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ИЛМИЙ-АМАЛИЙ ЖУРНАЛ

Ўзбекистон Республикаси Вазирлар Маҳкамаси хузуридаги Олий аттестация комиссияси (ОАК) қарорига асосан «Stomatologiya» журнали Фан доктори илмий даражасига талабгорларнинг диссертация ишлари илмий натижалари юзасидан илмий мақолалар эълон қилиниши лозим бўлган республика илмий журналлари рўйхатига киритилган (ОАК Раёсатининг 2013 йил 30 декабрдаги 201/3-сон қарори билан тасдиқланган)

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Рекламани чоп қилиш ҳақ тўлаш йўли билан амалга оширилади.

Реклама матнининг тўғрилиги бўйича жавобгарлик реклама берувчи зиммасидадир.

Қўлёзмалар, суратлар ва расмлар тақриз қилинмайди ҳамда эгасига қайтарилмайди.

Келтирувчи фактларнинг тўғрилиги, рақамли материалларнинг аниқлиги, препаратларнинг номлари, атамалар, илмий-адабий манбалар, исм ва фамилияларнинг тўғрилиги учун жавобгарлик муаллифларнинг ҳамда таҳририят ҳайъатининг зиммасидадир.

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BIOCHEMICAL AND PHYSICOCHEMICAL PARAMETERS OF ORAL FLUID IN CHILDREN WITH DEFECTS FOLLOWING URANOPLASTY.



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Introduction. In children with congenital cleft palate and residual defects after uranoplasty, the primary motivations for investigating the oral fluid composition were the presence of communication between the oral cavity and the nasal cavity, postoperative scarring changes, pathological bacterial contamination, crowding of teeth, and a high prevalence of dental caries and periodontal diseases.

Materials and Methods: The results of the analysis of oral fluid composition in 109 children aged 6 to 12 years with congenital cleft palate after uranoplasty and residual defects, as well as in 50 practically healthy children of similar age, are presented in this article. The principal group: the presence of a diagnosis of nonsyndromal congenital cleft lip, alveolar process, soft and hard palate, as well as the condition following cheilorhinoplasty (in the case of cleft lip) and uranoplasty, as well as the presence of a postoperative palate defect at least six months following uranoplasty. In addition, the absence of exacerbations of chronic or infectious diseases and the assent of parents or legal representatives to participate in the study were considered. Assessment of the pH of combined saliva. Viscosity (μ). Rate of unstimulated salivary secretion (millilitres per minute).

Result of the research: Analysis Within the control group, the viscosity of saliva was $1.06 \pm 0.073 \text{ mm}^2 \times \text{s}$, while in infants with congenital cleft palate and residual defects, it was $2.43 \pm 0.137 \text{ mm}^2 \times \text{s}$. In the cleft group, this alteration suggests that the mineralising potential of saliva has decreased and its purifying properties have deteriorated. The pH level of saliva in healthy children was 7.24 ± 0.058 , while in

children with cleft palate it was 6.47 ± 0.067 . A diminished pH in children with cleft palate signifies a reduction in the mineralising capacity of saliva, hence facilitating the onset of carious processes and periodontal disorders. In healthy children, the salivation rate was $0.44 \pm 0.054 \text{ ml/min}$, whereas it decreased to $0.28 \pm 0.039 \text{ ml/min}$ in children with congenital cleft palate and residual defects. The protein content of the group of children with congenital cleft palate and residual defects decreased to $0.851 \pm 0.535 \text{ g/L}$, as opposed to $1.68 \pm 0.519 \text{ g/L}$ in healthy children.. Dental hard tissues are maintained by the regular supply of necessary ions and the prevention of their degradation, which is facilitated by the normal levels of calcium and phosphorus in saliva.

In conclusion: In conclusion, children who have congenital cleft palate and residual defects after uranoplasty exhibit abnormalities in physicochemical and biochemical parameters of oral fluid.

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during the use of non-removable orthodontic structures //European International Journal of Multidisciplinary Research and Management Studies. – 2024. – Т. 4. – №. 03. – С. 247-253.

Цель исследования: Сравнить физико-химические и биохимические свойства ротовой жидкости у детей с остаточными дефектами после уранопластики, связанными с врожденной расщелиной неба, с контрольной группой здоровых детей.

Материалы и методы исследования. В исследование вошли 109 детей в возрасте от 6 до 12 лет с врожденной расщелиной неба и остаточными дефектами после уранопластики, а также 50 практически здоровых детей того же возраста.

Результаты исследования. Ротовая жидкость детей с врожденной расщелиной неба и остаточными дефектами, развившимися после уранопластики, имела существенные отклонения по физико-химическим и биохимическим показателям.

Выводы. Кроме того, эти данные служат основой для дальнейшей разработки методов, направленных на улучшение состава ротовой жидкости.

Ключевые слова: слюноотделение, гингивит, биохимия внутриротовой жидкости, хирургическая деформация нёба, врожденная расщелина нёба.

Purpose of the Study: To compare the physico-chemical and biochemical properties of oral fluid in children with residual defects after uranoplasty associated with congenital cleft palate to a control group of healthy children.

Research and methods. The study comprised 109 children aged 6 to 12 years who had congenital cleft palate and residual defects after uranoplasty, as well as 50 practically sound children of the same age.

Findings and discourse. The oral fluid of children with congenital cleft palate and residual defects that developed after uranoplasty exhibited substantial deviations in its physicochemical and biochemical characteristics.

Conclusions. Furthermore, these data serve as the foundation for the further development of methods that are designed to enhance the composition of oral fluid.

Keywords: salivation, gingivitis, intraoral fluid biochemistry, surgical palate deformity, congenital cleft palate.

УДК: 6616.311.018

IMPROVING THE EFFECTIVENESS OF TREATMENT CATARRHAL GINGIVITIS IN ADOLESCENTS WITH TYPE 1 DIABETES MELLITUS



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Annotation. Neuropathy, nephropathy, retinopathy, and micro- and macrovascular diseases are all considered complications of diabetes, with inflammatory periodontal diseases being the sixth [7]. The findings of epidemiological studies indicate that periodontal tissue damage manifests in infants at a relatively young age [2,4,6,8]. Catarrhal

gingivitis accounts for approximately 90% of all instances of gingivitis nine. Due to the extensive prevalence of dental diseases among adolescents and young adults, it is imperative to implement effective primary prevention and treatment strategies. Gingivitis in infants is significantly prevented through the identification of early clinical forms.