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Assessment of the Clinical Condition of Tooth Hard Tissues in Orthodontic Treatment

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Relevance of research. At the modern stage, there is an increase in the level of orthodontic assistance to the population, which is associated with the introduction of new technologies and materials, as well as with the growth of the professional skills of Doctor-orthodontists. With the use of hardened apparatus, the number of patients treated also increased. If the share of previously removable apparatus was 90%, then at the moment they are determined only in 16% of observations. Obviously, the effectiveness of modern hardened apparatus dominates the efficiency of removable apparatus, however, the percentage of complications caused by tooth hard tissues is reliably higher in patients who are treated with hardened apparatus. Of the 92% of patients examined after orthodontic treatment, 32.7% were found to have various lesions of dental hard tissue. Of these, 42.1% had furnace demineralization of enamel, 26.3% had a vertical form of absorption, and 31.6% had erosion and necrosis of tooth hard tissue. In these retentive areas, microorganisms accumulate, producing a large amount of organic acids. In this case, the caryesogenic potential of the dental plaque increases, which leads to a decrease in the local pH-environment (up to 5.0), an increase in enamel permeability, followed by its demineralization. The proportion of detection of white carious spots in treatment with the use of hardened apparatus is from 12.6 to 50%. In our practice, White carious spots of varying intensity were detected in 11.3% of all cases of treatment with a Brequette-system.

Failure to comply with the protocol of fixation of orthodontic structures is considered one of the other factors leading to the occurrence of complications by dental hard tissues during orthodontic treatment with hardened apparatus. Currently, Industrial-made folk or stamped individual orthodontic coatings made of chromium-nickel steel are applied to the chewing teeth as a method of fastening orthodontic apparatus and ularnig elements. Failure to follow the Basic Rules when installing them can lead to the development of yatrogenic complications. In addition, in order to reduce the area of \ u200b \ u200bThe drenched enamel and prevent contact of the tooth with acid, the area of \ u200b \ u200bThe most insolubility of the enamel is observed, it is necessary to limit the area of \ u200bThe drenching. Taking into account the above, it is recommended to prefer orthophosphorus in the form of gel, which has a certain viscosity and color contrast. The enamel Doric zone must be the size of the fixing element, while the adhesive or silane used must store the active compound of fluorine, creating a buffer zone in a single time bracket atrophyte.

In the retentive period when using a hardened reteiner, the formation of carash increases in the

proximalaro space, since it is complicated to carry out hygienic procedures. The gap between the teeth can be cleaned when using dental flosses and water irrigators. Thus, in the process of orthodontic treatment and in combination with the use of treatment-prophylactic agents, directly following the methods presented after its completion and adhering to the protocol of fixation of the hardened apparatus, it is possible to prevent or reduce the occurrence of complications by dental hard tissues, which ultimately increases the quality of orthodontic care.

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