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TREATMENT OF ORTHODONTIC PATIENTS ON THE BORDER OF SPECIALITIES

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Abstract: Dento-maxillary anomalies are widespread in Ukraine and require complex treatment with the involvement of related dental specialists. This work summarizes the work of the author's team in the context of the list of manipulations for surgical preparation of the oral cavity for orthodontic treatment and emphasizes the effectiveness of multidisciplinary interaction between the dental surgeon and the orthodontist.

Keywords: dento-maxillary anomalies, multi-specialism approach.

Topic relevance: Dento-maxillary anomalies (DMA) are widely represented among children and have a pronounced tendency to increase their prevalence. Untreated anomalies in childhood affect temporomandibular joint diseases in adults and cause difficulties in prosthetics. According to various authors, they make up from 60 to 80% and acquire increasingly severe forms [1]. Planning of orthodontic treatment by an orthodontist should be carried out comprehensively, with maximum prediction of treatment results and the use of a multidisciplinary approach [2]. Treatment of dentomaxillary anomalies should be individual and depend on the age of the patients, etiology and clinical form of the anomaly and concomitant pathology [3]. Surgical preparation for orthodontic treatment should be planned by the orthodontist and dental surgeon together, and should contribute to the achievement of

the main goals of orthodontic treatment.

The purpose of our study is to plan the main types of surgical interventions for various dentofacial anomalies in patients of different ages with orthodontic pathology.

Materials and methods of the study. Four groups of patients were formed, depending on the type of pathology and surgical intervention that must be performed before orthodontic treatment

1. Patients with a short frenulum of the upper and lower lips and a small in front of the oral cavity;
2. Patients with supernumerary teeth and odontomas;
3. Patients with impacted permanent teeth;
4. Patients who require the installation of microimplants for orthodontic treatment.

Results. For the first group of patients, various frenuloplasty techniques are used, the choice of which depends on the degree of pathology, but more often it is the V-shaped plastic method according to Dieffenbach, which allows achieving maximum aesthetic results with minimal surgical intervention and starting the orthodontist's work with the patient immediately after the wound heals and sutures are removed. For the second group, more than 80% of supernumerary teeth are found on the upper jaw, and 90% of them are in its anterior section [4]. In such cases, we operate to remove the supernumerary tooth before starting orthodontic treatment. The third group includes patients with impacted teeth of the upper and lower jaws who require simultaneous surgical and orthodontic treatment. Unlike the previous groups of patients, in this pathology, the treatment is started by an orthodontist, whose task is to create the necessary space for the placement of the impacted tooth in the dentition. After that, the surgeon opens the tooth to fix an orthodontic element on it, with the help of which it is possible to set the tooth in the correct position. In our work, we use traditional methods proposed by Jean-Marie Corbando and Antonio Patti [5]. Patients of the fourth group, respectively, need the installation of microimplants that reduce the treatment time by 25-50% during orthodontic treatment.

Conclusions: Studies of patients with various dentofacial anomalies have shown that the most effective treatment method is a multidisciplinary approach with coordinated simultaneous work of a dental surgeon and an orthodontist. This allows you to significantly speed up treatment and achieve the desired results in a short time. Continuing research in this direction looks promising.

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