

BASICS OF CARIES SHARPENING AND ITS CAUSES, PREVENTION OBJECTIVES.**Kurbanova Nodira Voxidovna**

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Abstract. Some historical aspects of the development of minimally invasive treatment of dental caries are covered. Invasive sealing, prophylactic filling, ART-method and tunnel restoration of dental caries are described. The indications, contraindications to these methods, as well as the evaluation of the long-term results of dental caries treatment are given. In the 2nd edition (the 1st edition was published in 2005) description and illustrations of some methods of preparation of hard tissues of teeth (bate-cave, slot), FDI recommendations on the strategy of minimally invasive treatment are added. Test questions are offered for self-control of knowledge. It is intended for 3rd year students of the Faculty of Dentistry, clinical residents.

Keywords: caries, prophylactic filling, Micromet-II, normal microflora.

ОСНОВЫ КАРИЕСА И ПРИЧИНЫ ЕГО ВОЗНИКНОВЕНИЯ, ЗАДАЧИ ПРОФИЛАКТИКИ.

Аннотация. Освещены некоторые исторические аспекты развития малоинвазивного лечения кариеса зубов. Описаны инвазивная герметизация, профилактическое пломбирование, ART-метод и туннельная реставрация кариеса зубов.

Приведены показания, противопоказания к этим методам, а также оценка отдаленных результатов лечения кариеса зубов. Во 2-м издании (1-е издание вышло в 2005 г.) добавлены описание и иллюстрации некоторых методов препарирования твердых тканей зубов (бейт-каве, щель), рекомендации FDI по стратегии малоинвазивного лечения. Предложены контрольные вопросы для самоконтроля знаний. Предназначено для студентов 3-го курса стоматологического факультета, клинических ординаторов.

Ключевые слова: кариес, профилактическое пломбирование, Микромет-II, нормальная микрофлора.

The role of dental plaque in the etiology of dental caries

According to some scientists, dental plaque is an accumulation of leukocytes and desquamated cells of the oral mucosa epithelium. The quantitative and qualitative composition of the microbial flora of dental plaque is variable. Diverse species composition of microorganisms and normal microflora of the oral cavity. With poor oral hygiene increases the number of bacilliform organisms and gram-negative cocci. Fusobacterium, Actinomyces and Veilonella appear on day 4-5.

Spirochetes, Spirocheta and Gram-positive bacilli account for 50% of the total microbial flora on day 7. The duration of plaque maturation varies from 1 to 3 days. A distinction is made between supragingival plaque, which is localized above the gingiva, and subgingival plaque, which extends into the gingival sulcus and is characterized by the predominance of anaerobic microorganisms.

Metabolic processes in the subgingival plaque occur with the participation of gingival fluid. The majority of microorganisms in dental plaque are acid-forming. Plaque microorganisms are the main etiologic factor of caries. The rate of plaque formation is of great importance. It is established that the higher the rate of plaque formation, the more pronounced cariesogenic properties it possesses.

Introduction

Scientific research in dental materials science has led to the identification of adhesive systems as a separate class of materials [1-3]. Composite restorations cannot provide reliable bonding and marginal adhesion to enamel Section "Medical and Biological Sciences" and dentin without the use of adhesion systems. Disruption of the tooth-fillings interactive zone leads to impaired marginal adaptation and microleakage of the restoration, which resulting in depressurization and possible secondary caries. Adhesion strength is one of the most important characteristics of any material being developed. Without ensuring a sufficient level of adhesive strength, the high functional properties of materials cannot be realized. Studies of adhesive strength of modern adhesive systems and their influence on the mineral component of dental hard tissues remain topical.

Objective

To evaluate the comparative characteristic of adhesive strength of self-etching adhesives and photocomposites with dental hard tissues on the basis of microstructural analysis and microhardness determination. Material and methods of research For experimental studies, human premolars removed for orthodontic indications were used. The teeth were in physiological solution. Teeth with a shelf life of no more than 6 months from the moment of extraction are used for testing [1].

Preparation of cavities for filling was carried out with diamond burs with red, yellow and white marking rings. Before applying the adhesive, the enamel was selectively etched with 37% orthophosphoric acid for 15 seconds. Next, BeautiBond Universal Adhesive (Shofu), a self-etching adhesive, was applied to tooth number 1 according to the manufacturer's instructions. BeautiBond Universal Adhesive is a one-component adhesive that provides etching, first coat and bonding in one working step. The filler-free and HEMA-free formulation facilitates water separation while producing an adhesive layer only 5 microns thick.

On tooth number 2, the self-etching adhesive Prime & Bond Universal (Dentsply) was applied according to the manufacturer's instructions. The adhesive formula balances hydrophobic and hydrophilic properties to ensure complete coverage and penetration into dentin. The formulation includes acetone, methacrylates (resins - di- and trimethylacrylate and dipentaerythritol pentacrylate monophosphate), and cetylamine hydrofluoride (cetylamine hydrofluoride). Next, the prepared cavities of both teeth were filled with Beautifil Flow 02 flowable composite material (Shofu), with a layer thickness of 2 mm. Then Beautifil II composite material (Shofu) was applied layer by layer, the thickness of each layer did not exceed 2 mm.

The technique of preparation of fillings of filled teeth consists of the following steps:

1-the tooth is placed in a mandrel, filled with epoxy resin solution and allowed to harden;
2-grinding and polishing of grinds are performed on Forcimat and Forcipol machines. machines manufactured by Metcon (Turkey). Determination of the adhesive strength of the filling-denture boundaries was carried out on the cross-slides by measuring the microhardness on the Micromet-II microhardness meter made by Buehler (Switzerland). The technique consists in poking an indenter (diamond pyramid with a sharpening angle of 136o) into the boundary of the filling-dental junction with a load of 200 g. This technique is based on the method of determining the adhesive strength of thin layers of coatings recommended in the following sources

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