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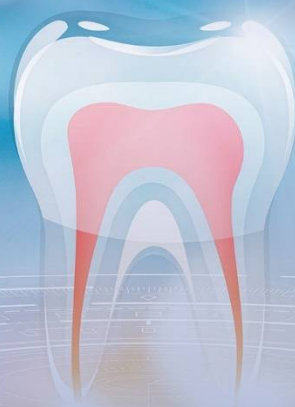
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2. Qandova Feruza Abduraxmonovna, Habibova Nazira Nasullayevna Fertil yoshdagi ayollarda homiladorlikka tayyorgarlik davrida og‘iz bo‘shlig‘i salomatligini baholashning diagnostik usullari.....	10
3. Nasretdinova Makhzuna Takhsinovna Diagnostic assessment of the caloric test in vestibular disorders.....	14
4. Наврўзова Ўғилхон Орзижон кизи Клинические особенности хронического рецидивирующего афтозного стоматита у женщин фертильного возраста и оптимизация подходов к его лечению.....	17
5. Ахмедов Илхом Иброхимович, Камалова Феруза Рахматуллаевна Совершенствование лечения и профилактики осложнений острого одонтогенного гнойного периостита челюстей у детей.....	21
6. Шомуродов Кахрамон Эркинович, Курмаев Саидбек Илдар угли Оценка степени микроподтекания на стыке имплантат-абатмент при различных видах их соединения.....	24
7. Ньматов Уктам Суюнович, Лутфуллаев Гайрат Умруллаевич Биохимический и клинический профиль больных с доброкачественными сосудистыми новообразованиями носовой полости на фоне стандартной терапии.....	28
8. Irgashev Kamron Nodirovich, Rizaev Jasur Alimjanovich Treatment of patients with pathological wear of hard tissues of teeth.....	31
9. Тураев Умар Рахимович Сут беи раки касаллигини жигарга экспрессия даражасини ўрганиш.....	37
10. Хамракулова Наргиза Орзуевна, Казимов Бекзод Батырович, Ахтамкулов Акбар Машрафович Венильная ангиофиброма: эволюция лечения	40
11. Лутфуллаев Гайрат Умруллаевич, Сафарова Насиба Искандаровна, Нарбаев Зафар Камилович Значение показателей эндогенной интоксикации в диагностике и лечении аллергического ринита.....	45
12. Камалова Малика Илхомовна, Кубаев Азиз Сайидолимович, Бузрукзода Жавохирхон Даврон Клинико-диагностический профиль педиатрических пациентов с неодонтогенными гнойно-воспалительными заболеваниями челюстно-лицевой области.....	48
13. Baymuradov Shukhrat Abduzhalilovich, Ibragimov Davron Dastamovich, Baratova Shoirra Nurzhigitovna Increasing the effectiveness of treating patients with combined injuries of facial bones with assessment of the hygienic condition of the oral cavity.....	52
14. Abdullaev Timur Zafarovich, Rizaev Elyor Alimzhanovich Improving dental care with an individual approach in comprehensive treatment of patients with bone tuberculosis of maxillofacial localization.....	57
15. Yusupalikhodjaeva Saodat Khamidullaevna, Muqimova Hurriyat Olimjon qizi, Dustmukhamedova Elnora Khayrullaevna Assessment of dental status and the role of chronic pancreatitis as a risk factor for periodontal diseases.....	61
16. Abduvakilov Jahongir Ubaydullaevich, Olimbekov Ulug‘bek Otabek o‘g‘li Elektron sigareta iste‘mol qiluvchilarda surunkali tarqoq parodontitning etiopatogenetik aspektlari.....	67
17. Ташматов Сухроб Абдурашидович, Магруппов Баходир Асадуллаевич Опухоли головного мозга у детей: морфология, иммуногистохимия и молекулярные маркеры в клинической практике.....	71

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TREATMENT OF PATIENTS WITH PATHOLOGICAL WEAR OF HARD TISSUES OF TEETH

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ANNOTATION

Pathological wear of the hard tissues of teeth is a significant problem in modern dentistry. This condition is characterized by a progressive loss of enamel and dentin that does not correspond to the age-related physiological norms. According to epidemiological studies, the prevalence of this pathology shows a stable trend of growth and occurs in 30-60% of the population aged 25 to 50 years. This is associated with changes in dietary habits, increased stress levels, and the widespread occurrence of parafunctions of the masticatory muscles.

Keywords: patient treatment, pathological wear, hard tissue, teeth

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ЛЕЧЕНИЯ ПАЦИЕНТОВ С ПАТОЛОГИЧЕСКОЙ СТИРАЕМОСТЬЮ ТВЕРДЫХ ТКАНЕЙ ЗУБОВ

АННОТАЦИЯ

Патологическая стираемость твердых тканей зубов представляет собой актуальную проблему современной стоматологии, характеризующуюся прогрессирующей убылью эмали и дентина, которая не соответствует возрастным физиологическим нормам. По данным эпидемиологических исследований, распространенность данной патологии демонстрирует устойчивую тенденцию к росту и встречается у 30-60% населения в возрасте от 25 до 50 лет, что связано с изменением характера питания, увеличением стрессовых нагрузок и распространенностью парафункций жевательных мышц.

Ключевые слова: лечение пациентов, патологическая стираемость, твердая ткань, зубы

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TISHLARNING QATTIQ TO‘QIMALARI PATOLOGIK EMIRILISHI BILAN OG‘RIGAN BEMORLARNI DAVOLASH

ANNOTATSIYA

Tishlarning qattiq to‘qimalari patologik yemirilishi zamonaviy stomatologiyaning dolzarb muammosi hisoblanadi. Bu holat emal va dentinning yosh fiziologik me‘yorlariga mos kelmaydigan progressiv kamayishi bilan tavsiflanadi. Epidemiologik tadqiqotlar ma‘lumotlariga ko‘ra, ushbu patologiyaning tarqalishi barqaror o‘sish tendensiyasini ko‘rsatmoqda va 25 yoshdan 50 yoshgacha bo‘lgan aholining 30-60 foizida uchraydi. Bu ovqatlanish xususiyatlarining o‘zgarishi, stress yuklamalarining oshishi va chaynov mushaklari parafunksiyalarining keng tarqalishi bilan bog‘liq.

Kalit so‘zlar: bemorlarni davolash, patologik yemirilish, qattiq to‘qima, tishlar

Introduction. The clinical significance of the problem is determined not only by aesthetic disorders but also by the development of serious functional and morphological changes in

the dental system. Progressive loss of hard tooth tissues leads to disruption of occlusal relationships, reduction of the height of the lower third of the face, dysfunction of the temporomandibular

joint, overload of the periodontium, and, consequently, to the development of destructive processes in the bone tissue of the alveolar processes, which significantly impairs the quality of life of patients.

Pathological wear of hard tooth tissues (PWHTT) is characterized by a progressive loss of enamel and dentin that does not correspond to the patient's age and is caused by various pathological factors. It differs from physiological wear by the speed of progression, the severity of clinical manifestations, and the accompanying functional disorders of the dental system.

Current approaches to the diagnosis and treatment of this pathology are characterized by a variety of techniques and a lack of unified algorithms, making it difficult to choose the optimal management tactics for patients. Despite significant advances in the development of restorative technologies and materials, the problem of long-term rehabilitation of patients with pathological wear remains unsolved. The absence of a comprehensive approach to diagnosis and treatment, taking into account the etiological factors, the degree of severity of the process, and the individual characteristics of patients, often leads to unsatisfactory results and recurrences of the pathology.

This article aims to optimize the approaches to the diagnosis and treatment of patients with pathological wear of hard tooth tissues through the systematization of existing data and the development of management algorithms for such patients. Special attention is given to early diagnosis, identification of etiological factors, and pathogenetically justified selection of treatment methods depending on the form, severity, and extent of the process. Recommendations include modern methods of digital diagnosis and treatment planning, innovative approaches to restoring occlusal relationships, and lost hard tooth tissues.

Pathological wear of hard tooth tissues (PWHTT) is one of the most common diseases of the dental system. According to numerous epidemiological studies, the prevalence of this pathology varies significantly depending on age, gender, geographic region, and socio-economic factors. According to modern research results, the frequency of pathological wear in the adult population averages 30-60%. Moreover, there is a significant increase in the prevalence of this pathology with age – from 12-15% in the 20-30 age group to 75-85% in those over 60. Notably, over the past 30 years, there has been a trend toward the "youthing" of this pathology, which is associated with an increase in the prevalence of functional disorders of the dental system, emotional stress, and parafunctional activity of masticatory muscles.

Most studies report a predominance of PWHTT in men compared to women, with a ratio of approximately 1.5-2:1. This feature is attributed to a more pronounced masticatory musculature, greater mechanical load on teeth, and higher rates of occupational hazards in men. Analysis of the forms of PWHTT shows that the horizontal form of wear is the most common, accounting for 70-85% of all cases, while the vertical form is observed in 8-12% of patients, and the mixed form in 10-18%. At the same time, localized forms of PWHTT are diagnosed approximately in 25-30% of cases, while generalized forms occur in 70-75%.

Depending on the severity of the process, PWHTT of degree I is found in 60-65% of patients with this pathology, degree II in 25-30%, and degree III in 10-15%. With age, there is a systematic increase in the proportion of patients with more severe degrees of PWHTT. Special attention should be paid to the issue of the combination of PWHTT with other occlusal pathologies. According to several authors, 65-80% of patients

with PWHTT exhibit various occlusal disorders. The most frequently diagnosed occlusal disorders include a reduction in the height of the lower third of the face (52-68%), disturbances in the sagittal and transverse relationships of the dental arches (43-56%), deformations of the occlusal plane (38-45%), and supracontacts (60-75%). Signs of dysfunction of the temporomandibular joint (TMJ) of varying severity are registered in 45-60% of patients with PWHTT. There is a direct correlation between the severity of PWHTT and the frequency of TMJ dysfunction.

Parafunctional activity of masticatory muscles plays a significant role in the development of PWHTT, particularly bruxism, which is prevalent among patients with PWHTT at a rate of 56-70%. Notably, the frequency of bruxism detection in the general population does not exceed 8-20%, indicating the importance of this factor in the etiopathogenesis of PWHTT. Patients with PWHTT frequently exhibit defects in dental arches of varying localization and extent (62-78%), leading to a redistribution of masticatory load and accelerated wear of remaining teeth. It has been noted that in the absence of timely prosthetics, the rate of development of PWHTT increases by 1.5-2 times. The combination of PWHTT with periodontal diseases is also noteworthy. Various studies report that 55-70% of patients with PWHTT show signs of inflammatory and dystrophic changes in periodontal tissues. There is a direct dependence between the decompensated form of PWHTT and the severity of periodontitis.

Among other dental pathologies frequently associated with PWHTT, wedge-shaped defects (38-45%), erosions of hard tooth tissues (32-40%), and dentin hypersensitivity (65-85%) should be noted. This high frequency of combined lesions is explained by the commonality of some etiological factors and pathogenetic mechanisms in the development of these pathologies. In different geographic regions, the prevalence of PWHTT shows significant differences. In Northern European and North American countries, the prevalence of this pathology is 25-35%, in Southern European and Latin American countries – 35-45%, and in Asian and African countries – 40-60%. These differences are related to dietary habits, cultural traditions, the prevalence of occupational hazards, and other risk factors. Analysis of trends in the prevalence of PWHTT over recent decades indicates a steady increase in this indicator, averaging 15-20% every 10 years. Notably, the frequency of PWHTT has significantly increased in younger age groups, associated with rising psycho-emotional stress, the spread of bruxism and other parafunctions of masticatory muscles, and changes in the dietary habits of modern individuals. Thus, an analysis of epidemiological data indicates the high prevalence of PWHTT and combined occlusal pathologies, underscoring the relevance of early diagnosis, prevention, and comprehensive treatment of these conditions.

Treatment of pathological wear of hard tooth tissues (PWHTT) represents a complex task that requires a comprehensive approach and interdisciplinary collaboration among specialists of various profiles. The choice of treatment tactics is determined by numerous factors, including etiology, severity, extent of the process, the presence of accompanying occlusal disorders, and general somatic pathology. Various approaches to treating PWHTT have been developed in modern dentistry, and their effectiveness is supported by numerous clinical studies.

According to current conceptualizations, the treatment of PWHTT should aim to eliminate etiological factors, restore the anatomical shape of teeth, normalize occlusal relationships, and

prevent further progression of the process. A key factor for successful treatment is an individualized approach for each patient, considering all aspects of the pathological process.

Depending on the severity of PWHTT, various treatment methods are applied. In the early manifestations of pathological wear (Grade I), minimally invasive techniques are preferred, such as direct composite restorations, adhesive ceramic overlays, and ceramic veneers. These methods allow restoration of the anatomical shape of teeth with minimal preparation of hard tissues, which is especially important in younger patients. The effectiveness of this approach is confirmed by a high clinical success rate of 85-95% over a five-year follow-up.

When treating PWHTT of Grade II, both direct and indirect restoration methods are applied. The choice of specific method depends on the clinical situation, particularly the volume of preserved hard tooth tissues, pulp condition, and occlusal characteristics. In 60-70% of cases, indirect restorations are preferred – ceramic overlays, crowns, and bridge prostheses. An important aspect of treatment is the preliminary restoration of optimal occlusal height using temporary restorations or occlusal splints, allowing the dental system to adapt to new functional conditions.

The greatest difficulties arise in the treatment of Grade III PWHTT, characterized by significant loss of hard tooth tissues, pronounced reduction in the height of the lower third of the face, and dysfunction of the temporomandibular joint. In such cases, a comprehensive approach is required, including endodontic treatment, the use of post structures, and restoration of the coronal portion of teeth with indirect orthopedic structures. According to several studies, approximately 85% of patients with Grade III PWHTT require total reconstruction of dental arches.

The choice of optimal materials for tooth restoration in PWHTT deserves special attention. Analysis of long-term treatment outcomes indicates the advantages of high-strength ceramic materials (lithium disilicate, zirconia oxide) over composite materials and metal-ceramics. The five-year survival rate of restorations made from lithium disilicate is 94-97%, from zirconia oxide – 95-98%, whereas for composite materials, this figure does not exceed 85-90%.

An important aspect of PWHTT treatment is the need to correct occlusal relationships. Various studies report that 75-80% of patients with PWHTT exhibit different occlusal disorders requiring targeted correction. For this purpose, various methods are employed in modern dentistry, ranging from selective grinding to comprehensive orthodontic treatment. The optimal approach involves using digital technologies for occlusal analysis (T-Scan, Bite View), which allow for an objective

assessment of the distribution of occlusal contacts and their precision correction.

In patients with bruxism, treatment of PWHTT has several features. First and foremost, it is necessary to correct the parafunctional activity of the masticatory muscles using relaxation splints, myotherapy, and physiotherapeutic methods. For restoring teeth in such patients, it is recommended to use materials with enhanced wear resistance – zirconia ceramics and metal-ceramics. The use of protective occlusal splints at night is an essential component of treatment, as it reduces the risk of PWHTT recurrence by 65-70%.

In recent years, the utilization of digital technologies for planning and conducting PWHTT treatment has been increasingly widespread. The use of intraoral scanners, computer modeling systems, and CAD/CAM technologies significantly enhances the accuracy of diagnosis and improves the quality of treatment planning and the fabrication of orthopedic structures. According to several studies, the application of digital technologies can reduce the number of corrections and increase the longevity of restorations by 15-20%.

An important aspect of PWHTT treatment is the necessity for dispensary observation and supportive therapy. Regular check-ups (at least once every 6 months), professional oral hygiene, and timely correction of occlusal relationships help prevent recurrence of the pathological process and extend the service life of restorations. It is noted that the regularity of dispensary observation correlates with treatment success – among patients who follow the recommended regimen for control examinations, the frequency of complications is 2.5-3 times lower.

Analysis of long-term outcomes of PWHTT treatment indicates a high effectiveness of contemporary approaches. In comprehensive treatment using modern materials and technologies, the five-year survival rate of restorations is 85-95%. Here, the most crucial factors determining long-term treatment success are the correct choice of tooth restoration method, adequate correction of occlusal relationships, and effective control of parafunctional activity of masticatory muscles.

Conclusions: Thus, modern methods of treating PWHTT are based on a comprehensive approach that includes the elimination of etiological factors, restoration of anatomical tooth shape, normalization of occlusal relationships, and prevention of further progression of the process. Individualizing treatment interventions, considering the severity of the pathological process, the patient's age, and the presence of concomitant diseases, allows for optimal functional and aesthetic outcomes and ensures long-term stability of the achieved effect.

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СУТ БЕЗИ РАКИ КАСАЛЛИГИНИ ЖИГАРГА ЭКСПРЕССИЯ ДАРАЖАСИНИ ЎРГАНИШ



<http://dx.doi.org/10.5281/zenodo.15806319>

АННОТАЦИЯ

Ки-67 антигени ўсимта хужайрасининг ядровий материалида жойлашган ўзига хос оксил бўлиб, унинг кўпайиши учун зарурдир, яъни Ки-67 антигенини аниқлаш хужайра циклининг бўлиниш босқичида бўлган ўсимта хужайраларини кўрсатади. Бу бизга ўсимта хужайраларининг бўлиниши қанчалик фаол ва тез содир бўлишини ва шунинг учун ўсимтанинг ўсиш тезлигини тушунишга, метастаз хавфини баҳолашга, терапия тактикаси ва унга мумкин бўлган жавобни ва касалликнинг прогнозиани аниқлашга имкон беради.

Калит сўзлар: Ки-67, рак молочной железы, пролиферация, прогностический, предиктивный, аналитическая валидность, клиническая валидность, стандартизация, монархЕ, абемасислиб

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ПРОЯВЛЕНИЕ РАКА ПОДЖЕЛУДОЧНОЙ ЖЕЛЕЗЫ У ЖИГАРГИ ПРИ ОБСЛЕДОВАНИИ ДАРАЖАСИНИ

АННОТАЦИЯ

Антиген Ki-67 является промежуточным звеном между антигеном хозяина и ядерным материалом хозяина, и необходим для его размножения, т. е. антиген Ki-67 является промежуточным звеном между антигеном хозяина и ядром хозяина. Это позволяет нам понять скорость прогрессирования и прогрессирования злокачественных новообразований, выявить метастазы, определить терапевтическую тактику и возможные ответы на нее, а также Прогноз заболевания.

Ключевые слова: колит, Ki - 67, ракетная система, прогностическая, аналитическая валидность, клиническая валидность, стандарт, монарх, абемасислиб.

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THE MANIFESTATION OF PANCREATIC CANCER IN ZHIGARGA DURING DARAZHASINI'S EXAMINATION

ANNOTATION

The Ki-67 antigen is an intermediate between the host antigen and the host nuclear material, and is necessary for its reproduction, i.e., the Ki-67 antigen is an intermediate between the host antigen and the host nucleus. This allows us to understand the rate of progression and progression of malignant neoplasms, identify metastases, determine therapeutic tactics and possible responses to it, as well as the prognosis of the disease.

Keywords: colitis, Ki - 67, missile system, prognostic, analytical validity, clinical validity, standard, monarch, abemasislib.

Ки-67 антигени ўсимта хужайрасининг ядровий материалида жойлашган ўзига хос оксил бўлиб, унинг кўпайиши учун зарурдир, яъни Ки-67 антигенини аниқлаш хужайра циклининг бўлиниш босқичида бўлган ўсимта хужайраларини кўрсатади. Бу бизга ўсимта хужайраларининг бўлиниши қанчалик фаол ва тез содир бўлишини ва шунинг учун ўсимтанинг ўсиш тезлигини тушунишга, метастаз хавфини баҳолашга, терапия

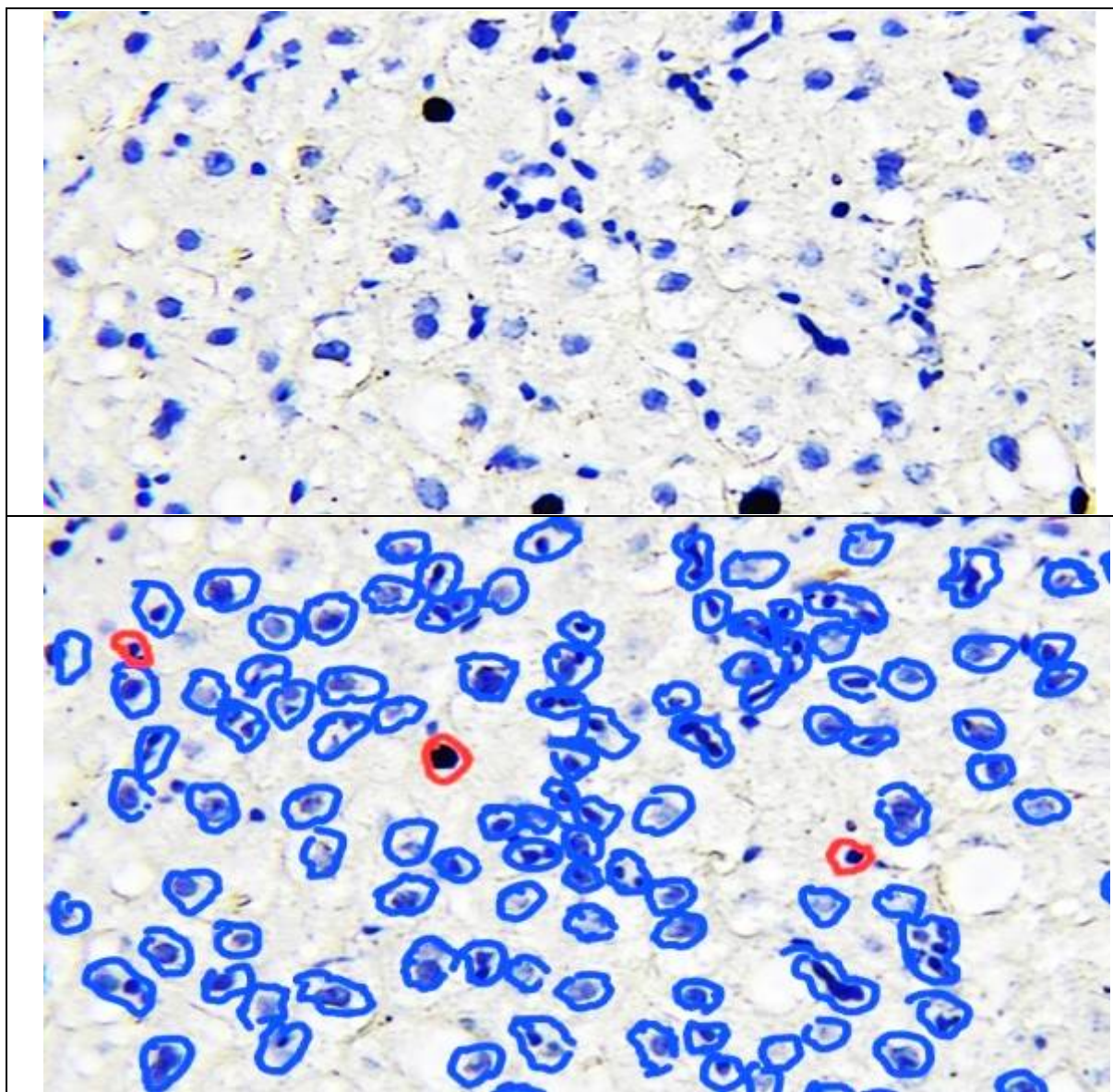
тактикаси ва унга мумкин бўлган жавобни ва касалликнинг прогнозиани аниқлашга имкон беради.

Ки-67 маркерини аниқлаш кўкрак беги саратонини кўпроқ кўрсатади, деб ишонилади, аммо бир қатор тадқиқотлар ҳар қандай орган тўқимасининг саратони касаллиги таҳлил қилиш мақсадга мувофиқлигини исботлайди. Агар хавфли жараёнга шубҳа бўлса, шунингдек хавфли ўсма мавжуд бўлса, ёки хавфсиз неоплазиялар, уларнинг хавфли ўсмалари хавфини баҳолаш керак бўлса,

диагностика сифатида Ки-67 маркерини экспрессияланиши аниқланади.

Ўсимта материални гистологик ва иммуногистохимик ўрганиш бизга биринчи навбатда жараённинг морфологик тавсифини олиш, сўнгра унинг

пролифератив фаоллигини- хужайра бўлиниш даражаси ва тезлигини аниқлаш имконини беради. Бу ўсимтанинг хатарлик даражасини ва унинг кейинги ривожланиши учун прогнозиетарлича аниқ ва объектив баҳолашни таъминлайди.



Умумий аниқланган хужайралар сони	329
Позитив хужайралар	5
Негатив хужайралар	334
Позитив экспрессия	1,45%
Позитив экспрессия	1043270 px ²
Расм 4.1. 2-3- гуруҳ тажрибадаги каламуш жигар тўқимасида Ки-67 маркерининг (1,45%) паст даражада экспрессияланган. Даб хромоген усулида бўялган, 400 марта катталаштирилган тасвир. QuPath-0.4.0.ink дастурида сканер қилинган ва экспрессияланиш даражаси аниқланган.	

ЖУРНАЛ СТОМАТОЛОГИИ И КРАНИОФАЦИАЛЬНЫХ ИССЛЕДОВАНИЙ

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