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қилинмайди ҳамда эгасига қайтарилмайди.

Келтирувчи фактларнинг тўғрилиги, рақамли
материалларнинг аниқлиги, препаратларнинг
номлари, атамалар, илмий-адабий манбалар, исм
ва фамилияларнинг тўғрилиги учун жавобгарлик
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Maxkamov A.M., Artikbaev M.B., Maxkamov M.E. Qoraqalpog'istonda yuzning tug'ma patologiyasi bo'lgan bolalarni reabilitatsiya qilish bosqichlari54-60

Саидмуродова Н.С., Махкамова Ф.Т. Определение чувствительности микробов в выделениях из полости рта детей к поливалентному бактериофагу секстафаг60-64

ОБЗОРНЫЕ СТАТЬИ

Муинова М.К., Нигматова И.М. Разработка цифровых технологий при диагностике и планировании лечения ретенции зубов64-68

Daminova Sh.B., Matkulieva S.R., Isahodjaeva X.K. Risk factors for caries in childhood69-72

Камилов Х.П., Бахрамова Ф.Н., Ахмадалиев Н.Н. Роль местных факторов защиты эпителиальных клеток слизистой оболочки полости рта в патогенезе воспаления72-77

Исмоилов М.Х., Нигматова И.М. Особенности ортодонтического лечения во время беременности77-84

Махкамова Ф.Т. Современные представления о патогенезе коронавирусной инфекции COVID-19.....84-91

Мухамедова Ш.Ю., Хамраева Р.Р. Актуальные взгляды на причины гнойно-воспалительных заболеваний челюстно-лицевой области.....91-96

Makhkamov A.M., Artikbayev M.B., Makhkamov M.E. Stages of rehabilitation of children with congenital facial pathology in Karakalpakstan 54-60

Saidmuradova N.S., Makhkamova F.T. Determination of the sensitivity of microbes in children's oral secretions to the polyvalent bacteriophage Sextaphage 60-64

REVIEWS

Muinova M.K., Nigmatova I.M. Development of digital technologies for diagnosis and treatment planning of dental retention 64-68

Даминова Ш.Б., Маткулиева С.Р., Исходжаева Х.К. Факторы риска развития кариеса в детском возрасте 69-72

Kamilov Kh.P., Bakhramova F.N., Akhmadaliev N.N. The role of local factors protecting epithelial cells of the oral mucosa in the pathogenesis of inflammation 72-77

Ismoilov M.Kh., Nigmatova I.M. Orthodontic Treatment During Pregnancy 77-84

Makhkamova F.T. Current concepts of the pathogenesis of coronavirus infection COVID-19 84-91

Mukhamedova Sh.Yu., Khamraeva R.R. Current views on the causes of infectious and inflammatory diseases of the maxillofacial region 91-96

RISK FACTORS FOR CARIES IN CHILDHOOD



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Early childhood caries is "a common disease characterized by the presence of one or more carious (without carious or carious cavities), missing (due to caries) or sealed surfaces of baby teeth in children aged 71 months or younger. Severe early childhood caries is either any smooth tooth surface caries in children under 3 years of age, or one or more carious, missing (due to caries) or sealed smooth tooth surfaces on the baby front teeth of the upper jaw in children aged 3 to 5 years," according to the American Academy of Pediatric Dentistry. Risk factors for caries in childhood have been widely discussed in the literature for a long time. There are a number of opinions, sometimes contradictory, regarding which factor is the most significant. In this review, we will focus on the most discussed risk factors.

Enamel hypoplasia has been identified as an additional risk factor for the development of early caries. Two studies reported that enamel hypoplasia is significantly and independently associated with early caries. This was first confirmed in a promising study in which it was found that infants with enamel hypoplasia in the form of pits and missing enamel were significantly more likely to have early caries. Another study reported that children with enamel hypoplasia were 6.1 times more likely to have early caries.

Specific behavioral factors have been classified and studied for any correlations with the development of early caries. In one study, the difficult behavior of children was studied as a potential indicator of the risk of caries, and it was

found that it is significantly associated with the occurrence of early caries.

A number of studies have also examined how different feeding practices can contribute to the development of early caries.

Finally, behaviors related to oral hygiene practices in children have been explored as possible risk indicators in a number of studies. It was reported that children who had difficulty brushing their teeth were significantly more likely to develop caries.

Some studies have examined the influence of educators' beliefs and attitudes on the incidence of caries in preschool children. In 2007, Schroth et al. It was found that children whose caregivers considered night breastfeeding safe were 45% less likely to develop caries.

Some socio-economic factors, such as low household income and parents' educational level or employment status, can significantly increase the risk of tooth decay. Among these factors, two studies specifically assessed whether low annual household income is an indicator of risk. It was found that lower household income increased the strength of the association with the development of caries.

The characteristics of the families in which the children were raised were also assessed for significant associations with the development of caries. Three studies examined the effect of family size on a child's likelihood of developing caries, but the researchers did not find that children from large families are at increased risk of developing caries. One study reported that children from

single-parent families are more likely to be free of tooth decay than those who live with two parents.

One study examined how differentiated access to dental care is associated with the risk of caries. This study was conducted among Portuguese-speaking immigrants in Toronto and showed that children with early caries are more likely to come from families without reliable access to dental care and often without dental insurance.

Exposure to fluoride or lack thereof has been studied in several studies as a potential risk factor for caries. In the RCT, it was reported that the planned use of fluoride varnish with an interval of 2 years led to a 24.5% reduction in early caries. On the contrary, another study did not find that the presence of fluoridated water protects against the development of caries.

In 2013, a case-control study was conducted in Canada, which involved almost 300 preschool-age children, and it was documented that children with severe early caries treatment are almost 2 times more likely to have low ferritin levels and more than six times more likely to suffer from iron deficiency anemia than children without caries.

Research on the relationship between vitamin D deficiency and dental caries has been going on since the 1920s of the last century. A study by Mellanby and Pattison published in 1928 (The effect of vitamin D in preventing the spread and helping to stop caries in children) provided the first evidence that vitamin D deficiency is associated with dental caries in children, and also confirmed that oral and/or dietary vitamin D intake reduces the risk of caries. Since then, several epidemiological observational studies, systematic reviews, and meta-analyses of controlled clinical trials have confirmed that vitamin D deficiency is closely associated with caries of baby and permanent teeth in children (low vitamin D levels may contribute to demineralization of teeth, similar to its known effects on bones, by reducing the concentration of calcium and phosphate ions), and suggested It has been shown that exposure to vitamin D at an early age may play a role in the prevention of caries.

A recent clinical study revealed a significantly lower incidence and severity of caries in children aged <3 years with constant vitamin D supplementation, at least in the autumn-winter

period after the 12th month of life. In addition, there is evidence that infants born to mothers with vitamin D deficiency have a higher rate of dental caries compared to infants born to mothers without vitamin D deficiency, and that a higher intake of vitamin D by the mother during pregnancy will be associated with more low risk of dental caries in offspring. In addition, a recent cohort study confirms an inverse relationship between the risk of caries of permanent teeth in children (aged 6-10 years) and low prenatal vitamin D levels.

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Факторы риска развития кариеса в детском возрасте

Даминова Ш.Б., Маткулиева С.Р., Исаходжаева Х.К.

Кариес зубов представляет собой одну из наиболее распространенных проблем со здоровьем в детском возрасте. Недавно проведенный мета-анализ показывает, что мировая распространенность кариеса молочных зубов (при размере выборки 80405 человек) составила 46,2%, а мировая распространенность кариеса постоянных зубов (при размере выборки 1454871 человек) составила 53,8%. Детский кариес среди населения развивающихся стран встречается чаще, чем развитых. Этот факт, возможно, обусловлен различиями в действующих факторах риска (социально-демографический статус, образование, привычки питания, гигиена полости рта, доступность стоматологических услуг, микробиота полости рта, слюнотечение, недостаточное фторирование, частое употребление пищевых сахаров и т. д.).

Ключевые слова: кариес зуба, фактор риска, гипоплазия эмали, стоматологический анализ.

Risk factors for caries in childhood

Daminova Sh.B., Matkulieva S.R., Isahodjaeva X.K.

Dental caries is one of the most common health problems in childhood. A recent meta-analysis showed that the global prevalence of caries in primary teeth (with a sample size of 80,405 individuals) was 46.2%, while the global prevalence of caries in permanent teeth (with a sample size of 1,454,871 individuals) was 53.8%. Childhood caries is more common among the population of developing countries than in developed countries. This may be due to differences in risk factors (socio-demographic status, education, dietary habits, oral hygiene, access to dental services, oral microbiota,

salivation, insufficient fluoridation, frequent consumption of dietary sugars, etc.).

Key words: dental caries, risk factor, enamel hypoplasia, dental analysis.

Bolalikda kariyes uchun xavf omillari

Daminova Sh.B., Matqulieva S.R.,

Isahodjaeva X.K.

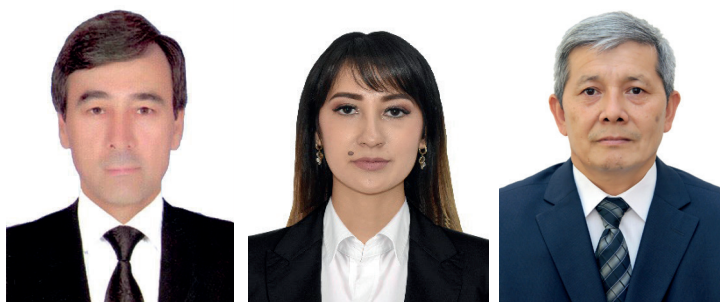
Tish kariyesi bolalik davridagi eng keng tarqalgan sog'liq muammolaridan biridir. Yaqinda o'tkazilgan meta-tahlil shuni ko'rsatdiki, birlamchi tishlarda kariyesning global tarqalishi (namuna hajmi 80 405 kishi) 46,2% ni tashkil etgan bo'lsa, doimiy tishlarda kariyesning global

tarqalishi (namuna hajmi 1 454 871 kishi) 53,8% ni tashkil etdi. Rivojlanayotgan mamlakatlar aholisi orasida bolalar kariyesi rivojlangan mamlakatlarga qaraganda tez-tez uchraydi. Bu xavf omillaridagi farqlarga bog'liq bo'lishi mumkin (sotsiodemografik holat, ta'lim, ovqatlanish odatlari, og'iz bo'shlig'i gigienasi, stomatologik xizmatlardan foydalanish, og'iz bo'shlig'i mikrobiota, so'lak oqishi, fluoridlanishning etarli emasligi, oziq-ovqat shakarlarini tez-tez iste'mol qilish va boshqalar).

Kalit so'zlar: tish kariyesi, xavf omili, emal gipoplaziyasi, stomatologik tahlil.

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РОЛЬ МЕСТНЫХ ФАКТОРОВ ЗАЩИТЫ ЭПИТЕЛИАЛЬНЫХ КЛЕТОК СЛИЗИСТОЙ ОБОЛОЧКИ ПОЛОСТИ РТА В ПАТОГЕНЕЗЕ ВОСПАЛЕНИЯ



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Актуальность. Защитные механизмы врожденной иммунной системы полости рта, активируемые в ответ на распознавание патогена, направлена на непосредственное уничтожение патогена (микробицидные) и на развитие воспаления (провоспалительные). И те, и другие имеют целью элиминацию возбудителя и восстановление постоянства внутренней среды организма. Однако воспаление сопровождается повреждением собственных тканей, что во многих случаях негативно сказывается на исходе воспалительного процесса. Поэтому необходимы такие подходы к иммунопрофилактике и иммунотерапии инфекций, которые обеспечивали бы усиление антимикробной защиты при минимизации воспаления.

Ключевые слова: эпителиоцит; макрофаг; антимикробный пептид; цитокин; СОПР.

Введение

Эпителиальные клетки слизистых оболочек дыхательного, желудочно-кишечного и урогенитального трактов являются сторожевыми клетками - они выполняют важную защитную роль, препятствуя проникновению микробов во внутреннюю среду организма. Но эта роль не является чисто механической. Как было представлено в предыдущей статье [Хаитов Р.М., Пинегин Б.В., Пашенков М.В., 2020] [1,3,14,17,18], эпителиальные клетки слизистых оболочек располагают паттерн-распознающими рецепторами (ПРР), с помощью которых они способны распознать любые типы