MODERN MEDICINE AND PRACTICE
https://inovatus.es/index.php/ejmmp
EUROPEAN JOURNAL OF MODERNMEDICINEAND PRACTICE
Vol. 4 No. 5 (May - 2024) EJMMP ISSN: 2795-921X

ASSESSMENT OF THE DENTAL STATUS OF BOTTLE-FED CHILDREN

F. R. Kamalova, Zh. Kh. Rakhimov
Bukhara State Medical Institute, Bukhara

Annotation: In modern dentistry, the problem of dental caries in children remains relevant, which is due to its significant intensity, high prevalence, large number of disease complications and growing need for dental care.

Key words: caries in children, influencing factors, prevention problems, complications, risk factors, oral cavity.

The WHO Expert Committee points out the need to search not only for modern methods for diagnosing and treating caries, but also for predicting the development of dental caries in order to identify children at high risk. At the same time, absence or insufficient breastfeeding can lead to the development of many dental diseases - periodontal and dental diseases. And natural feeding has a biological advantage over artificial feeding and ensures the correct and complete development of the child.

Relevance: In modern dentistry, the problem of dental caries in children remains relevant, which is due to its significant intensity, high prevalence, large number of disease complications and growing need for dental care.

The highest frequency of carious lesions occurs during the period when the formation and growth of the child's body occurs. According to various authors [1,3,5], children aged 6-7 years have the highest percentage of damage to primary teeth, and the prevalence of caries in children still remains high. **Цель Исследования:** Оценка состояния зубов у детей школьного возраста, включая профилактику стоматологических заболеваний.

Material and research methods: In order to determine the main risk factors for the pathology of the dentoalveolar system in children, a survey of parents was conducted.

The questionnaire we compiled consists of 40 questions of an anamnestic nature to assess the medical and social status of children and identify risk factors for the occurrence of dentofacial pathologies. The questions concerned the nature of feeding children (natural or artificial); duration of breastfeeding, if the child was breastfed, then it was found out up to what age. The following questions were included to assess dental status:

Are parents satisfied with the appearance of the child's face and oral health, how often do parents visit the pediatric dentist, how often does the child experience discomfort in the teeth, mouth and jaws, how often does the child have difficulty drinking hot and cold drinks due to dental problems, how often your child experiences discomfort when eating due to dental problems, how often does a child have difficulty sleeping due to dental problems, how often does a child have difficulty speaking words due to dental problems, how often does a child become upset or irritable due to dental problems, how often a parent or family member was upset about a child's dental problems or treatment for a child's existing dental problems, how often

parents felt guilty about a child's dental problems or dental treatment, how often a child noted dental problems or the need for treatment arose, for which large sums of money were spent from your family's budget.

Physical discomfort and functional impairment (questions 1-5), social (questions 6-8) and family (questions 9-11) well-being of the child. Each section of the questionnaire offers 5 possible answers to the question, which are coded with points: 0 point - never, 1 point - very rarely, 2 points - rarely, 3 points - often, 4 points - very often. The more points obtained from the survey, the worse the child's dental status.

When scoring on a scale from 0 to 44 points: 0-10 points – low risk, 11-28 points – average risk, more than 29 points were assessed as a high risk of developing dental diseases and the formation of pathology of the dentofacial system.

Based on an objective examination by a pediatric dentist, 17 points were filled out, including the hygienic index (HI), the caries-filling-removal index (CFI), the dental formula and the condition of the dentofacial system as a whole. The remaining 11 questions were aimed at assessing the impact of dental diseases on the quality of life of the child and his family. The questionnaire we compiled also included those questions that are more important for the occurrence of dental diseases: do relatives have a genetic predisposition to dental diseases, how did the mother's pregnancy proceed with this child, did the mother suffer from allergic diseases during pregnancy, if yes, then what diseases did the mother have during pregnancy, did the mother take medications during pregnancy, if so, what antibiotics did she take, breastfeeding in months, age at the start of mixed feeding and duration of breastfeeding, how often does the child fall asleep with pacifier in the mouth, how often the child eats sweet foods, the presence of bad habits of the child, the child's medication intake, is there a pediatric dentist at the patient's place of residence, is there a need for emergency care and referral to specialists, etc.

As a result of a survey using the questionnaire we developed "Prevention of diseases of the dentofacial system in children who were bottle-fed" (DGU 13451), the dental status of children was assessed. The clinical examination consisted of an examination of the face, oral cavity, and a survey of children and parents about the presence of bad habits. During a survey of parents of children suffering from dental diseases, bad habits or so-called cariogenic factors in children were identified. The most common factor contributing to the development of dental diseases in preschool children was the lack of normal nasal breathing. Breathing through the mouth in 86 (21.3%) children with harmful cariogenic habits was a consequence of comorbid pathology of the nasopharyngeal system (chronic sinusitis, adenoiditis, allergic rhinitis, frequent ARVI).

According to the children's medical records (form No. 026), comorbid conditions in children (n=463) with dental diseases were represented by diseases of the ENT organs 136 (29.4%), functional dyspepsia 64 (13.8%), helminthiasis 82 (17.7%), iron deficiency anemia 71 (15.3%), autonomic dysfunction syndrome 48 (10.4%) and recurrent respiratory infections 62 (13.4%)

Conclusions: The data we obtained showed an insufficient level of knowledge of parents and preschoolers of methods and means for oral care, which explains the low level of oral hygiene of the studied children. During the survey, 49.3% of parents did not know about the possibility of treating dental caries using caries preventive measures necessary for a given age. They were also not aware of the existence of caries preventive programs and methods that involve joint training of parents and preschoolers in sanitary culture for dental care.

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