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Methods for Eliminating Etiological Factors In Children With High Jawprotrusions

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Relevance of the study. Currently, the development of a program of measures for the effective treatment and Prevention of high jawprotrusions in orthodontic dentistry and its implementation in practice serve as a leading factor in restoring the normal physiological state of chewing. Orthodontic treatment of high jawprotrusions is one of the pressing problems that awaits a solution to eliminate this type of occlusion deformities as well as transversal inconsistencies in the tooth rows. In the treatment of patients, there are different ways to eliminate tooth row deformities, depending on the age of the patient and his individual characteristics. In the elimination and effective treatment of etiological factors of high jawprotrusions, special attention should be paid to the peak of high jaw growth, since the result of the duration of orthodontic treatment depends on this factor. When planning treatment in patients with jawformasias accompanied by the manifestation of high jawprotrusions, it is necessary to take into account the direction of growth of the jaws and the age-related changes of the child. In the orthodontic treatment of patients with high jawprotrusion, it is aimed at changing the growth of the upper jaw. However, it is necessary to apply individual orthodontic devices to achieve optimal treatment results with a significant pathology of occlusion in patients with an increase peak. In adult patients with high jawprotrusions, treatment has its own characteristics, which depend on a number of factors. Bone tissue at this age is less flexible and more difficult to recover under the influence of orthodontic devices, so the duration of orthodontic treatment leads to an increase in the number of folds than children.

Effective treatment of infectious jawprotrusions distalysis device is a method of choice for patients who cannot use absolute help in the form of an orthodontic mini-screw and is associated with the distalization of the first molar teeth in the upper jaw. It is used as a device to distalize the lateral group of the upper jaws, which includes the apparatus of the Distal palate. The main elements of this orthodontic device: tongue tubes, palate clamp, Springs and tubes, are divided into Nance devices. The original device was modified, the acrylic palate is divided into two-way connecting systems welded to the button and fastened to fasteners to the first or second premolar teeth. Orthodontic coatings or rings are installed on the second premolar teeth and the first molar teeth of the upper jaw. The appendages of the Nance button are formed on the surface of the palate of the first molar teeth and the orthodontic rings of the second premolar teeth. The second premolar teeth are joined to the Nance key in this device. Also, this device is located parallel to the occlusal plane of the nickel-titanium foliate surface and allows the attachment of the first molar teeth to

the orthodontic rings and through the Nance key, and the effective properties of the device are included.

In addition, there are also methods for treating infectious jaw protrusions with the Brequette system. Today, there are some of the most optimal treatments for this type of anomaly. In the treatment of high jaw protrusions, orthodontic devices, often consisting of an occlusive surface, a spreading orthodontic screw and beams, are fixed to the upper jaws in cases of significant narrowing.

Conclusion. The palate arch of the Gojgaria, designed to move the first permanent molar teeth of the upper jaw, is removed by 2 mm and has the property of one-and two-way exposure. The method of distalation of the upper jaw premolar teeth is carried out through clamers. The structure has vestibular and palate sections. The vestibular section is in the form of a loop, the length of which is determined by clinical indications, and consists of an orthodontic arch bent at an angle of 90° to stabilize the elastic pull. One end of the chain is placed on a bracket fastened to the teeth in a position distal to the vestibular surface, the other end has the property of joining with its hooks in the locking device.

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