NOKARIES DISEASES THAT OCCUR IN THE PERIOD OF HISTOGENESIS OF TOOTH DEVELOPMENT

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Abstract: *A slight erosion of the enamel on the cutting edges of the spade, post teeth, on the chewing surface of premolars, molars is a physiological phenomenon. Pathological tooth decay occurs as a result of various reasons, and this process differs from the physiological process in terms of speed.*

Key words: *tooth erosion, necrosis of tooth hard tissues, teeth injury, tooth hyperesthesia, tooth pigmentation and caries,*

Dental hard tissue diseases that develop after tooth eruption. After tooth eruption, various nocaries diseases can appear in them due to various reasons. These diseases can appear (iatrogenic) after external (exogenous) and internal (endogenous) negative effects and treatment of various dental diseases (pulpitis, periodontitis). This negative effect mainly changes the color of tooth enamel. A cosmetic defect occurs as a result of external (food, drugs) and internal (various diseases, drugs) negative effects. In addition, various chemical (defects) can appear in the teeth due to various reasons (chemical, physical, metabolic disorders, injuries). Among these diseases, there are those whose origin (etiology) and development (pathogenesis) are almost determined (to tooth pigmentation, dental caries, solid tissue erosion, necrosis, surgeries) and those that are not fully determined (tooth erosion, follicular defect, hyperesthesia, etc.). Currently, V.K. Patrikeyev (1969) and M.I. The following classification proposed by Groshikov (1986) is used:

- tooth pigmentation and views;
- destruction of hard tissues;
- acne-like defect;
- tooth erosion;
- necrosis of tooth hard tissues;
- teeth injury;
- tooth hyperesthesia.
- tooth pigmentation and caries

A healthy tooth has a color of varying degrees of whiteness: blue-white (milk teeth), grayish-gray, yellow (permanent teeth). Endogenous and exogenous factors affect tooth discoloration. Teeth have physiological and pathological decay. When teeth

erupt in children, the small enamel bumps on the cutting surface of the baby teeth are gradually eroded. Normally, the process of decay and formation takes place in the teeth. Pathological decay is formed as a result of the violation of substance metabolism in the tooth, increased decay. It occurs in 12% of the population. Absence of decay, physiological and pathological decay can be different in dental tissues. Physiological chewing can lead to erosion of the teeth. A slight erosion of the enamel on the cutting edges of the spade, post teeth, on the chewing surface of premolars, molars is a physiological phenomenon. Pathological tooth decay occurs as a result of various reasons, and this process differs from the physiological process in terms of speed. In deep, incorrect, right pricus, internal secretion glands, especially thyroid glands, gonad dysfunction, diabetes, nervous diseases, teeth grinding at night (bruxism), hypovitaminosis, rickets, etc. Pathological degeneration occurs in the processes that cause various metabolic disorders (Fig. 81). It is also suggested that genetics play a role. If there is pathological decay in the father's teeth, it also occurs in the children. Eating soft or hard food also plays an important role. Under the influence of professions: kamaychi, sumaiki, in the tradesmen, etc. Different teeth are also worn. In patients who constantly use cooking vinegar in food; pathological tooth decay occurs in chemical factory workers. It was found that the teeth of the workers of the Chirchik, Kokan, Almalyk, Navoi chemical plants have cavities and other changes. There are mainly 2 types of tooth decay: horizontal and vertical. Occurs in one and several teeth. Depending on the depth of the pathological process, several stages are distinguished:

• cusps of teeth are eroded;

• teeth are eroded to the equator of the crown;

• the crown of the teeth is eroded to the neck of the te The pulp does not open, substitute dentin is formed. If the decay is slow in the tooth and replacement dentin is formed, the teeth may not be painful, if it is fast, the pain will be strong as a result of various effects. Enamel and dentin that have become sharp can damage the oral mucosa. If it is, it needs to be leveled. Groshikov M.I. (1985) divided tooth decay into 3 levels. 1st degree - partial erosion of the enamel on the cutting edges and bumps of the crown of the tooth; II degree - erosion of the enamel layer of the cusps of the molar, premolar and molar teeth and the surface layers of the dentine of the cutting edge of the shovel tooth; Level III — performed based on the appearance of the enamel and dentin of the tooth cavity. Treatment is general and local. Basically, symptomatic treatment is used. In case of hyperesthesia, sensitivity, pain, painkillers are used. 75% sodium fluoride ointment, 75% strontium chloride ointment, polymineral solution, 1, 2, 3, 4% sodium fluoride solution and others are used. Deep defects can be filled with photopolymers. It is recommended to use a soft toothbrush. Fluoride, glyceraphosphate ointments should be used. In general treatment, it is necessary to treat the main disease well. It is necessary to have a high-quality, vitamin-rich, rational diet with milk. Calcium

gluconate is recommended 0.5-1 tablet 3 times a day. A course of vitamin therapy is recommended.

Erosion is formed in the teeth as a result of the gradual reduction of a part of the enamel and dentin. The reason is not known. There are speculations that it may be due to the effect of wet fruit juice as a result of toothbrush and toothpaste. Erosion of teeth has been observed in nervous, mental diseases, gout, endocrine diseases, especially thyrotoxicosis. Erosion of the teeth occurs in middle-aged and elderly people (40-80 years old), most often in upper molars, it can also occur in premolars. In the case of a bite, a round or saucer-shaped defect - a pit - is formed on the surface of the tooth. First, it damages the enamel and then the dentin (Fig. 85). The bottom of the erosion is hard and smooth. At the initial stage of erosion, enamel and dentin are damaged. Maksimovsky Yu.M. (1981) divided tooth erosion into 3 stages:

- ♦ enamel surface;
- ♦ all enamel;
- ♦ enamel and dentin are damaged;
- ♦ tooth erosion can be active acute and stabilized chronic and may overlap. This is observed in the recurrence of thyrotoxicosis.

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