PROSTHETICS OF TEETH WITH SMALL DEFECTS WITH BRIDGES

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Abstract. *Theterm "orthopedics" was proposed in 1741 by N. Andri (1658-1742), who first named the specialty that deals with the study, prevention and treatment of persistent deformities of the human body. Prosthetics has been known to man since ancient times. Indeed, even long before our era, dental prosthetics were known, as evidenced by the findings of excavations of ancient monuments, tombs and mounds. The theoretical richness of orthopedic dentistry is extensive. It has ten basic theoretical principles: an orthopedic dentist should have a higher medical education; prosthetics, elimination of deformities and anomalies are most effectively performed only in orthopedic institute clinics and large orthopedic departments of dental clinics; unity of various body systems: the disease of the maxillary system should be considered taking into account the state of the entire body; prosthetics is a therapeutic and preventive measure, based on a solid foundation of knowledge of the structure and function of normal organs, pathology of organs and systems of the maxillofacial region; any prosthesis or orthopedic device is considered as a therapeutic tool that has, in addition to therapeutic, undesirable (side) effects; staging; completeness of treatment; complex therapy of various diseases; prevention; deontology.*

Key words: *prosthetics, bridges, minor defects, crowns.*

Most often, bridge prostheses are used to replace small and medium – sized included defects, and less often-end ones. End defects can be replaced with bridge prostheses only with one-sided support. As a rule, this type of defect is corrected by means of bridge structures, only if there are contraindications to prosthetics with removable dentures. They can not be used for periodontal diseases, low clinical crowns of teeth, borderline defects, pathological mobility. If there is a contraindication and the doctor decides to use this type of orthopedic structure, you should follow some rules:

1. Align occlusal ratios well.
2. The artificial tooth should not be wider than the premolar.
3. At least two teeth must be used for support.

For the use of bridge prostheseследую-, the following clinical conditions are contraindicated:

1.Defects of large extent bounded by teeth with different функцифunctionalональной significance.

2. Defects limited distally by a tooth with abnormal mobility.

An equally important part of prosthetics is the choice of supporting teeth. Incorrect evaluation of teeth intended for supports is one of the most common mistakes. In practice, this leads to functional overload of the supporting teeth, and then to their removal. The correct choice requires a thorough clinical and paraclinical examination. Obviously, in addition to standard clinical indicators, it is necessary to take into account the type of bite, occlusal relationships in the area of the defect, and the periodontal condition of existing teeth, especially those supporting ортопедиorthopedic construction. The periodontal condition can be judged by the stability or mobility of the teeth, the ratio of the clinical crown and root, the presence of fillings, and the

color of the tooth. X-ray examinations are the main method for assessing the periodontal condition of teeth. All teeth that were previously covered with artificial crowns, sealed, changed in color, as well as in the presence of pathological erasability and changes in their position in the dentition are subjected to radiography. Diagnostic models are used to study occlusal relationships, which is also an integral part of treatment.

As for the biomechanics of bridge prostheses, they are complex orthopedic structures that experience heavy loads during chewing and transfer them to the periodontal support teeth. The main types of biomechanical structures that need to be taken into account when creating prostheses are:

1. Biomechanics of a bridge prosthesis with bilateral support on premolars and molars.
2. Biomechanics of a bridge prosthesis with one-sided support.
3. Biomechanics of bridge prostheses based on the front teeth.

Clinical evaluation of bridges:

Bridges are medical devices and can be evaluated with a clinical position. In orthopedic dentistrymo-, dental prostheses, despitethemany contraindications, are the most common prostheticнcon-struction. And there are several reasons for this: first, they are not removable, and this is a plus for the psychological state and mood of the patient, since they often worry about the possibility of using removable dentures. Secondly, the patient adapts most quickly to bridge prostheses, which is due to their small size and minimal contact with the mucous membrane, with the exception of the gum edge. Third, this type of construction is characterized by good functional properties: with their help, the complete restoration of masticatory function occurs, they hold the created occlusal relations well. And fourthly, the advantage is their rather high aesthetics, created thanks to modern clinical techniques and developed technologies.

However, the clinical picture of bridge prostheses is characterized not only by positive qualities. There are also undesirable effects. Possible toxic and allergic effects in the oral cavity, when creating an orthopetid prosthesis, it is necessary to prepare the supporting teeth. Dental preparation, as shown by clinical and experimental studies [Gavrilov E. I., Pogodin V. S., Dzhumadillaev D. N., Postolaki I. I., Bolshakov G. V.], causes vascular disorders and changes in the nerve elements of the pulp. In addition to vascular hyperemia, leukocyte infiltration is observed – a phenomenon that indicates the expansion of раз- the pulp, its aspetic inflammation.

Another side effect is functional overload of the periodontal abutment teeth, since it is impossible to completely exclude it. In addition, when prosthetics with bridge prostheses are performed, the natural mobility of the tooth is restricted due to its inclusion in the splinting system.

Do not forget about microcurrents that occur in the oral cavity in the presence of prostheses made of various metals. Metals with different electrical, potentials immersed in salivary fluid form a simple element. Microcurrents manifest clinical symptoms: a ме-таллическийmetallic taste, darkening of the gold crowns, a burning sensation, a perversion of taste, and chronic inflammation of the oral mucosa. According to other studies [Manaev V. G., Kopeikin V. N.], corrosion products of metals, including gold-based alloys, are important, which can play the role of haptens and cause allergic reactions in the wearer of metal prostheses.

Conclusions:

When creating a bridge prosthesis, it is very important to take into account the topography of the defect, that is, the teeth that limit the defect must have the same function – - biting (for incisors whose periodontal fibers are oriented to the perception of vertical load) -

chewing (for a group of lateral teeth whose periodontal fibers absorb both horizontal and vertical load). As for canines, they can perform mixed functions, since their periodontal dampens both types of load.

The size of clinical dental crowns should be medium or large to provide sufficient support after preparation. The periodontist must have sufficient reserve forces. Bridge prostheses are contraindicated for large included defects (loss of more than 3 teeth); end defects; when the defecate is limited to teeth with different functional orientation; with low clinical crowns; with deep traumatic bite; in the presence of deep and extensive carious cavities on the supporting teeth; as well as for defects distally limited by a tooth with different functional orientation. pathological mobility. Based on the clinical assessment, it can be concluded that today, this type of prosthetics is one of the most relevant and most frequently used.

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