

c) making complete removable teeth prosthetics with their fixing on two-stage implants of screw of cylindrical shape as a palliative method of treatment.

Apart from planning a final, constant prosthetics of patients with a complete adentia one should also solve the problem what a patient will do and how he will live during 2–3 months, and sometimes more time, while the process of reparative regeneration of bone around the placed implants is underway. Many patients cannot and don't want to be placed in social isolation due to lack of teeth, disturbance of speech and appearance. Therefore, while planning treatment, if a patient desires, one should consider temporal prosthetics that would allow the patient to restore speech function and correct facial features, and at least a partial chewing function.

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### TECHNOLOGIES OF ORTHOPEDIC TREATMENT WITH IMPLANTS IN DENTOLOGY

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The article represents a scientific foundation of optimal prosthesis' constructions with usage of tooth implantation.

High rates of worsening in dental health of the population, significant increase in teeth loos frequency, disturbance of occlusion find a reflection in general level of dental health of the population (A.A. Kalininskaya, L.M. Aliyeva, A.E. Ivanova, 2012).

Dental implantation is used quite efficiently for restoring dental function (A.V. Alimskiy, 2012).

Plan of technologies of orthopedic treatment using implants should define a sequence of implants' loading in earlier and later terms. A possibility to define initial anatomic-topographic terms of implantation, optimal prosthesis period, and reasonability of facilitating a certain methodic of surgery and prosthesis construction emerges.

The objective of this research is clinical foundation of optimal constructions of prosthesis using teeth implantation.

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surgery of Ministry of healthcare of RF served as a research base.

A final selection of prosthesis method, construction, and methodic of placing implants is made according to a balance of the mentioned factors in each specific situation.

Thus, if definition of a volume of bone tissue gives us information on which implant we can use, type of adentia and type of maxillary bone architectonics, and also prosthesis construction predetermine what implant should be used in a specific clinic situation.

Naturally, factors that define prosthetic method and type of implants should serve as a premise in planning treatment. A volume of the possessed bone can be considered as a secondary factor that defines initial conditions, needed for implantation. Bone volume is a variable value, as concepts «sufficient» of «insufficient» implies different qualitative characteristics for different types of adentia and prosthetic methods. For example, bone tissue height of 10,0 mm and its width of 3,5–4,0 mm in the area of lacking corner tooth is insufficient for placing an implant and further fixing of tooth on the implant itself, as in such clinic situation, an implant 10,0 mm high and 3,5–4,0 mm in diameter should be used. At the same time such bone volume cannot be considered as an unfavourable anatomic premise for implantation for some different types of adentia.

Inadequate volume of bone tissue cannot serve as a sufficient foundation for denying implantation or using a different type of implant, usage of which is unreasonable in a certain clinic situation. In order to create adequate anatomic-topographic conditions direct regeneration and bone transplantation, methods of distraction osteogenesis, can be utilized.

Apart from defining optimal prosthesis construction, type, size, and amount of implants, needed for realizing an acceptable prosthetics, a tactics of introducing surgical stage of treatment should be developed.

Besides, first of all, it is necessary to define implantation method and period of removing implants from functional loading in a certain clinic situation.

One-stage methodic of placing implants with early functional loading can be used for types I and II of bone architectonics and anatomic-topographic conditions, favourable for implantation:

- sufficient volume of bone tissue, adequate alveolar and inter-occlusion height, normal bite;
- presence of conditions for careful adaptation of surgery wound edges in implant area;
- lack of evident risk of inflammatory process in oral cavity during post-operation period (periodontitis).

In other cases two-stage method of implantation should be preferred.

Factors that influence period of removing an implant from function are: type of architectonic, variant of placing implant in relation to compact bone layer, and anatomic situation.

A direct functional loading over implants and the surrounding bone can be placed in case when implants have an inter-bone height no less than 10 mm, is architectonic of bone tissue corresponds to type I or II. In other cases implants should be involved into functional loading after 2–3 months of their placing. Under regressive transformation of bone (types V–VI of architectonics), unfavourable anatomic conditions, and usage of unusual methods, period of removing implants from functional loading should be increased up to 4–6 months, and sometimes even 10 months.

Treating single teeth row defects using teeth implants.

Two approaches can be used in replacing single defects of teeth rows:

1. Prosthetic on an implant preserving intact teeth.
2. Introduction of one of intact teeth into a prosthesis as an implant support.

Both approaches imply usage of implants of screw and cylindrical shape

Medical observation was carried out on 78 patients.

While replacing defects in area of one-root teeth, using implants with inter-bone diameter less than 4 mm, and height – 10–14 mm with joining temporal orthopedic construction with intact teeth should be considered as an optimal way of action; surplus micro motion over the system «implant-bone tissue» should be excluded.

In case a prosthesis has two points of support (two implants or an implant and an intact tooth), implants of any, even minimal height of inter-bone part can be used (8 mm for two-stage and 10 mm for one-stage implants).

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#### THE DENTAL HYGIENIST LOAD CALCULATION

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The forms of work and the results of the work quota setting of the dentist hygienist have been presented in the paper.

According to the WHO and the various authors' data, the dental diseases prevalence among the children population is being reached up 75–95%, among the adult one – 100%. So, the challenges, having associated with the teeth and the mouth cavity diseases, are being come in the first place, in the age groups of the population, who is older, than 35 years old.

Its citizens' dental health is constantly being deteriorated, having increased the medical, the social, and the economic damage.

The stomatology development intensive way with the predominant focus on the increase in the clinical and the medical work volume is not quite able to be solved the main challenge – the population dental morbidity reducing. The medical technologies care and the further improvement treatment, and the earlier prevention of the dental diseases is one of the challenges in the further dental care improving (e.g. A.V. Alimsky, 1999, Z.A. Ashuev, 2007).

So, the development and the further implementation of the individual programs of the hygienist education, the population education and the implementation of the measures for the dental disease prevention is the dental hygienist's work main purpose. Thus, the development and the further implementation of the individual programs, the basic hygienic prevention of the dental diseases is the dental hygienist's main objective. So, during the process of the research, the three main groups of the basic activities, having realized and carried out by the dental hygienist, have already been identified by us: the treatment, the prevention, and the training ones.

• The Treatment and Preventive Measures: the anti – inflammatory treatment: the applications, the gum bands, the films, and etc.; the physiotherapy treatment: the gums hydro – massage, the depoferez, the vacuum therapy, and etc.; the immature fissures filling by the temporary filling materials; the fissures sealing (e.g. the invasive and the non – invasive methods), all the fluorination methods; the patients' prophylactic medical clinical examination and the rehabilitation with the decompensated form of the caries, with the diseases of the oral cavity mucosa and the periodontal; the hygienic preparation just before the surgery operation for the periodontal disease, the implantations and the rehabilitation measures implementation in the post – operative period; the teeth whitening; the teeth hyperesthesia treatment; the occlusion test, the preliminary contacts identification, the selective teeth lapping.

• The Preventive Measures: the patient's examination survey with the certain hygienic indices definition; the mouth cavity irrigation (e.g. the abluion) by the antiseptic solutions; the local application or the injection anesthesia conducting; the deposits removal of the dental tartar and the soft incrustation or the dental deposit; the dental