



MINIMALLY INVASIVE INTERVENTION IN CARIES TREATMENT

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Abstract: *This treatment prevents the opening of the pulp chamber. After the cavity is formed, its walls and bottom are washed with warm isotonic sodium chloride solution. It is not advisable to use antiseptic agents, because these agents can cause an unpleasant situation in the pulp.*

Key words: *minimal impact on tooth structure, especially on immune zones, less time required for treatment, high aesthetic restoration can be achieved with adequate risk factor control, length of service time of restoration, little or no pain.*

In the mid-1990s, due to the creation of modern and effective adhesive methods and materials, the concept of minimally invasive intervention (MID — minimal intervention dentistry) - early treatment with maximum preservation of the anatomical and functional integrity of the tooth was formed. By the beginning of the 21st century, this concept has been actively developed, and important additions have been made to the diagnosis of dental caries, the use of preventive measures together with early treatment. Advantages of minimally invasive treatment:

- ◆ minimal impact on tooth structure, especially on immune zones;
- ◆ less time required for treatment;
- ◆ high aesthetic restoration can be achieved with adequate risk factor control;
- ◆ length of service time of restoration;
- ◆ little or no pain;
- ◆ occurrence of preventive effect as a result of prevention of retention of tooth decay in fissures and pits.

Disadvantages of minimally invasive treatment:

- ◆ high demand for dentist's professional skills; ◆ modern technical equipment of the dentist;
- ◆ the lack of recognition of the method and its opposition to the generally accepted concept of Black.
- ◆ Tunnel sharpening method

Tunnel sharpening is the preservation of the enamel edge by sharpening the carious focus on the contact surface of the tooth through the chewing surface. Tunnel sharpening method caries often occurs in the "dangerous triangle" below the contact point of two tooth crowns. Liquid flowing SHIC, with compomer fillers, cavity restoration without spacer matrix Designed for special groups in all developed countries. These include



people with limited physical and mental capabilities, the elderly, children, and people who are afraid of dental procedures. Advantages of the ART method:

- minimum sharpening of the carious cavity, less injury to the tooth and preservation of healthy tissue;
- pain-free, psychological trauma in the patient, lack of fear of the stomatologist;
- ease of infection control, as hand tools are easily sterilized;
- lack of need for local anesthesia, does not require electrical or dental equipment, the method can be used in remote hospitals, schools, hospitals;
- high economic efficiency;
- the possibility of restorative dental treatment for all social groups.

The ART-method is based on 2 principles: sharpening the caries cavity only with hand tools; tooth restoration with adhesive filling materials (SHIC). Contraindications to ART-method transfer:

- the presence of an abscess, tumor or fistula in the area of a carious tooth;
- presence of long-lasting pain in the tooth, chronic pulpitis;
- exposed tooth pulp

Laying a separating pad. Placement of a permanent filling begins with the placement of a spacer. Different types of cements are used as a separating base (from phosphate-cement, bisfat cement, adgezor, tenet, unifas, glass ionomer cements: fuji-1, fuji-2, ketak molar, etc.). The main purpose of placing a separating layer is to protect the dentin and pulp tissue from the effects of toxic substances in the composition of some filling materials (composite filling materials), and in some filling materials (amalgam, galloident, etc.) is to moderate the effects of hot and cold stimuli. Another feature of them is to increase the adhesion to the filler and to form a base for strengthening the filler on the bottom and walls of caries. A thin layer of spacer is placed along the bottom of the cavity and along the walls of the spacer, up to the dentin-enamel border. condition, modern composite-based fillers (crystalline, compapulus, digufil, compofil, etc.) have their own separating varnishes, which act as a separating base. Placement of permanent filling material. Caries cavity filling requires great care and it is necessary to take into account the following:

- the sharpened caries cavity must be absolutely dry;
- when choosing a filling material, it is necessary to take into account the negative and positive properties of the material;
- restoration of the anatomical shape of the tooth with the filling material, it must be in point and surface contact with the side teeth;
- it is necessary to restore the color and gloss of the enamel;
- According to Black, it is necessary to use separating matrices and celluloid plates when filling caries cavities of class II-IV.

Finishing of the placed filling materials is carried out with finishing pastes and rubber polishes: metal fillings - amalgams are polished with fmirs 24 hours after placement, and polished with polishes. Composite-based fillers are polished with diamond tools and syringes, and polished with 126 brushes using polishing paste. Treatment of deep caries. The treatment of deep acute caries includes removal of overhanging enamel edges, cutting of defective dentine tissue, formation of caries cavity and filling. In addition, treatment of



the pulp with drugs, strengthening of hard tissues of the tooth and general pathogenetic treatment are provided. After cutting the overhanging enamel edges with an excavator and tools, the carious dentine tissue is removed. It is inappropriate to treat the bottom of the caries cavity with a tool. But if there are spaces that need to be worked with a tool, that is, a small space and there is no excavator of the same size, then it is allowed to work with a ball tool without pressing. This treatment prevents the opening of the pulp chamber. After the cavity is formed, its walls and bottom are washed with warm isotonic sodium chloride solution. It is not advisable to use antiseptic agents, because these agents can cause an unpleasant situation in the pulp. Then the moisture is dried from the cavity with the help of sterilized dry cotton. Deep acute caries is treated in two passes, therefore, in the first pass, a healing base (mixture of calcium, zinc oxide with eugenol oil, calcimol, calcicur, life) is placed at the bottom of the cavity. Some researchers have also written about treatment with thymol crystal at the bottom of the dentin, but this treatment is painful and there is a risk of opening the pulp cavity. E.F. According to Evstrifeev's recommendation, the ointment of iodoform in alcohol is a mild disinfectant and affects the pulp as a soft stimulant and restorer, and participates in the formation of substitute dentine tissue. Such an ointment is mainly applied after the alcohol content has been distilled.

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