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ABSTRACT

About 2 billion people worldwide suffer from anemia. Moreover, the symptom is most often diagnosed in children. According to WHO, anemia is present to some extent in 47.4% of preschool children and 25.4% of school-age children. Anemia has the most significant impact on oral health. Therefore, pediatric dentists should be aware of the course of oral diseases in children with anemia. Nowadays, it is no secret that modern scientific work done in the field of dentistry tends to determine the relationship between dental health and various concomitant diseases of the whole body. Anemia, which is common in children, can be the most common chronic disease among adults, and thus can lead to various complications.

Key words: iron deficiency anemia, dental health, quality of life.

INTRODUCTION

Despite the development of modern medicine, currently the prevalence and growth of anemia among children poses a number of problems for specialists. Anemia is not an independent disease, but one of the most common symptoms of the disease. Currently, about 2 billion people worldwide suffer from anemia. What is important, this disease affects more children. According to the World Health Organization, 47.4% of preschool-age children and 25.4% of school-age children suffer from some form of anemia.

It is no secret that anemia has a very significant impact on the dental condition, causing serious dental problems. Therefore, pediatric dentists should know enough about the course of this disease and its impact on the oral cavity. Current research in the field of dentistry focuses on the study of oral health and its relationship with other metabolic as well as systemic diseases.

Anemia is the most common disease among children, which manifests itself as a complication of many major diseases, and also affects the general condition of the child. [L. Harding, M. E. Pavkov, D. J. Magliano, J. E. Shaw, and E. V. Gregg, 2019).

According to the World Health Organization (WHO), public health education is one of the most effective ways to provide health care compared to the many costs of treating the disease. Taking care of oral health is essential when caring for children with this condition. In this case, the underlying disease can also worsen the course of the dental disease.

Damage to the dental structure and deterioration of tooth enamel by caries is considered the most common dental problem among this category of patients. Periodontal inflammation is not limited to periodontal tissues, but can also cause structural changes, as well as gingivitis and severe periodontal diseases.

Hemoglobin is an iron-sparing protein whose function is to provide the body and tissues with oxygen. And with its lack, the body is not saturated with oxygen. Information about this is easily obtained from a general blood test. As for the causes of anemia in childhood, the blood elements of a young body are still incomplete, and even less significant causes can seriously affect the mechanism of its functioning. There are other causes of anemia in childhood: a large amount of nutrients is needed for a rapidly and intensively growing body, intestinal worms, etc. Lack of appetite and weak immunity lead to the fact that the child often gets sick, suffers from various diseases, is capricious, becomes sluggish and sedentary, and body weight drops. In addition, children become incapable of learning activities, clumsy and affective.

OBJECTIVE

to study the oral cavity condition in school - age children with iron deficiency and evaluate the dental condition, including prevention of dental diseases.

Based on the goal set for us, we set ourselves the following tasks: collecting data on children with iron deficiency aged from 6 to 15 years, who are under constant observation and treatment in the children's department of the Urgench Medical Association of Khorezm region; studying the oral cavity of children with iron deficiency anemia, conducting dental examinations; studying the quality of oral health of children with iron

deficiency life of children with iron-deficient anemia; and suggest the most convenient algorithm for preventing complicated dental complications in children with anemia;

MATERIAL AND RESULTS OF THE STUDY

In order to study the state of dentistry and oral cavity in children with iron deficiency anemia, 52 children undergoing treatment in the children's department of the Urgench Medical Association of Khorezm region were selected for the study. 52 patients with dental caries and its complications aged from 6 to 15 years, children who carry out comprehensive prevention of dental caries in children with anemia, dental patients were examined by retrospective examinations using the sick list, clinical and dental index, oral hygiene index, papillary, marginal, alveolar index, prevalence and intensity index caries. The patients under observation were divided into groups depending on the age and gender of the children. The role of birth history is important for the child's growth. It was found that physiological labor was observed in 34 (71.9%) children, and abnormal labor was observed in the remaining 18 (28.1%) patients (delayed labor, cesarean cesarean section, placenta previa in the placenta, vacuum extraction and paper presentation of water). During the postpartum period, breastfeeding is essential for healthy baby growth and strengthening the immune system. A retrospective analysis of our controlled sick children showed that natural nutrition was found in 8 (17.2%) sick children, artificial nutrition – in 18 (40.7%) sick children, and mixed nutrition – in 26 (22.1%) children. In general, most of the children were on a mixed diet, and we believe that this condition plays a special role in creating a pathological process in children of this group.

The results of studies conducted by many scientists show that nutrition is of paramount importance for the full growth of the child, which can lead to many irreversible complications for the growing child's body in the event of a violation of the condition.

Examination of the teeth and dentition begins with the upper jaw. prework, dental window are checked in a certain order and sequentially for each tooth. Teething, close placement of teeth, tremor and diastema, and when working, recognize the symptoms of bite injuries that were performed in such cases. At each examination of the tooth, attention was paid to its condition, shape, color, condition of hard tissues (form and stage of caries, systemic hypoplasia, etc.), the position of the dentition relative to the occlusal surface.

To assess the condition of the teeth, we used indicators recommended by the bjsst Committee of Specialists bjsst. Examination of the oral cavity organs was carried out in the dentist's office under artificial light using a set of conventional dental devices and included the study of the intensity of carious disease (KPU index), determination of resistance of tooth resistance to caries using a sweat test (V. R. Okushko, L. I. Kosareva, 1983), determination of the rate of enamel remineralization-KOSRE test (T.L. Redinova, V. K. Leontiev, G. D. Ovrutsky, 1982), diagnosis of caries by electrometric method (G. G. Ivanova, G. G., V. K. Leontiev, D. I. Stefaneev, 1981), using an assessment that includes such as determining the state of periodontal tissues using the RMA index.

Dental indications for oral examination of patients with this condition can significantly affect their overall health and disease progression. We are well aware that periodontal inflammatory changes and dental caries damage are the most common chronic diseases in children from this cohort. Inflammatory dental complications can notably be limited to the oral cavity, but can also lead to various systemic consequences.

Damage to the dental ligaments, tissues and layers of teeth caused by caries is more common in children with iron deficiency anemia compared to other dental diseases. Periodontal disease develops in children of this group (PC) earlier than in the healthy population, and the periodontal condition worsens due to its longer course. In addition, childhood caries (CD) is a dental disease that is common in children with iron deficiency and the causes of which depend on various factors, although studies do not provide accurate data on its prevalence. There is no sharp difference in the course of gingivitis, periodontitis and caries, for example, the cause of these diseases is non-compliance with the rules of oral hygiene and proper nutrition. Regular brushing of teeth and excessive consumption of sugary foods can cause even more harm to the oral cavity. Maintaining oral health can help prevent chronic dental diseases and alleviate the effects of chronic inflammation.

CONCLUSION

children suffering from iron deficiency should be simply and clearly explained what caries is and how it occurs. The main factor that causes tooth decay is tooth decay. Oral micro-organisms produce organic acids, which eventually destroy the dental tissues themselves. Under the influence of acids, the enamel layer of the tooth softens, and microbes begin to penetrate deeper into all the layers of the tooth. Proper food choices and low consumption of sweets reduce the risk of tooth decay. Calcium, fluoride and vitamin D play an important role in maintaining the strength of dental tissues. Children are taught that their diet should contain a sufficient amount of vitamins, protein substances and trace elements. Most important for the development of strong teeth is calcium, which serves as a building material for bones. Calcium is found in large quantities in milk, cheese, cottage cheese. The daily requirement for calcium will be about 1000 mg. On the other hand, meat and fish products at lunchtime contain about 1,000 grams.

Children with iron deficiency anemia are taught about the irreversibility of the element fluoride, which is necessary for the strength of teeth. Fluoride enhances remineralization of tooth and gives the tooth strength, protecting its outer surface from destruction. This reduces bacterial metabolism and, in turn, demineralization, reducing acid formation. If the content of fluoride in drinking water is low (less than 0.7 mg / l), it is recommended to bring its amount to normal, and in case of tooth decay, drink fluoridated water. In order to prevent tooth decay, children may also be recommended drugs that do not contain fluoride. These preparations are just as effective as fluoridated pastes. Good results are obtained if they are used in combination with fluoride fluorides. These preparations contain calcium, phosphorus, magnesium, potassium, sodium, organic substances, manganese, iron, zinc, copper and others

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