

**SOMATIC PATHOLOGIES AND DENTAL DISEASES IN CHILDREN, THEIR
INTERRELATION, PREVENTION AND TREATMENT MEASURES**

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The abstract: In childhood, tooth caries remains the most widespread dental disease, which is considered as a multifactorial pathological process characterized by focal demineralization of tooth tissues with the formation of carious cavities. It has been established that the child's somatic health contributes to a more severe course of carious disease. Therefore, a number of researchers recommend improving the principles of prevention in dentistry, taking into account the somatic health of the child. This involves the joint work of a pediatric dentist and a pediatrician.

Keywords: child, caries, somatic diseases, anomalies.

54 preschool-age children suffering from various somatic diseases (malformations of the cardiovascular system, respiratory organs, digestive system, central nervous system, etc.) were monitored. For indicators of practically healthy children from 2 to 6 years old. The dental level of children's health was studied according to the method. Dental examinations were performed according to generally accepted methods described in the literature. The research results have been subjected to statistical processing.

Carious teeth were not found in practically healthy children under one year of age. They started appearing from the age of two. In subsequent age periods, there was a gradual increase in children with carious teeth in the oral cavity, which by the age of 6 amounted to $38.8 \pm 6.35\%$, with an intensity of the carious process of 1.09 ± 0.24 . Up to the age of 4 – a compensated form of dental caries was mainly diagnosed. From the age of 4, children began to develop a subcompensated form of caries (42.9%), which reached 69.9% by the age of 6. Decompensated dental caries was detected only in 6-year-old children (9.9%). Hypoplasia of the enamel of temporary teeth was detected in 3.4%, edema, hyperemia and bleeding of the gums in the area of destroyed teeth were found in 9.7% of practically healthy preschool children. Mild forms of dental anomalies were found in 15.8% of children. Diseases of the mucous membrane and anomalies of the frenules of the lips and the small vestibule of the mouth occurred in 10.6% of children. 2.2% of children had secondary jaw adentia. The results of the TER test were 4.01 ± 0.15 points. Thus, an analysis of the results of the examination of practically healthy preschool children showed that their dental health was within an acceptable level for this contingent of children.

Children with somatic pathology. For many years, medicine has been dominated by the idea of the local nature of dental pathology. Today, the growing volume of evidence is leading to a paradigm shift and a shift to a different concept, according to which there is an obvious mutual influence of oral health and general health. It has been established that periodontitis and other diseases of the dental system are risk factors in the development of diabetes complications such as nephropathy and terminal renal failure. The close relationship between the nature of pregnancy and the state of somatic and dental health of women has been proven. 73.9% of

pregnant women needed oral sanitation. Most of them had a decompensated course of the carious process, which was accompanied by toxicosis in the early and late stages of gestation. Caries increased from the age of 2 and reached its highest levels at the age of 4-6 years (70-75%). The main risk factors for dental caries were dental hypoplasia (in 30%) and unhygienic content of the oral cavity (64%). The majority of children had moderate and reduced structural and functional resistance of the enamel. In 6% of cases, there was a delay in the development of ASF, forming dental anomalies were observed in 36.3%. By the age of 6, periodontal tissue diseases accounted for 29.6%. Various diseases and abnormalities of the oral mucosa (short frenulum of the lips and tongue, shallow vestibule of the mouth) were diagnosed in 26% of the examined children of this age. In general, in preschool children with somatic pathology, the prevalence of caries of temporary teeth was $53.3 \pm 3.92\%$, and the dental level of health was $63.6 \pm 0.54\%$ (normal — $85.1 \pm 0.55\%$), their dental level of health decreased by 21.5%. The next major risk factor for dental diseases was the unhygienic content of the oral cavity. This factor can be eliminated through the widespread introduction of preventive measures, where the key point is to teach children and their parents oral hygiene. Therefore, when planning therapeutic and preventive measures in children with somatic pathology, measures to improve dental health in young patients should be taken into account.

The next main risk factor for caries of temporary teeth in children with persistent infection was hypoplasia, which increased from 3.4% in children of the compared group to 75.4% in children with persistent infection. Hypoplastic changes in teeth are mainly formed in prematurely born children, in children with congenital allergies who have suffered birth trauma, those born with asphyxia, and in children who have had a viral infection. Poorly mineralized hypoplastic areas of the enamel quickly undergo carious destruction (hypoplasia complicated by caries). In terms of frequency, the upper central and lateral incisors are affected first, followed by molars and canines. Carious cavities are localized on the vestibular surface of the incisors in the cervical region, they pass to the contact surfaces, forming circular caries. In molars, caries develops on the chewing surface, the enamel is smoothed along the edges of the carious cavity, and the dentin is moist and pigmented. If parents do not consult a doctor in time, the rapid progression of the carious process leads to the development of pathology in the periodontium, complete destruction of teeth, and loss of their functional value.

Gingivitis was observed in 30.3% of children with persistent infection, and the number of children with delayed development of the maxillary system increased almost 6-fold. Forming dental anomalies accounted for 16%. Anomalies of the frenulum of the upper lip (32.1%) and tongue (26.7%) were more common. Thus, the dental health level of preschool children with somatic pathology infected with persistent infection was $51.6 \pm 0.74\%$, which is 29.8% lower than the acceptable level. Dental therapeutic and prophylactic products intended for children are considered for both general (endogenous) and local (exogenous) prevention of dental diseases. Endogenous prevention of caries as indicated is carried out in conjunction with a pediatrician. Dental practitioners carry out local prevention of dental caries. Oral hygiene in the preventive complex is the leading and primary factor, without which anti-malaria drugs are not effective enough. Hygienic measures are recommended before the appearance of teeth. The main means of caring for the baby's mouth is boiled water, which must be given after each feeding, and wipe the baby's mouth with a sterile soft sanitary napkin in the morning and evening. From the moment of teething, they need to be cleaned, currently there are special toothbrushes designed for children of different ages. To teach a child to rinse his mouth in a timely manner, to instill the skill of using hygiene products, to teach the rules of brushing teeth with a toothbrush and paste. Since a child under the age of 6 cannot clean his teeth efficiently, adults (mother, dental hygienist, educator, teacher) should help and subsequently control.

Currently, a large number of remineralizing agents are available. Among them, the dental remedy "Remin" occupies a worthy place. Depending on the availability, practitioners can use these tools in their work. The recommendations developed for practical pediatric dentists deserve attention. The authors believe that not all children need to be prescribed a course of remineralization. It is more correct to identify age groups that require special attention:

–Children under three years of age with diagnosed initial forms of caries (in the spot stage).

–Children 5-7 years old during the eruption of the first permanent molars and teeth of the frontal group.

–Adolescents aged 11-13 years during the period of completion of the formation of a permanent bite, active mineralization of the hard tissues of teeth and bones of the skeleton, at the stages of orthodontic treatment on fixed equipment.

The age of a child is crucial in choosing the means and methods of remineralizing therapy, as convenience, speed, effectiveness and safety in ingestion are key components in working with children.

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