

TERAPEVTIK STOMATALOGIYADA BEMORLARNI ASOSIY TEKSHIRISH USULLARI

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Annotatsiya. Terapevtik stomatologiyada bemorlarni to'g'ri tekshiruv o'tkazilmasligi va tasxish to'g'ri qo'yilmasligi oqibatida bemorlarda bir qancha yatrogen kasalliklar kelib chiqadi.

Buni oldini olish va bemorlarga to'g'ri tasxish qo'yish va davolash rejasini to'g'ri ishlab chiqish muhim hisoblanadi. Bunda bemorlarni tekshiruv usullari to'liq va ketma-ketlikda amalga oshirish talab etiladi.

Kalit so'zlar: Bemor, anamnez vitae, anamnez morbi, tekshiruv usullari, bimanual palpatsiya, og'iz bo'shlig'i ko'rigi, perkussiya.

BASIC METHODS OF EXAMINATION OF PATIENTS IN THERAPEUTIC DENTISTRY.

Abstract. In therapeutic dentistry, a number of iatrogenic diseases occur in patients due to improper examination and diagnosis. It is important to prevent this and correctly diagnose patients and develop a treatment plan. This requires a complete and sequential implementation of patient examination methods.

Keywords: Patient, anamnesis vitae, anamnesis morbi, examination methods, bimanual palpation, oral examination, percussion.

ПАЦИЕНТЫ ТЕРАПЕВТИЧЕСКОЙ СТОМАТОЛОГИИ ОСНОВНЫЕ МЕТОДЫ ИНСПЕКЦИИ.

Аннотация. В терапевтической стоматологии у пациентов возникает ряд ятогенных заболеваний из-за неправильного обследования и диагностики. Для того чтобы предотвратить это и предоставить пациентам правильный диагноз и план лечения, важно разработать правильный диагноз. Для этого необходимо полное и последовательное внедрение методов обследования пациентов.

Ключевые слова: Пациент, анамнез жизни, анамнез болезни, методы обследования, бимануальная пальпация, оральное обследование, перкуссия.

Terapevtik stomatologiyada bemorlarga to'g'ri tashxis qo'yish maqsadida quyidagi tekshiruv usullarida foydalilaniladi:

- ✓ Asosiy tekshiruv usullari (klinik tekshiruv usuli);
- ✓ Qo'shimcha tekshiruv usullari (paraklinik tekshiruv usuli).

Asosiy tekshiruv usuli o'z navbatida ikki turga bo'linadi:

- ✓ Subyektiv;
- ✓ Obyektiv.

Subyektiv tekshiruv usuli bu bemordan ma'lumot yig'ish hisoblanib uch turda bo'ladi:

- ✓ Bemorning shikoyati;
- ✓ Anamnez morbe (mazkur kasallik tarixi);
- ✓ Anamnez vitae (hayot tarixi).

Bemor kelganda birinchi navbatda bemorning shikoyatlari tinglanadi. Bunda bemorga hech qanaqa qo'shimcha savollar berilmaydi.

Anamnez morbe kasallikning boshlanishi, kasallikning boshlanishidan davolash paytigacha bo'lgan alomatlar dinamikasi; Kasallik qachon boshlangan, og'riq qachon paydo bo'lgan, kasallikni kechishi, og'riqni kamayishi yoki ko'payishi kabi savollar bilan shifokor murojat qiladi. Tashhis qo'yishda ko'pincha og'riqni turi asosiy o'rinn tutadi. Og'riqni davomiyligi, taassurotlardan kuchayishi, og'riq paydo bo'lishi vaqt ham tashhis qo'yishda muhimdir. Shu jumladan kasallik avval davolanganmi, davolangan bo'lsa qachon, davo qanday natija bergani kabi so'rovlar muhim ahamiyat kasb etadi.

Anamnez vitae bu bemorning hayot anamnezi hisoblanadi.

- ✓ Go'daklik, bolalik va o'smirlik davri;
- ✓ Jinsiy va oilaviy xayoti;
- ✓ Turmush sharoiti;
- ✓ Mexnat faoliyati;
- ✓ Zararli odatlari;
- ✓ Dori vositalariga nisbatan allergik reaksiyai;
- ✓ Yondosh kasallikkleri (oshqozon ichak kasallikkleri, qandli diabet, tuli hil onkologik kasallikkler);
- ✓ Epidemiologik anamnez: (Bemor virusli gepatit bilan og'rimagan, yaqin 6 oy ichida yuqumli kasallar bilan muloqotda bo'limgan, inyeksiyalar olmagan, stomatolog ko'rígida bo'limgan) shu kabi ma'lumotlar yig'iladi.

Obyektiv ko'ruv ikkiga bo'linadi:

- ✓ Tashqi ko'rik;
- ✓ Ichki ko'rik.

Tashqi ko'rikda yuz assimetriyasi (lab, yonoq, og'iz bo'shlig'i, yuqori va pastki lablar, ularning birlashish chizig'i, yuzning pastki uchdan bir qismi hajmi, pastki jag' burchagi) mavjudligi yoki mavjud emasligi, boshqa deformatsiyalar, yuz rangining o'zgarishi, mimik buzilishlar, burun lab burmalarining tekisligi, yallig'lanish xolati, jaroxat yoki boshqa patologik jarayonlardan keyin yuzaga kelgan chandiqlar, nuqsonlar aniqlanadi. Tashqi ko'rikda bimanual palpatsiyadan foydalilanadi. Bunda ikki barmoq yordamida limfa tugunlari holati tekshiriladi.

Ichki ko'rik ham o'z navbatida ikki guruhga bo'linadi:

- ✓ Og'iz dahlizi ko'rige;
- ✓ Hususiy og'iz bo'shlig'i ko'rige.

Og'iz ko'rige og'iz dahlizidan boshlnadi. Birinchi navbatda labning qizil xoshiyasi va og'iz burchaklari tekshirib ko'rilib. Milk normada och-pushti rangda bo'lib, tishni bo'ynini aylanib o'tadi va tish-milk cho'ntagini (chuqurligi 1-2 mm) hosil qiladi. Patologik hollarda milklarni rangi o'zgaradi, tish-milk cho'ntaklari chuqurlashadi, tishning aylanma bog'lamlari buziladi. Milkni ko'zdan kechirib, yallig'lanish turini aniqlash ham mumkin bo'ladi (kataral, yarali-nekrotik, giperplastik).

Palpatsiya (paypaslab ko'rish) – shishlarni, o'smalarni aniqlash uchun qo'llaniladi. II barmoqni tekkizib yoki II barmoq bilan shilliq qavatni, lunjni, labni, tilni paypaslash bilan olib boriladi. Palpatsiyani sog'gom to'qimadan boshlagan ma'qul. Chunki sog' to'qima bilan zararlangan to'qima chegarasi aniq ko'rindi.

Hususiy og'iz bo'shlig'i ko'rige birinchi navbatda stomatologik oynacha yordamida barcha tishlarni ko'zdan kechiriladi. Stomatologik ko'zgu yordamida og'iz bo'shlig'ida vizual ko'ruv qiyin bo'lgan sohalarda ko'ruv amalga oshiriladi. Stomatologik ko'zgu diametri 2 sm bo'lgan metall gardish bilan o'ralgan va metall burama dastakdan iborat moslama. Stomatologik ko'zgu ikki xil bo'ladi; qavariq ko'rileyotgan obyektni kattalashtirib ko'rsatuvchi; yassi - tasvirni haqqoni beruvchi oyna. Stomatologik ko'zgu yordamida oddiy ko'z bilan ko'rish qiyin bo'lgan sohalani ko'rish, ishlayotgan sohaga qo'shimcha nur yuborish, lab, lunj, tilni ish jarayonida ushlab turish, o'tkir va kesuvchi asboblar bilan ishlaganda shilliq qavatni jarohatlanishdan saqlash imkonini beradi. Stomatologik ko'zgu bilan ishlaganda uning ishchi qismi terlamasligi uchun, oyna yuzasini spirt va gliserin aralashmasi bilan artish yoki oynaning yuzasini lunj shilliq qavatiga bir oz tekkizib turishi lozim.

Zondlash - karioz bo'shlig'i bo'lganda bo'shliq devori va tubini chuqurligini aniqlash uchun qo'llaniladi. Burchakli zond bilan aniqlanadi. Agar emalning butunligi buzilmagan bo'lsa zond tishning yuzasidan erkinlik bilan sirg'anadi. Karioz shikastlanish (emal kariesi) bo'lgan holda gadir-budurlik aniqlanadi. Fissur kariesini aniqlash ma'lum darajada qiyinchilik tug'diradi, chunki u faqat zondlash usuli bilan aniqlanadi.

Fissurada zondning to'xtab qolishi yumshagan dentin borligidan darak beradi. Avval qo'yilgan plomba sinchiklab ko'rikdan o'tkazilishi va zondlanishi kerak. Plomba chegarasida tirqish borligi ikkilamchi karies kelib chiqishidan darak beradi. Paradontologik zond yordamida tish milk cho'ntagi chuqurligini o'lhash amalga oshiriladi. Bu zondning ishchi qismi millimetrlarga bo'lingan uchi esa to'mtoqlashgan bo'ladi.

Perkussiya – tishni to'qillatish periodont holatini bilish uchun qo'llaniladi. Pinset yoki zondning bandi yo'rdamida tishning kesuv yuzasiga yoki chaynov yuzasiga urib kurish bilan amalga oshiriladi. Periodontda yallig'lanish jarayoni bo'lsa, urib ko'rilmaga og'riq paydo bo'ladi.

Odatda perkussiya sog'lom tishdan boshlanadi. Chunki, kasal tishni sog' tishdan ajratish osonroq bo'ladi va bemorga birdan qattiq og'riq bilan ozor berilmaydi. Ikki xil perkussiya tafovut qilinadi: vertikal (tish o'qi bilan urib ko'rish bir chiziqda), gorizontal (yon tomondan urib ko'rish). Vertikal perkussiyada tishning apikal sohasi o'rganiladi. Gorizontal perkussiyada esa marginal to'qimalardagi o'zgarishlar ko'rildi.

Qimirlashni darajasini baxolash. Tishlarning qimirlash darajasini pinset yordamida qimirlatib aniqlanadi. Tish odatda fiziologik qimirlashga ega, lekin bu unchalik sezilarli bo'lmaydi. Patologik hollarda periodont to'qimasi yallig'lanishi bilan tish qimirlash kuzatiladi.

Qimirlashning 3 xil darajasi bor: 1 –vestibular–oral yo'naliшda; 2 – vestibular-oral va yon tomonlama; 3- tish o'qi bo'yicha (vertikal yo'naliшda). E. E. Platonov (1951) bo'yicha parodonti jarohatlanish darajasini aniqlanadi. 1- darajali qimirlash - yonidagi qo'shni tishga nisbatan lunj-til (tanglay) yoki lab-til (tanglay) yo'naliшida qimirlash 1mm dan kam bo'lganda, 2-darajada yuqoridagi yo'naliшlar bo'yicha 1mm dan ko'proq, shuningdek tanglay-distal yo'naliшida qimirlash ham paydo bo'ladi. 3-darajada tish hamma yo'naliшlar bo'yicha qimirlaydi, tish yo'q bo'lgan tish tomoniga ham engashishi mumkin.

Xulosa: Terapevtik stomatologiyada bemorga to'g'ri va aniq tashxis qo'yib davolash rejasini to'g'ri ishlab chiqish bemorning kasalligini erta tuzalishiga, har qanday yatrogen kasalliklar kelib chiqishini oldini olishga yordam beradi. Biz bu maqoladan xulosa qilib shuni aytamizki bemorga individual yondashish lozim loqaydlik tuzalarga xatolarga olib keladi.

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