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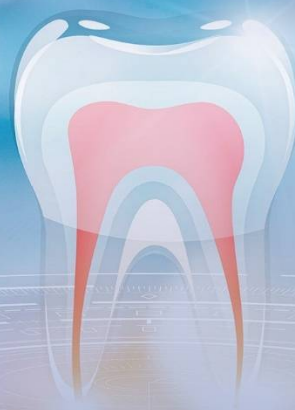
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ЖУРНАЛ СТОМАТОЛОГИИ И КРАНИОФАЦИАЛЬНЫХ ИССЛЕДОВАНИЙ

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FISSURE CARIES-PREVENTIVE ASPECTS OF CURATION IN A SCHOOL DENTAL OFFICE

 <http://dx.doi.org/10.5281/zenodo.7113856>

ANNOTATION

The problem of fissure caries remains one of the key problems in modern cariesology. For individual prevention, the most effective method is the sealing of fissures and pits on the surface of the teeth. Sealing (sealing) of fissures creates a physical barrier to cariogenic factors and microbial plaque, remineralization of hard tooth tissues. Tooth sealing is the sealing of fissures. This is the name of the natural depressions on the chewing surface of the teeth. In some children, they are too deep and tortuous, which reduces the effectiveness of hygiene procedures. In addition, the enamel in this area is the thinnest, and mineralization occurs at least 2 years after the eruption of the molars. Therefore, for the prevention of fissure caries, it is important to take action as early as possible.

Keywords. children, dental caries, prevention, fissure sealing, effectiveness

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ФИССУРНЫЙ КАРИЕС ПРОФИЛАКТИЧЕСКИЕ АСПЕКТЫ КУРАЦИИ В УСЛОВИЯХ ШКОЛЬНОГО СТОМАТОЛОГИЧЕСКОГО КАБИНЕТА

АННОТАЦИЯ

Проблема фиссурного кариеса остается одной из ключевых в современной кариесологии. Для индивидуальной профилактики наиболее эффективным является метод герметизации фиссур и ямок поверхности зубов. Герметизацией (запечатыванием) фиссур достигаются создание физического барьера для кариесогенных факторов и микробной биопленки, реминерализация твердых тканей зуба. Герметизация зубов представляет собой запечатывание фиссур. Так называются естественные углубления на жевательной поверхности зубов. У некоторых детей они слишком глубоки и извилисты, что снижает эффективность гигиенических процедур. К тому же эмаль в этой области наиболее тонка, а минерализация наступает минимум через 2 года после прорезывания коренных зубов. Поэтому для профилактики фиссурного кариеса важно принимать меры как можно раньше.

Ключевые слова. дети, кариес зубов, профилактика, герметизация фиссур, эффективность

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FISSURA KARIESINI MAKTAB STOMATOLOGIK XONASI SHAROITLARIDA KURATSIYA QILISHNING PROFILAKTIKA ASPEKTLARI

ANNOTATSIYA

Fissura kariesi muammosi zamonaviy kariesologiyaning asosiy muammolaridan biri bo'lib qolmoqda. Shaxsiy profilaktika uchun eng samarali usul tishlar yuzasida fissuralar va chuqurlarni yopishdir. Fissuralarning plombalanishi (yopilishi) kariesogen omillar va mikroblar blyashka, qattiq tish to'qimalarining remineralizatsiyasi uchun to'siq hosil qiladi. Tishlarni muhrlash - bu fissuralarni yopish. Bu tishlarning chaynash yuzasidagi tabiiy chuqurliklarning nomi. Ba'zi bolalarda ular juda chuqur va burmali, bu esa gigiena protseduralarining samaradorligini pasaytiradi. Bundan tashqari, bu sohadagi emal eng nozik bo'lib, mineralizatsiya molyarlarning chiqishidan kamida 2 yil o'tgach sodir bo'ladi. Shuning uchun, fissura kariesining oldini olish uchun imkon qadar tezroq choralar ko'rish muhimdir.

Kalit so'zlar. bolalar, stomatologik karies, oldini olish, fissuralarni yopish, samaradorlik

Introduction. The problem of fissure caries remains one of the key problems in modern cariesology. For individual prevention, the most effective method is the sealing of fissures and pits on the surface of the teeth. Sealing (sealing) of fissures is achieved by creating a physical barrier to cariogenic factors and microbial plaque, remineralization of hard tissues of the tooth. Sealing of teeth is a sealing of fissures. This is the name of the natural depressions on the chewing surface of the teeth. In some children, they are too deep and tortuous, which reduces the effectiveness of hygiene procedures. In addition, the enamel in this area is the thinnest, and mineralization occurs at least 2 years after the eruption of the molars. Therefore, to prevent fissure caries, it is important to take action as early as possible. To do this, carbohydrate foods should be consumed in minimal quantities, sticky sweets and high-calorie foods should not be consumed in large quantities. It is better to rinse your mouth with water after eating. This also applies to "juice" drinks. A glass of sweet soda contains a daily amount of sugar, in addition, they are very acidic [1,2]. Fissure sealing is an effective procedure performed in the dental office. The main purpose of sealing is to prevent the development of caries. During the procedure, the surface of the tooth is covered with a special sealant, which fills all the recesses and creates a protective barrier for pathogenic bacteria. As a result, caries does not develop on the enamel, and the child's teeth remain intact. Not all children need fissure sealing, and only a doctor can determine the need for it. or be transparent. The latter look more aesthetically pleasing and are used if there is a risk of developing caries after sealing. This is due to the fact that the transparency of the material allows you to notice the beginning of the development of pathology in time and cure it. However, colored sealant is used more often, since it is easier for parents to track its integrity and replace it in time. Also, colored sealants are more convenient for dentists, as they simplify the application process and make it more accurate. Sealants may also differ in consistency. For fissures having a greater depth, materials with a high degree of fluidity are used. If the recesses are small, then denser sealants are used. The service life of the sealant is on average 5-7 years. During the use of the material, you should visit the dentist once every six months for preventive islands in order to prevent the development of dental diseases and monitor the integrity of the sealant.

Popular brands of dental sealants are:

"Fissurite". A light-curing material that comes in plain white, clear, and white with fluorine. It is characterized by high fluidity, stable structure and a high level of adhesion to tooth enamel.

"Fissulight". It is a light-curing one-component composite that has a low viscosity. The advantage of this sealant is wear resistance and prevention of caries development due to the fluorine content. The material is white and transparent. White has 6 shades.

UltraSeal XT. The modern version of the sealant. Possesses the increased fluidity and contains the component releasing fluorine. It is recommended for patients with reduced resistance of dental tissues to caries, in the presence of a large number of carious lesions, low enamel mineralization, deep fissures and future bite correction.

Objective. Evaluation of the effectiveness of fissure sealing in 9-year-old children.

Research materials. 137 children aged 9 years.

Research methods. The study was conducted using the clinical method and statistical analysis of the data obtained. In total, 137 children aged 9, studying in the third grade of the school, took part in it. The main group included 82 schoolchildren who underwent non-invasive sealing of fissures (first permanent molars) with UltraSeal XT plus sealant, the comparison group included 55 students who did not undergo fissure sealing.

Results. After 12 months, out of 165 teeth previously covered with sealant, the sealant was completely preserved on 95 teeth (57.6% of cases), the sealant fell out or was partially preserved (the tooth was intact) in 36.4%, fissure caries at the site of the sealant was detected in 6.1%. The effectiveness of fissure sealing, which consists in maintaining a healthy chewing surface of hard dental tissues, after 12 months of observation was 91.9% with a reduction in caries of 76.7%. Comparison of the data clearly showed that the condition of the first molars, which underwent fissure sealing, allows us to speak about the safety of intact fissures in 88% of cases, while 56% of non-sealed molars are prone to fissure caries and only 44% remain intact after a year.

Conclusion. The conducted clinical study confirms that fissure sealing is a reliable and reasonable method for the prevention of fissure caries.

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