

PARTIALLY REMOVABLE DENTURES

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Anotation: *As it follows from the practice of dentists and podiatrists a sufficiently large percentage of patients applies for rehabilitation after partial or total tooth loss. The article describes the types of dentures, though it is better to try to save one's own natural teeth and not to bring the situation to critical state.*

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Unlike a complete removable denture, prosthetics with a partial denture are used to restore a fragment of the dentition. These constructions make it possible to restore partially lost teeth both in the upper and lower jaws. Partial dentures are a cost-effective way to restore lost teeth. The prosthesis consists of a base imitating the gum and artificial teeth. The material of the prosthesis is selected based on the clinical indications and financial capabilities of the patient. Types of partial dentures

Butterfly prosthesis:

This method of prosthetics got its name due to its shape. Suitable for restoring 1-2 adjacent teeth. The basis of the prosthesis may consist of acrylic or nylon. Fixation of the structure is carried out by clasps, fixed on adjacent teeth.

Lamellar prosthesis:

Partial removable lamellar dental prosthesis provides for various types of fixation. Clasps or attachments are most often used to fix a denture on the lower jaw. For prosthetics of the upper jaw, suction cups can be used. Partially removable lamellar dentures are made in a dental laboratory. This type of construction is distinguished by a voluminous basis that provides reliable fixation.

Acrylic prosthesis:

A partial removable denture made of acrylic has the lowest price among analogues. Often used as a temporary method of prosthetics. It is less comfortable to use and can provoke an allergic reaction.

Nylon prosthesis:

Differs in flexibility and high esthetics. Nylon removable dentures in case of partial absence of teeth are convenient to use and aesthetic. However, when using them, the process of loss of bone tissue, which is inevitable when installing removable dentures, and not permanent ones, goes faster.

Clasp prosthesis:

Partially removable clasp dentures have excellent reliability and durability characteristics, which explains the rather high price.

Partial loss of teeth is the most common clinical situation in patients applying to the orthopedic departments of dental clinics. Therefore, the need for orthopedic treatment of patients with partial loss of teeth with removable dentures remains high and amounts to 33-65% . The integrity of the dentition is broken in 70% of the Russian population aged 20-50 years. The number of persons in

need of removable prosthetics is increasing from year to year and tends to rejuvenate. According to a number of studies, up to 30-40% of patients have unfavorable conditions for prosthetics and up to 20% of patients cannot use remanufactured removable dentures due to poor-quality preliminary orthopedic treatment.

The study of symptoms, methods of diagnosis and treatment of patients with partial loss of teeth is the subject of research by many domestic and foreign scientists. Despite the great achievements in dental science and practice in recent years, restoring the functional and aesthetic integrity of the dentition in patients with partial loss of teeth is an urgent task of orthopedic dentistry. Most patients in need of restoring the integrity of the dentition have formed a biased negative opinion about prosthetics with removable types of prostheses, due to the problems of insufficient restoration of chewing function and aesthetics, unreliable fixation of prostheses. Most patients with partial loss of teeth (86.1%) prefer fixed dentures to removable ones, which are more functional, durable, and aesthetic. It is known that the effectiveness of orthopedic methods of treatment with bridges is much higher than with removable structures. In case of untimely prosthetics in patients with partial loss of teeth, the adaptive capabilities of the body are disrupted, which leads to the emergence of pathological processes in all components of the dentition, preventing adaptation to dentures and disrupting the harmony of the interaction of all its elements. Currently, there are various methods for fixing removable dentures used in the treatment of patients with partial loss of teeth. They can be conditionally divided into methods of fixing prostheses with clasps and without clasps. In our country, clasp-retained removable dentures are most widely used due to the fact that their manufacturing technology is simpler, known to everyone, and does not require expensive equipment and materials. The technology for manufacturing prostheses with clasp fixation and the design features of clasps are described in detail by V. Yu. The types of solid cast clasps of the Ney and Bios systems are widely known. However, the use of all types of clasp systems, especially in the anterior dentition, violates the aesthetic integrity of the dentition and does not always satisfy the ever-increasing aesthetic requirements of patients.

In recent years, interest in prostheses that do not have clasps in their design has increased significantly. These methods of fixation include: beam fixation of prostheses, using magnetic elements, using telescopic systems, and finally locking methods of fixation. The use of removable dentures with locking fixation in the prosthetics of patients with partial loss of teeth has its own history. The first information about the use of locks in removable dentures dates back to the beginning of the last century. According to Yu. V. Chizhov (1983) and E. JL Teologiva (1992), for the first time a removable prosthesis with beam fixation was used by Gilmor in 1913. Later, this problem was dealt with by Schroder (1928) and Rumpel (1930). In dental prosthetics, edited by B.N. Bynina (1941), the Chais system was first described, where chewing pressure is transmitted by means of a removable prosthesis to natural, supporting teeth through a system of locks (attachments), which simultaneously serve to fix the prosthesis. However, these prostheses have not received wide distribution due to the imperfection of their manufacturing technology.

A removable plastic prosthesis, which can replace completely or partially lost teeth, has become widespread in everyday practice. Such prostheses are made of low-quality plastic, and they are supported by the alveolar ridge of the upper or lower jaw, as well as the remaining teeth (with partial prosthetics) for which the prosthesis is held with metal "hooks" (clasps). Due to the presence of a chemical component (monomer) in these prostheses, patients often experience allergic reactions, which makes it impossible to continue using the prosthesis, and the use of metal inclusions leads to fairly rapid wear of the supporting teeth. Prostheses made from nylon-containing materials will help eliminate the previously mentioned negative consequences. The great advantage of these prostheses

is the absence of possible allergic manifestations when they are worn, since they are devoid of residual monomer, as well as a cosmetic perception factor. The latter includes the absence of metal inclusions (clasps), which are used for fixation on the abutment teeth. The retaining elements have the same structure as the prosthesis itself and do not differ in color from the natural color of the gum or tooth. The material is absolutely non-hygroscopic, which completely eliminates the development of microorganisms. Prostheses made from this material are successfully used both for partial defects and for the complete absence of teeth. This type of prosthetics, especially the replacement of partial defects, has increased plasticity, which is less effective when chewing food, but at the same time does not violate the taste sensations.

Clasps (hooks) accumulate food residues that are difficult to remove with a toothbrush. This method of fixing the prosthesis also negatively affects the supporting apparatus of the teeth, since in this case the teeth on which the prosthesis is attached begin to be subjected to lateral loads, while in the natural state, the teeth are subjected to loads mainly in the axial direction. This aesthetic disadvantage can be eliminated by using a different design of the clasp prosthesis on micro-locks (on attachments). These attachments are located under artificial crowns, which are located on the teeth adjacent to the defects. This arrangement makes them completely invisible. But this type of prosthesis is not without drawbacks. The fundamental, negative factor in the manufacture of these prostheses is the processing (preparation) of the teeth adjacent to the defect for fixed structures (crowns) and a metal arc that runs on the lower jaw from the side of the tongue and on the upper jaw along the hard palate. The metal arc often causes discomfort when talking and eating. The disadvantages that were mentioned above can compensate for removable dentures on telescopic crowns. This type of prosthesis is characterized as a conditionally removable structure. This prosthesis allows you to achieve maximum comfort, the highest accuracy of fit and create the appearance of a natural dentition. And, of course, it is impossible not to mention removable dentures fixed on mini-implants. On mini implants, clasp, lamellar prostheses, as well as removable sectors and segments that restore partially lost teeth, can be installed. The benefits of such types of prosthetics are undeniable, which is confirmed by long-term results and positive feedback from patients.

LIST OF USED LITERATURE:

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