. В. Влияние локальной эстрогенотерапии на слизистую рта и пародонт 2. у женщин постменопаузального периода при пользовании съемными протезами / А. В. Ганисик, О. В. Орешака // *Пародонтология*. — 2011. — № 4. — С. 43–45.
25. Ганисик А. В. Оптимизация процесса адаптации к съемным пластиночным протезам женщин 3. в постменопаузальный период / [и др.] // *Институт стоматологии*. — 2012. — № 2. — С. 74–75. 3].
26. Meurman J.H., Tarkkila L., Tiitinen A. The menopause and oral health. *Maturitas*. 2009; 63 (1): 56-62.6. Tsinti M., Kassi E., Korkolopoulou P., Kapsogeorgou E., Moutsatsou P., Patsouris E. et al. Functional estrogen receptors alpha and beta are expressed in normal human salivary gland epithelium and apparently mediate immunomodulatory effects. *Eur. J. Oral Sci.*2009; 117 (5): 498-505. 6].
27. Oral health and menopause: a comprehensive review on current knowledge and associated 9. dental management / P. Dutt [et al.] // *Ann. Med. Health. Sci. Res.* — 2013. — Vol. 3. — P.320 323.
28. Кисельникова Л.П., Попова Н.С. Стоматологический статус и профилактика стоматологических заболеваний у беременных. *Институт Стоматологии*. 2011; 50 (1): 86-7.4.
29. hormone replacement therapy. *Advances in medical sciences*, 2014, no. 59, pp. 85–89.

ЖУРНАЛ СТОМАТОЛОГИИ И КРАНИОФАЦИАЛЬНЫХ ИССЛЕДОВАНИЙ

ТОМ 3, НОМЕР 2

JOURNAL OF ORAL MEDICINE AND CRANIOFACIAL RESEARCH
VOLUME 3, ISSUE 2

Editorial staff of the journals of www.tadqiqot.uz
Tadqiqot LLC The city of Tashkent,
Amir Temur Street pr.1, House 2.
Web: <http://www.tadqiqot.uz/>; Email: info@tadqiqot.uz
Phone: (+998-94) 404-0000

Контакт редакций журналов. www.tadqiqot.uz
ООО Тадқиқот город Ташкент,
улица Амира Темура пр.1, дом-2.
Web: <http://www.tadqiqot.uz/>; Email: info@tadqiqot.uz
Тел: (+998-94) 404-0000