APPROACHES TO THE CHOICE OF METHOD FOR THE RESTORATION OF ABUTMENT TEETH IN PROSTHETICS WITH PARTIAL REMOVABLE DENTURES

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Annotation: ***Complete edentulism is a worldwide, widespread problem and is the predominant diagnosis in patients over 65 years of age. Complete loss of teeth has a significant impact on the physiological and social parameters of human life, so this problem requires the closest attention. Orthopedic treatment with traditional full dentures is not an ideal treatment for complete edentulous, due to some of the difficulties that arise when using them. The study of this issue led to the introduction of intraosseous dental implants into the practice of orthopedic dentistry. The advantages of this technique are: a significant improvement in function, prevention of bone resorption, a significant increase in patient satisfaction with treatment.***

Key words: ***complete removable denture, intraosseous implants, occlusal-gingival distance.***

The options and possibilities for treating a patient with complete edentulism, of course, should be based on the principles of the most individual approach, since the state of the edentulous oral cavity is a prognostic factor that determines the complexity of the design and the possible result of prosthetics. The most important factors that should be considered in the treatment of patients with this diagnosis are: the duration of the adentia, as well as the patient's awareness of the need for regular visits to the dentist to identify the risk of complications after orthopedic treatment . It has been clinically proven that in modern conditions, when treating patients with complete edentulism, the doctor must motivate him, firstly, to make complete removable dentures based on implants, and, secondly, to maintain a high level of oral hygiene, since the formation of dental stone around the abutment and the prosthesis itself can lead to the development of reimplantitis, so it is necessary to undergo annual dispensary examinations. The conducted studies show that the success of such implant-supported prosthetics for 5, 10, 15 years is observed in more than 90% of cases. Treatment with intraosseous implants should be discussed in terms of potential improvement in prosthetic outcomes . Implant-retained complete dentures are the minimum standard of care for a fully edentulous mandible. This type of prosthetics has a physiological interaction with the remaining alveolar bone, improves chewing function, provides a positive result in improving social adaptation and creates conditions for rational oral hygiene.

The indications for choosing a restoration method now overlap (for example, veneers, crowns and bridges have become common indications for direct restorations). Currently, a ten-year service life is used for all types of restoration, and no differences between different methods have been established. Indirect restoration of teeth is the restoration of the shape, color and function of the tooth with the help of orthopedic structures. Indirect methods include veneers and lumineers, inlays and crowns. The most commonly used material for indirect restorations is ceramic. She is meets all aesthetic requirements, perfectly imitating a natural tooth, has high strength characteristics, which is

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also important. Indirect restorations are made in a laboratory and therefore take several days. The manufacture of indirect restorations involves a number of clinical and laboratory stages, the stages differ from each other depending on the chosen prosthetic design.

The most widely used in the technology of manufacturing both direct and indirect restoration of teeth are materials such as composites and glass ionomer cements - traditional and modified. The last decades of widespread use of composites, along with high adhesion strength, strength and aesthetics, have revealed a number of problems associated with polymerization shrinkage, lack of antibacterial properties, degradation of the organic matrix under the action of oral microorganisms, and a shift in the spectrum of plaque microbes towards anaerobes. The problem of restoring dentition defects with partial removable dentures at the present stage of development of orthopedic dentistry remains relevant. Along with the classic clasp prostheses with a rigid frame, clasp prostheses with the so-called “flexible frame”, saddles and clasps made of thermoplastics are increasingly being used in the clinic. Such clasp prostheses are made by injection molding.

Some authors believe that thermoplastic clasp prostheses are much lighter than metal ones, do not cause allergic reactions, patients get used to them faster, they are easier to process and fit, less laborious to work, since there is no metal casting stage; due to clasp elements made of thermoplastics, they surpass metal ones in aesthetics, do not damage the enamel of supporting teeth, and judging by

According to our 7-year observation, direct composite restorations can also be used, therefore, there is no need to cover the teeth with crowns. Thus, the use of thermoplastic clasps provides a good aesthetic result due to the possibility of matching the color of the clasps to the color of natural teeth. Minimizes periodontal trauma due to the "softness" of the clasps, and therefore, their sparing effect on the periodontium; this quality also provides a sparing effect on the hard tissues of the teeth, which prevents the formation of defects in the hard tissues of the tooth in the area of the clasp load and makes it possible to use these clasps when using direct composite restorations of the hard tissues of the abutment teeth Photocomposites have a thermal expansion coefficient (CTE) of F 28 ppm/°C, which is almost 2 times higher than the CTE of enamel and 3 times that of dentine . All these negative aspects contribute to the appearance of marginal permeability, staining, the development of secondary caries and, as a result, lead to the replacement of the restoration.

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Removable designs have a base that mimics natural gums. Therefore, they look natural, like natural teeth. In the case of complete dentition, a removable denture is attached directly to the gums. The prosthesis fits snugly to the soft tissues, without displacement and loosening.

The prosthesis is fixed with the help of clasps, hooks or implants. The lower part is attached to the roots of native teeth, and the upper part is inside the base of the structure. If the prosthesis replaces the entire dentition, then fixation occurs only on the gums.

As follows from the practice of orthopedic dentists, a fairly large percentage of patients apply for rehabilitation after partial or complete loss of teeth. And, as a rule, many of them would not like to use removable dentures in everyday life. In the arsenal of modern dentistry, such a type of prosthetics as implants has long been positively proven, but, however, this is not always commensurate with the financial situation of the patient, and sometimes clinical conditions in the oral cavity do not allow the use of this technology. Then the question arises whether it is possible to make a prosthesis.

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.

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