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INFLUENCE OF CHILDRENS QUALITY OF LIFE ON THE FORMATION OF THE UPPER JAW IN CHILDREN WITH RESPIRATORY SYSTEM PATHOLOGIES

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Abstract:

The attractiveness of the face plays a huge role in the social life of people, being a significant psychosocial factor. The face largely determines its attractiveness and is the main means of identification and nonverbal communication. According to the results of the study[12], 63 % of patients believe that their problems with appearance had a negative impact on their personal life, and 44% - on their FW (Shurbeleva 2003) [4]. Very often, it is the desire to improve the aesthetics of teeth and face that is the main reason for contacting an orthodontist [10,15].

Keywords: identification, nonverbal, aesthetic disorders, aggravate the existing.

Introduction

Defects and deformities of the dentition rows are often the causes of functional, morphological and aesthetic disorders in the maxillofacial region (ZCHO), and in the presence of anamal occlusions aggravate the existing deviations. The main functions of the dental system (JS) are breathing, swallowing, speaking, and chewing. When deformities of the dentition rows are frequent, the narrowing of the dental alveolar arches (BACK) of the jaws is 30.5% - 58% of cases[2,5,6,8,9,14,16]; narrowing of the jaws, especially the upper one, is often combined with other dental anomalies (HFA). The relationship between jaw constriction and nasal breathing disorders (ND) has been studied by many experts (Sezereta l. H. 2004)[5,14,19].

However, experts ' opinions about the reasons for violating the tax code are ambiguous. A number of experts point out that the narrowing of the upper jaw (in/h) causes a violation of ND (Poole M. D. 1998)[1,14], others consider that a violation of the HG is the cause of ZCHD[5,7], at the same time, it is believed that the malocclusion is not dependent on the type of breathing[13], another author affirms the adenoids interfere with the passage of the air stream, and also cause congestion in mucous membranes (WITH) the nose and often the paranasal sinuses[18], there are still a number of scientific works, which alleges quality of life

(QOL) of children is also an important role for the formation of the DMD and ZCHD in children[3,5,11].

Main part

Thus, the literature data indicate an increase in the number of dental anomalies, the predominance of incorrect teething, violations of the structure of the dentition and QOL of children.

The aim of the study is to study the impact of quality of life on the formation of crowding in / Chu children with respiratory system pathologies.

Results and discussion; obtained result the clinical disorders of ESR, somatic and Lorpathology in children with narrowing in/h 43 children aged 7-11 years with varying degrees of narrowing in/h were divided into 2 groups, for further treatment: 22 children with habitual oral breathing (RD), with pronounced, narrowing in/h, in which the distance between the Palatine surfaces of the first molars in/h was less than 35mm (the main group - OG); and 21 children with nasal breathing, with sufficient width V/h (comparison group - HS). The mental and physical development of the patients did not differ from the average characteristics.

Anamnesis, APG and OPG analysis were analyzed from the medical records. The analysis of the questionnaires did not reveal a significant difference in the health status of patients in the main and comparison groups. Special attention was paid to the presence of diseases of ENT organs, their severity and duration. The main complaint made by patients (parents) in the OG and GP groups is aesthetic disorders (100%) related to the position of the incisors. Parents note that OG children (46%) quickly get tired during physical activity and after school. There is a violation of lip closure (28% and 10% in OG and GS, respectively), violation of the purity of pronunciation of speech sounds (28% and 14%). In 22% of OG children, parents noted a nasal tone of speech, despite performing an adenotomy at preschool age. From the anamnesis, it was found that children with OG had a history of ENT diseases in 62% of cases. In the GS, this parameter was 28% of cases. Violation of ND, caused by chronic diseases of the nasopharynx, persisted for a long period of time in the OG in 46% of patients, in the GP-in 10%.

Conclusions. At RD, there is a narrowing in / h, a high "Gothic" sky is formed, which affects the volume of the nasal cavity. The literature notes that in order to detect Orofacial dysfunctions, it is necessary to involve all specialists working with children, but the clinic does not underestimate the role of an orthodontist in solving the problem of ND disorders.

In connection with aesthetic disorders in the deformities of the ESR, the orthodontist is often the first specialist who accepts children with a violation of the ND. The methods of R-examination used at the orthodontic reception carry information that allows us to assess the state of the respiratory tract.

From the anamnesis, we found that children with severe narrowing in / h had a history of ENT diseases in 64% of cases. Clinical analysis of these cases showed rapid fatigue of children during physical activity and after school (40%), violation of lip closure (32%), violation of the

purity of pronunciation of speech sounds (24%). Violation of ND caused by chronic diseases of the nasopharynx persisted for a long period of time in 48% of patients. When determining The Izard g facial index. we found that children with narrowing in / h are more often characterized by a "narrow face", which indicates a tendency to increase the height of the face with prolonged RD in children. Bilateral Exo-occlusion in 52% of cases, unilateral Exo-occlusion with n/h displacement in 28% of children indicate skeletal insufficiency of the width of the I / h in the OG.

Children with narrowing in / h (OG) were identified pathological changes in ENT organs in 100% of cases. During endoscopic examination of the upper respiratory tract, 68% of OG-1 children had pharyngeal tonsils hypertrophy of II and III degrees, in 28% of cases there was mechanical obstruction of the pharyngeal mouth of the auditory tubes due to adenoid vegetation, which led to conductive hearing loss of I-II degrees.

Less than half of the children (43.7-44.0%) experienced discomfort in their teeth, mouth and jaws. QOL of these children was also relatively the worst - 0.96 units. Emotional state relatively the worst QOL is detected in children from 12 to 17 years (on average, 0.84 units), whose emotional state is often disturbed. The percentage of parents who point to high costs for solving their children's dental problems increases depending on the age of the children. The number of parents in the older age groups who gave an affirmative answer to this question was 1.6-2.1 times more than in the younger age groups. The number of parents who responded positively about high costs is directly proportional to the state of the child's QOL. Another pattern has been established: with the increase in the age of children, the family's expenses for solving dental problems also increase, which is closely related to the deterioration of the child's QOL.

Conclusion

Thus, an orthodontist can determine the etiopathogenesis and degree of PD violation by analyzing TRG, OPG, and studying QOL in children, which will help interdisciplinary planning for early diagnosis and treatment of children with HFA, including narrowing of the I/h and RD.

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