



## Consequences Of Early Extraction of Deciduous Teeth in Children

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### ABSTRACT

Temporary teeth play a very important role in the bite formation process. They are considered to be conductors for the growth of permanent teeth. It is the temporary teeth that pierce the strong bone tissue and form the bed for the eruption of molars, which exactly follow the growth of their predecessors. That is why it is important that the temporary teeth are not only healthy, but also grow in the right direction, so that later the child would not have problems with bite.

### Keywords:

Teeth, bite, children, dental arch, complications, milk and permanent bite, jaw, tooth extraction

### Relevance.

Among the urgent problems of pediatric dentistry, the issue of improving methods of diagnosing and treating temporary teeth and preserving them until the physiological change takes one of the leading places. This is due to both the frequency of occurrence and the severity of complications after early extraction of deciduous teeth, despite the implementation of a whole range of preventive measures.

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The timeliness, pairing and sequence of changing temporary teeth to permanent ones

determine the correctness of the formation of the dental arch and occlusal relationships.

Premature loss of deciduous teeth negatively affects not only the correct development of the jaws, the correct teething of permanent teeth, but also the general health of the child.

The consequences of early extraction of deciduous teeth can be a change in the bite and structure of the jaw, as well as musculo-articular imbalance, leading to dentoalveolar anomalies and deformities, complications of eruption of permanent molars, speech therapy deviations and impaired diction, an increase in the risk of caries in permanent teeth of the same name. All this creates conditions for the development of inflammatory processes in the maxillofacial region, as well as psychological discomfort, eating disorders and problems with the digestive system. [1.3.5.7.9].

Loss of teeth contributes to the emergence of more or less pronounced morphological and functional disorders in the

development of the dentoalveolar system, which occur first near the defect, and then spread outside the dentoalveolar complex, causing deformation of the jaws and a change in the spatial position of the articular heads of the temporomandibular joint. The severity of these disorders depends on the age of the defect.

Premature extraction of deciduous teeth entails the aggravation of the arisen and the appearance of new dentoalveolar anomalies and deformities. The need to preserve all temporary teeth is due to their important role in the formation of the occlusion height, the correct formation of the dentition, in ensuring the growth of the jaws, the timely eruption and correct placement of the permanent teeth in the alveolar process, the normal development of speech, the functions of chewing and swallowing, as well as in preventing the development secondary deformities of the jaws in the form of a shortening of the dental arch and the development of dentoalveolar lengthening [2.5.6.8.11].

The opposite effect is also possible: early extraction of deciduous teeth can cause a delay in eruption or, even worse, no eruption of permanent teeth at all (retention), intraosseous movement of their follicles, and a lag in the growth of the "toothless" areas of the jaws.

The premature loss of temporary molars leads to a disruption in the formation of the bite height and even a decrease in the available height, to a distal displacement of the lower jaw, and a change in the relationship between the elements of the temporomandibular joint. The destruction and subsequent removal of the first permanent molars during the formation of the masticatory apparatus is accompanied by gross morphological and functional disorders, the more pronounced, the earlier these teeth are removed.

Tooth decay and premature extraction can cause new anomalies and exacerbate existing ones. Thus, caries, its complications and dentoalveolar anomalies, being in close relationship, close the pathological ring and worsen the mutual course of both diseases.

It is possible to break this pathological ring in children by restoring the anatomical

shape of the crowns of decayed teeth and replacing defects in the dentition with prophylactic prostheses.

Clinical observations have shown that in early childhood, the loss of several temporary or permanent teeth leads to a pronounced dentoalveolar lengthening and severe deformities not only of the dental arches, but also of the jaws. Postponed inflammatory diseases of the jaws and soft tissues of the face are of great importance in the occurrence of dentoalveolar deformities [4.10.12].

It is known that secondary adentia affects the function of the dentition and contributes to the development of various deformities. This is due to the fact that after the early loss of several teeth in the dentoalveolar system, muscular-articular imbalance develops, the structure of the dentition is disturbed, which entails a change in functions, at first of an adaptive nature, and later becoming a factor in the occurrence of dentoalveolar deformities [13].

Early extraction of deciduous teeth in children with acute purulent inflammatory processes without subsequent prophylactic prosthetics of the dentition often leads to deformation of the dental arches in the sagittal, transverse and vertical planes, which is the cause of anomalies in the position of individual teeth and orthodontic treatment of the developed deformities.

According to the research conducted by V.G. Vasiliev, a direct relationship was found between the prevalence of caries, early removal of deciduous teeth and dentoalveolar anomalies, which indicates the conjugation of these pathological processes. An epidemiological examination revealed a high prevalence of dental caries, premature extraction of deciduous teeth and dentoalveolar anomalies. Early extraction of deciduous teeth is on average 19.66%, i.e. every 5 child aged 6 - 11 has removed temporary teeth long before the date of their physiological change [13.14].

To compensate for defects in the dentition in children, specialists used various designs: prophylactic removable plate prostheses and fixed devices, bridges and

cantilever prostheses, prostheses, devices with orthodontic elements [14.15].

Noteworthy is the opinion of experts on the use of monolithic bridges in childhood to eliminate defects in the dentition in the absence of the first permanent molars (Shilova G.B. 1968).

From the foregoing, it follows that timely correction of the disturbed anatomy of the teeth and dentition has a preventive value.

However, orthopedic care for children lags far behind the needs of the child population, while one of the most important factors in the rehabilitation of the mouth is the timely replacement of defects in the crowns of the teeth and dentition, which helps to normalize the reduced bite height and restore the functions of chewing, swallowing and speech, and also prevents the development of secondary deformations.

### Conclusion.

A number of foreign scientists believe that an indication for dental prosthetics should be a combined violation of the act of chewing and digestion in children, and absolute indications for dental prosthetics are available only with a decrease in chewing capacity by 60% or more. Studies by domestic authors have convincingly shown that premature tooth extraction during the formation of a temporary and permanent bite in children 1 TU II; 9 serious - morphological and accompanied by functional disorders. Therefore, it should be considered expedient to replace all defects of the crowns of teeth and dentition using appropriate designs of dentures.

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