

DETECTION OF OPEN BITE IN CHILDREN

Rustamov Saidakbar Saidislom ugli

Assistant of the Faculty of Dentistry

Alfraganus University

The city of Samarkand has lately instituted a variety of initiatives to improve the diagnosis, treatment, and prevention of vertical deformities, particularly exposed bites. At now, many scientists and practitioners are doing extensive research into the mechanisms that lead to the emergence of this anomaly. Endogenous and exogenous factors, together with the patient's living conditions and age, are very important in therapeutic therapy. We executed preventative measures for 37 patients aged 6 to 15 with an open bite. [1,2]

To identify patients with open occlusion using modern techniques, it is essential to consider their age and the characteristics of the abnormality, while evaluating all facets of this condition.

An open bite is considered a specific kind of dental abnormality and may coexist with other diseases in the transverse or sagittal planes. [3]

The research indicates that an exposed bite occurs in 62% of instances, with the mesial ratio of teeth.

A notable anomaly of the maxillary system is an open bite. According to the survey and observations done by Nigmatova R.N., Shaamukhamedov F.A., and Nigmatova I.M. (2017), 1.4% of children aged 3-6 years have experienced bites. L.P. Grigoriev (1995) indicates a frequency of 1.12% among children aged 7 to 16 years. 2.7% prevalence of maxillary system anomalies. [5,6].

Nevertheless, most specialists contend that around the age of 9 to 10 years, the incidence of open bites diminishes. This pertains to the normalization of swallowing and breathing functions, along with the elimination of detrimental behaviors that contribute to the development of the abnormality. In late adolescence, there may be an

increased occurrence of open bite due to delayed skeletal development in the facial region of the skull [4].

Keywords: Vertical anomalies, open bite.

Presentations. Sleep significantly influences a child's growth and development globally, serving as a genetic factor that contributes to underdevelopment in the frontal region of the alveolar process. This occurs when a kid sleeps with their head tilted backward, resulting in an enlarged tongue, a condition referred to as macroglossia, which may subsequently lead to VDD.

The early extraction of the primary lateral incisors in the lower jaw and the emergence of the Popov-Hodon phenomenon are critical contributors to the onset of VDD in children. Exhibiting dental alveolar elongation in the area of the upper lateral incisors Considering the aforementioned reasons that led to the formation of VDD, it is essential to improve diagnostic and treatment procedures to avert the occurrence of this anomaly. Enhancing the methods of cephalometric facial analysis and occlusal plane prediction, alongside the development of novel preventive treatment strategies, can significantly improve the quality of early diagnosis and treatment for patients with dental anomalies primarily characterized by vertical directional disorders. The following duties were highlighted in our investigation: To develop diagnostic criteria by cephalometric measures; to identify specific features of the dental complex in children with an open bite; to evaluate the narrowing and morphology of the dentition using anthropometric and graphical evaluation methods;

Research materials and methods: The study was performed on students aged 6 to 15 in Samarkand, especially at schools No. 70 and No. 69. Of the 379 surveyed students, 37 displayed an open bite, consisting of 16 males and 21 girls, or 9.7% of the entire population. The children's average age varied from 6 to 15 years. The basic functions of the dental system were determined using clinical tests (photometry), biometric techniques, and X-ray examinations (frontal and lateral TRG and cephalometric analysis).

The extent of dental narrowing in adolescents with VDD during the removable and permanent dentition phases was assessed utilizing Pon's biometric research methodology. Plaster replicas of patients were used to assess the breadth of the dental arches using designated measurement sites. X-ray tests were performed using OPTG and TRG. Calculations of trg were performed, and the results were analyzed, indicating that the assessment of lateral telorentgenograms of the head facilitated the identification of a mandibular mixture, increases in B,NSe/MP, and a reduction in the horizontal angle, inclinationirp/MP, NSe/Po, Is-SPp.

Conclusion: A study including 37 teenagers, supported by clinical and radiological examinations, revealed that open bites were attributed to detrimental practices in 5 children, an investigative cause in 7 children, and shaky open bites in 7 people. Pon's biometric analysis of control models revealed a decrease in dental width in 12 instances. Korkhaus identified four instances of protrusion and six instances of retrusion in the front region of the teeth. X-ray (TRG) tests were undertaken, revealing a shift in mandibular position by increasing angle B, NSe/MP, and FMA while reducing the horizontal angle, inclinationirp/MP, NSe/Po, Is-SPp, and CF. Concerning the previously indicated research approaches, which aim to enable early diagnosis and suitable therapy.

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