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**THE FEATURES OF RE-PROSTHESIS OF PATIENTS WITH EDENTULOUS JAWS.**

According to the literature, for patients with edentulous jaws recommended to change complete dentures every 3-4 years, because bone resorption processes, which began after teeth extract, and continued under basis of laminar dentures.

Research showed the atrophy extends unevenly. Complete dentures have bad fixation and balance – it’s manifested in clinical cases. Patients have marked pain points under different parts basis of laminar dentures.

In the investigation of dentures, we can see attrition of occlusal surface of chewing teeth and cutting edges of frontal, and so patients complained of shortness food chewing. At the same time, as a rule, chewing function remains high. However, the duration of the chewing period is greatly increased.

The patients most often have decrease the height of lower portion of face, which depending on duration used of dentures and extent plastic teeth attrition - reduction from 2 to 10 mm and more. Moreover, such dentures are often covered with a dark coating. Erased teeth worsen the aesthetic quality of dentures. The patients sometimes complained of frequent breakdowns dentures, due to the discrepancy between basis of dentures and prosthetic area, as well as the aging of plastic.

Clinical stages during the second orthopedic treatment of patients with edentulous jaws are not different from the standard. At the same time there are some nuances, the knowledge can help to prevent possible errors. It should be noted, the doctor, during re-prosthesis, work with a patient who has previously used removable dentures and psychologically prepared for it. Working with such patients is simplified, since disappears prejudiced against the removable denture, especially women.

That patients, usually much faster to adapt for new dentures. Their treatment should be start with carefully examination their existing dentures. After specific correction these dentures can be used to take impressions successfully. Since the patient is well adapted to the prosthesis, receiving impressions under the force of chewing pressure, it is possible to achieve good results.

There are different points of view on the question of the treatment patients with decreased vertical dimensional. Some authors consider that height should not be restored. For others, it necessary to carry out gradually. N.V. Kalinina proposes to hold a so-called neuromuscular retraining.

It based on the preparation of the central nervous system, as well as arbitrary and reflex impellent activity of muscles. This is achieved with using biteguard and raising interalveolar distance above the physiological rest. And used the physiological feature miotatic reflex - decrease contractility of the muscles in their transcendent stretching. The height of interalveolar distance raised to 3-4 mm above the level of physiological rest with biteguard. Patients must use this biteguard from 3 months to 1 year. Clinical signs indicative of completion of training neuromuscular apparatus, when patient feeling the convenience and desire to use biteguard constantly, including chewing. After that, for patient is make dentures with normal height of lower portion of the face. But many patients do not agree on this long and painful treatment.

Based on a lot of clinical data, we believe, for patients who have decrease of height lower portion of the face, we can restore the height on one time, without restructuring miotatic reflex. Investigating the patients' dentures, particular attention is paid to shape and size of artificial teeth and configuration of dental arch, so as not to repeat any errors in the construction of artificial dentition in newly manufactured dentures. The new dentures have not narrowed dental arch, it’s important. If the old dentures were with biprognatic contact, patients will complain of a lack of space for the tongue.

Special difficulties with prosthetics patients who appeared on the old dentures with habitual occlusion (progeny, shift to side). Although clinicians recommend new dentures with the same setting of artificial dentition but our clinical studies indicate opposite. The new dentures should be done with correct setting of artificial teeth. With high mounds for prevent displacement in the habitual bite and carry out explanatory work with patients (train to them properly contact of jaw).