

**ДИАГНОСТИКА И ЛЕЧЕНИЕ ДИСТАЛЬНОЙ ОККЛЮЗИИ,  
ОБУСЛОВЛЕННОЙ СМЕЩЕНИЕМ СУСТАВНОЙ ГОЛОВКИ  
НИЖНЕЙ ЧЕЛЮСТИ**

**DIAGNOSIS AND TREATMENT OF DISTAL OCCLUSION CAUSED BY  
DISPLACEMENT OF THE ARTICULAR HEAD OF THE LOWER JAW**

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**ANNOTATION**

A survey of 227 patients aged 20 to 55 years in the orthodontic and orthopedic treatment for the treatment of distal occlusion. In 180 patients with distal occlusion of combined defects of tooth rows.

The distribution of patients into groups was carried out depending on the version of the structure of temporal-mandibular joint. The first group consisted of patients whose head is the lower jaw more mandibular pit (n = 72). The second group included patients whose parameters are consistent with the head lower jaw mandibular pit parameters (n = 94). The third group were included patients whose head is less than the lower jaw mandibular pit (n = 47). Diagnosis, planning and determination of the rational method of treatment is based on the results of the clinical laboratory, X-ray and graphic methods for the study. The degree of muscular-articular dysfunction defined clinical dysfunction index M. Helkimo on its own scheme. The study of functional occlusion performed with the use of polureguliruemogo articulator of Bio-Art Equipamentos Odontologicos Ltda (Brazil), model 4000 with a professional front arc. A methodology NH Khamitova defined index okklyuzogrammy. Anatomic-topographic structure of temporal-mandibular joint was evaluated by means of lateral tomography carried out on a universal X-ray installation "Orthophos 3" firm "Siemens". Investigation of mandibular function temporomandibular joints, masticatory muscles and occlusal identifying violations carried out by means of funktsiografii M. Kleinrok - VA Hvatovoy based on vnutrirotovoy recording lower jaw movements using funktsiografa. Data obtained from research, process variation-statistical method for

the IBM PC / AT «Pentium-IV» on Windows 2000 using the software package Statistica 6 (Statsoft-Russia, 1999) and Microsoft Excel Windows, 2000. The criterion of reliability of differences evaluated by the Student table.

The study found that across the width of mandibular hole course there are three versions of its forms: 1 - narrow ( $11,55 \pm 0,17$  mm), 2 - average width ( $14,15 \pm 0,05$  mm) and 3 - extensive ( $15,88 \pm 0,07$  mm). At a depth of mandibular hole course have been allocated 1 - small ( $6,74 \pm 0,08$  mm), 2 - the average depth ( $10,43 \pm 0,08$  mm) and 3 - deep ( $12,85 \pm 0,11$  mm). Depending on the height of articular tubercles are: 1 - flat ( $6,74 \pm 0,08$  mm), 2 - Moderate ( $10,43 \pm 0,08$  mm) and 3 - well-expressed ( $12,85 \pm 0,11$  mm) tubercles. According to the width of the head lower jaw were identified: 1 - small ( $7,45 \pm 0,06$  mm), 2 - average width ( $9,37 \pm 0,06$  mm) and 3 - large ( $11,65 \pm 0,13$  mm). Clinical and laboratory methods of examination of patients revealed various violations of the masticatory muscles and temporomandibular mandibular joints: the limitation of opening the mouth, limiting the lateral movements of the lower jaw, with the restriction of the lower jaw protrusion, asymmetry of movements in the lower jaw, mouth opening, pain in the temporomandibular joint during mandibular movements of the lower jaw, pain in the masticatory muscles in the lower jaw movements, pain with palpation temporomandibular mandibular joint, pain with palpation chewing muscles, the asymmetry of those pathological articular noise. The symptoms of muscular-articular dysfunction identified in 97.3% of patients the first group. Patients two and three groups of these symptoms less frequently in 10.1% and 17.0% respectively. Patients first group of signs of moderate and severe degree of muscular-articular dysfunction found in 43.1% and 23.6% of cases, respectively. The subjects' second and third groups of symptoms of moderate and severe degree of dysfunction are identified less frequently (at 4.9%, and 15, 2% and 10.8% and 13.8% respectively). Premature occlusal contacts identified in the study groups with almost equal frequency (the first group - in 83.4%, the second - in 82,9%, the third - to 80.3%). In

the lower jaw movement laterotruzionnom «Klykov Maintenance» breached in the first group to 80.6% of cases. In patients the second and third groups of the violation is detected less frequently in 6.1% and 15.2% respectively. Index okklyuzogramm was among the first group of patients -  $34,91 \pm 3,49$ , the second group -  $41,31 \pm 1,69$ , a third group -  $38,50 \pm 3,50$ .

In patients studied in groups depending on the structure of temporal-mandibular joint has two degrees of displacement head lower jaw retrad in mandibular yamke.

### REFERENCES

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