

DIAGNOSIS AND TREATMENT OF NARROWING OF THE UPPER JAW

Qodirov J. M.

Nigmatov R. N.

Nigmatova I. M.

(Department of Orthodontics and Dental Prosthetics,
Tashkent State Dental Institute. Tashkent, Uzbekistan)

Summary

Diagnosis and treatment of malocclusion narrowing of the upper jaw is a challenge for dentists who are trying to correct this malocclusion at an early age. Patients with an can be diagnosed clinically and cephalometrically, but the diagnosis must be considered in the context of skeletal and dental structure. Accurate classification of this malocclusion narrowing of the upper jaw requires experience and training. Narrowing of the upper jaw malocclusion develops as a result of the interaction of many different etiological factors, including thumb and finger sucking, lip and tongue habits, airway obstruction, and true skeletal growth abnormalities. Treatment for narrowing of the upper jaw ranges from observation or simple habit control to complex surgical procedures. Successful identification of the etiology increases the chances of successful treatment.

An narrowing of the upper jaw is an abnormal bite occurring in a sagittal plane, characterized by the absence of sagittal overlap between the maxillary and mandibular teeth. Anterior narrowing of the upper jaw, especially skeletal bite, is called "malocclusion stigmata".

Keywords: narrowing of the upper jaw , etiology, treatment plan.

An narrowing of the upper jaw is an abnormal bite occurring in a sagittal plane, characterized by a lack of vertical overlap between the upper and lower teeth. An open bite can occur in the anterior and lateral regions and are called an anterior narrowing of the upper jaw and a lateral narrowing of the upper jaw, respectively. Diagnosis, treatment and successful retention of cured narrowing of the upper jaw anomalies present a challenge to the technical ability and skill of clinicians. There are many potential etiological factors including heredity, adverse growth patterns,

finger sucking habits, abnormal functioning of the tongue and orofacial muscles, orofacial functional matrices and their interaction with skeletal components, imbalances between jaw position, occlusal and eruptive forces, and head position. A detailed understanding of the etiology and developmental process is thus essential in its treatment. An anterior narrowing of the upper jaw can be defined as an underbite between the incisal edges of the maxillary and mandibular anterior teeth, with the posterior teeth in occlusion. Thus, in an anterior narrowing of the upper jaw, there is no sagittal overlap between the upper and lower anterior teeth. Anterior narrowing of the upper jaw is aesthetically unattractive, especially during speech when the tongue is clamped between the teeth and lips. Anterior narrowing of the upper jaw, especially skeletal.

Purpose of the study. Based on anatomical and functional data, to study the frequency of occurrence, features of the formation of the dental system in children with a narrowing of the upper jaw and to develop recommendations for the prevention of dental anomalies.

Material and methods. The study included 156 patients aged 4-9 years. Boys 81 girls 75 applied to the Tashkent State Dental Institute at the Department of Orthodontics and Dental Prosthetics in the period 2020 to 2023. All patients underwent an external examination and examination of the oral cavity with the entry of data from the medical record of the orthodontic patient; also, a questionnaire was conducted among the parents to find out the life history of the patients (data on bad habits, duration of breastfeeding, type of nutrition)

The etiology of anterior narrowing of the upper jaw is multifactorial. Narrowing of the upper jaw can occur due to various hereditary and non-hereditary factors. Narrowing of the upper jaw is the result of an interaction between these factors. There may be narrowing of the upper jaw speech defects with hoarseness. There may be associated upper respiratory tract infections. Hoarseness associated with anterior open bite and gaps is called interdental sigmatism.

Research results. The study revealed that narrowing of the upper jaw occurred in 49 children. Various types of CFA were found in 45 patients with infantile type of



swallowing. Among patients with infantile type of swallowing, 5 children had bad habits. Most patients with infantile type of swallowing had a history of predominantly artificial feeding.

Conclusion. The infantile type of swallowing in children 4-9 years old occurs in 31.41% of cases. The overwhelming majority of patients with infantile swallowing have one or another type of CFA. The pattern of tongue movement during swallowing has a direct impact on the growth and development of the maxillofacial system and the position of the teeth in the alveolar processes of the jaws.

References

1. Using the posterior distalization in patients with secondary deformation of dentition.//Prof. R.N.Nigmatov competitor IM Ruzmetova //. World Healthcare Providers Multidisciplinary medical journal. Vol. 8. № 1. February. 2017.- P.- 45-48.
2. Prevalence of dental system anomalies and speech disorders in children bite of Tashkent city /I.M. Nigmatova, R.N.Nigmatov, F.K.Inogomova //Proceedings of the Third International Conference of European Academy of Science / December 20-30, 2018, Bonn, Germany.- 2018.- P. 37-38.
3. Диагностика эстетики улыбки при сужении верхнего зубного ряда. //Давронова Р.Х., Нигматова И.М. / Тезисы. Сб. Материалов IV Международного конгресса стоматологов и VIII съезда стоматологов Узбекистана «Актуальные проблемы стоматологии и челюстно-лицевой хирургии». 10-11 декабря 2021 г. – Т. 2021. – С.550-551.
4. Отчет о опубликованные научные труды сотрудников кафедры ортодонтии и зубного протезирования за 2022-23 учебный год. // Нигматов Р.Н., Муртазаев С.С., Нигматова И.М., Арипова Г.Э., Шамухамедова Ф.А., Кодиров Ж.М., Акбаров К.С., Расулова Ш.Р., Аралов М.Б., Нигматова Н.Р. / Сборник материалов научно-практической конференции с международным участием «Актуальные вопросы ортопедической стоматологии и ортодонтии» г. Ташкент – 2023. С. 167-187.

