

**THE MUCOUS MEMBRANE OF THE ORAL CAVITY AND PARADONTAL
TISSUES WHEN PROSTHETIC DIOXIDE-ZIRCONIUM BRIDGES****H. K. Akhmedov**

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ABSTRACT

Isolated CPL sopr is detected in 25.6-35.0% of patients with CPL, more often occurs in complicated, recurrent forms, accompanied by pronounced structural-functional and aesthetic (when localized on the red border of the lips) disorders, leads to a decrease in the dental components of the quality of life (Libik T. V., 2010; Ron G. I., Akmalova G. M., 2014; Chuikin S. V. et al., 2015; Zhovtyak P. B., Grigoriev S. S., 2017; Lopez-Jornet P., Camacho-Alonso F., 2010; Scully C., carrozzo M., 2008). If CPL accounts for from 1.5 to 2.5% of cases of dermatological diseases, then its manifestations occupy the first place in the structure of the incidence of COPD (from 35.0 to 50.0% in different populations); combined CPL-Associated skin and mucosal lesions, including COPD, are detected in 45.0-75.0% of patients with CPD, which determines the extensive aspect of the problem's relevance (Pankratov V. G, Gorbatshevich D. S., 2012; Olisova O. Yu. et al., 2015).

Keywords: dental aspects of CPL, clinical result, orthopedic structures.

INTRODUCTION

The dental aspects of CPL are multi-faceted and fall within the area of scientific and practical interests of dentists of various profiles and internists. The most fully studied features of clinical manifestations and the effectiveness of various schemes of physiotherapy and pharmacotherapy of CPL SOPR (Rabinovich I. M. et al., 5 2002; Litvinov S. A., 2004; Ivanova E. V., 2005; Rabinovich O. F., Epeldimova E. A., 2005; Arutyunov S. D. et al., 2007; Akmalova G. M., 2016; Porter S., Scully C., 2000; Suresh S. S. et al., 2016; Akram Z. et al., 2017; Gupta S. et al., 2017). However, attention is drawn to the fact that even with the use of modern drug therapy regimens, it is not always possible to achieve an optimal clinical result with a stable remission of CPL.

MAIN PART

Patients with partial or complete loss of teeth and the presence of chronic diseases of the oral mucosa often come to the clinic of orthopedic dentistry. Currently, it is proved that orthopedic treatment of patients with diseases such as lichen planus, leukoplakia, gum fibromatosis, papillomatosis, and angular cheilitis is not only possible, but also necessary. This is due to the undoubted role of dental prosthetics in the prevention of exacerbations of these nosological forms.

Local mechanical and electrochemical stimuli play an important role in the pathogenesis of diseases of the oral mucosa. These are: first, anomalies in the position of the teeth, deformities of the dentition, sharp edges of the teeth, partial loss of teeth that contribute to injury to the oral mucosa; second, incorrectly designed or defective dentures; third, orthopedic structures made of metals with different electrochemical potentials .

CONCLUSION

The disease still remains an urgent problem of modern dentistry and medicine due to the ambiguity of etiopathogenesis, a variety of trigger and trigger risk factors, the development of clinically manifest morphofunctional and aesthetically significant lesions of the skin, mucous membranes and internal organs. In the structure of dermatological morbidity, CPL accounts for 1.5% -2.5% of cases, the frequency of simultaneous damage to the mucous membranes and skin varies from 23.0 to 28.6%. Isolated lesions of the SOPR, according to various authors, were registered in 35.0% - 58.0% of cases. Manifestations of CPL on the SOPR are more severe, may long precede the appearance of skin symptoms and remain the only sign of the disease.

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