

## ДИСТАЛЬНЫЙ ПРИКУС

### DISTAL BITE

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#### ANNOTATION

Orthodontists explain the pathogenesis of the distal occlusion by gene abnormalities or congenital imbalances of the visceral skeleton, which are manifested in the forward shift of the upper jaw (prognathous) or backward displacement (retrognathia) of the lower jaw in such a way that the upper teeth are too advanced anteriorly.

In addition, the mechanism of the formation of jaw prognathia-retrognathia in young children may be due to the above physiological and functional factors. So, in infants, the lower jaw is initially shifted slightly back, and then - with the beginning of the appearance of the first milk teeth - it takes a normal position; bottle feeding does not put the necessary stress on the chewing muscles, and because of this, the lower jaw may remain insufficiently developed with the fixation of mandibular retrognathia. In this case, the situation is aggravated when this is a hereditary constitutional feature of the visceral skull.

As for breathing through the mouth, it affects the position of the tongue in the oral cavity: it cannot perform a supporting function for the upper dental arch, and during the formation of the child's dentition, this leads to lateral narrowing of the upper jaw, its prognosis and subsequent deflection of the upper incisors forward.

There are such external and orthodontic symptoms of improper closing of teeth with distal occlusion, such as:

anterior frontal displacement of the upper jaw;

expansion of the upper dental arch and shortening of the anterior part of the lower dental arch;

backward displacement of the lower jaw or inward displacement (retrusion) of the lower incisors;

Overlapping of the lower dental arch by the upper anterior teeth;

An increase in the interocclusal gap between the upper and lower anterior teeth, which prevents the normal closure of the dentition;

Pressure of the cutting edges of the lower incisors on the mucous membrane of the hard palate.

With deep distal bite, the lower part of the face is shortened, and the teeth of the upper row can almost completely obscure the lower dentition.

Obvious external signs of a prognathic distal occlusion: the facial part of the skull is convex; the chin is slanted and pushed back; there may be a double chin; the lower lip and nasolabial folds are smoothed, and the fold between the chin and the lower lip is deep; the upper lip is shortened, and when smiling, the alveolar process of the upper jaw protrudes outward. Also, in patients with superior prognosis, there may be gaps (three) between the crowns of the upper anterior teeth.

And with a strongly protruding upper jaw, the mouth of the patients is constantly open (due to the impossibility of closing the lips), and the lower lip may be behind the upper incisors.

The types or types of distal bite identified by specialists depend on the nature of the anomaly: it can be jaw, and with an abnormal position of the upper jaw (prognathia) it is defined as a prognathic distal bite.

There is also a dento-alveolar type of distal occlusion: when there is anterior extension of the maxillary dental arch and / or alveolar process (alveolar prognathia), or the upper incisors are inclined anteriorly. The same type of bite is diagnosed when the mandibular dental arch or the alveolar part of the lower jaw is deflected back, or there is a deviation of the anterior lower teeth into the oral cavity.

In addition, there may be a combined bite - dentoalveolar.

When, when the teeth are closed, the upper incisors overlap the crowns of the lower incisors by more than a third, a deep distal occlusion is determined. And the distal open bite is characterized by the absence of closing of a part of the upper and

lower molars and the presence of a large vertical gap between their chewing surfaces.

### **REFERENCES**

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