ABSTRACT
It is known that the complexity of diagnosing TMJ SD is associated with the lack of a clear understanding of the mechanism of occurrence, the variety and variability of symptoms of this pathology, therefore, today, to identify the symptoms of pathology, a number of research methods are carried out, which includes clinical and functional, anthropometric, immune-microbiological and instrumental methods have been studied. SBD TMJ is the most common pathology, which is inextricably linked to the disruption of the masticatory muscles, primarily the lateral pterygoid.

Keywords: anthropometric, immune-microbiological, visual examination.

INTRODUCTION
Patients most often complain of "noise" phenomena during movements of the lower jaw (n / h), pain in the masticatory muscles during prolonged chewing or talking, chewing disorders, feeling of congestion and tinnitus. Complaints presented by patients are associated not only with morphological and functional changes in the TMJ, but also with the inclusion of organs and tissues of the entire masticatory apparatus in the pathological process, and in some cases, are the result of changes in the emotional sphere of a person.

The examination of the patients in the control group of comparison was carried out according to the generally accepted scheme, for each patient a medical record was filled out and the data of subjective, objective and special research methods were entered. The diagnosis of patients in the main group was carried out according to our proposed survey map of a patient with TMJ disease, consisting of sections where subjective and objective research methods are described in detail. Also, for the purpose of collecting a complaint; the occurrence of noise phenomena, joint pain, dislocations, blockages of n / h, palpation of the TMJ, localization of symptoms and their time of occurrence, tone, soreness, compaction, asymmetric muscle contraction, displacement of n / h were checked.

To diagnose deformation of occlusion and the presence of premature contacts, diagnostic models were made in all patients and put into an articulator with averaged parameters; teeth, dentition, type of bite, occlusal contacts, especially those that are not available in the PR for visual examination, also determined the side of displacement n / h, the nature of the occlusal curve, super contacts, areas that caused restriction or obstruction of movements n / h.

With the mouth closed, tomograms were studied on a section passing through the highest part of the articular head, and with an open mouth, through the apex of the articular tubercle. We studied the location of the articular head in relation to the articular tubercle, the degree of dislocation of the head of the condylar process by 1-2 mm, 3-4 mm, 5 mm or more, and structural changes in the articular elements. The obtained materials were statistically processed using the Statistika, Microsoft Office software package. The digital data were processed on a personal computer by the method of variation statistics.

RESULTS AND ITS DISCUSSION
When analyzing 84 cards of patients of the main group, we identified the following nosological forms of SD; OAS - 46.42% (OG-1); NMS - 33.33% (OG-2); dislocation of the intra-articular disc (VD) - 20.23% (OG-3. The examined OG-1 consisted of 39 patients with OSA, who presented the following complaints: dull pain in the TMJ - 37 (94.87%), while 27 (69.2%) noted its occurrence during chewing, and 12 (30.76%) - when
opening the mouth. 25 (64.10%) complained of pain on one side, and 13 (33.33%) patients on both sides. Local pain was present in 28 (71.79%), and with radiation to the ear or temple - in 10 (25.64%). Clicking in the middle of opening the mouth was noted by 38 (97.43%) examined, 28 of them (73.68%) on one side, 10 (26.31%) on both sides. In 6 (15.38%) people, a crunch appeared when the jaws were tightly clenched. The sensation of a foreign body in the joint was present in 14 (35.89%) patients; ear pain, ear congestion was present in 18 (46.15%) patients; 6 (15.38%) patients complained of burning of the tongue; fatigue of the chewing muscles during meals occurred in 14 (35.89%) patients; blocking of movements n / h was noted by 14 (35.89%) of the surveyed; hypertonicity of the masticatory muscles and daytime compression of the jaws were detected in 5 (12.83%) patients, bruxism - in 6 (15.38%) patients. Patients OG-2 included 28 patients with NMS TMJ and in 100% of cases complained of acute and short-term pain arising from chewing, of which 24 (85.71%) on one side and 4 (14.28%) - with two sides. Local pain - in 19 (67.85%) people; and in 4 (14.28%) the pain radiated to the ear, temple; into the chewing muscles - in 8 (28.57%), clicking was also noted in 28 (100%) patients, of which 20 (71.42%) on one side, 5 (17.87%) on both sides; when opening the mouth, clicking occurred in 21 (75%), and when opening and closing, in 10 (35.71) people; in 4 (14.28%) patients, a crunch appeared when the jaws were tightly clenched. Sensation of a foreign body in the joint and "jamming", "blocking" of the joint in 28 (100%) patients; tinnitus and ear congestion on the affected side were noted by 20 (71.42%) people. Patients OG-3, 17 cases (100%) had sharp pain when chewing or talking; of which one side 10 (58.82); on both sides - 7 (41.17%); local pain - in -12 (70.58%) people; - 6 (35.29%) patients have severe pain radiating to the ear, high, in the area of the collarbone; and clicking was also noted in 15 (88.23%) of them 7 cases during opening of the mouth and 8 cases during a conversation: From the history of patients OG-1 revealed that the first symptoms in 14 (35.89%) patients appeared after orthopedic treatment, and in 8 (20.51%) after orthodontic; 19 (48.71%) patients had fillings in PR; bad habits are characteristic of 39 (100%) patients, and prolonged unilateral chewing - 27 (69.23%) patients. In patients OG-2, during the history of the disease, it was revealed that the first symptoms in 24 (85.71%) patients appeared a year ago, in 6 (21.42%) patients consulted a doctor within two weeks after the onset of pain and clicking in the TMJ. All patients of this subgroup indicated prolonged unilateral chewing and the presence of bad habits, 10 (35.71%) had a history of simultaneous TMJ dislocation and 8 (28.57%) had long-term emotional stress. In patients, OG-3 is noted according to the results of the anamnesis; diseases revealed that the first symptoms in 14 (82.35%) patients appeared 6 months ago, 3 (17.67%) patients consulted a doctor within two weeks after the onset of pain and clicking in the TMJ; also 12 (70.58%) patients have emotional overstrain. According to an objective examination of the face of patients OG-1, asymmetry of the face due to displacement of the n / h towards the affected joint was revealed in 9 (23.07%) cases; decrease in interalveolar height in 6 (16.66%) patients; mouth opening with deviation occurred in 38 (97.43%); opening restriction - in 15 (38.46%); defects of the dentition were found in 13 (33.33%) cases, while the deformation of the occlusion was observed in 9 (23.07%); pain on palpation of the TMJ was identified in 39 (100%); proper chewing muscles - 8 (20.51%); lateral pterygoid muscles - 10 (25.64%); temporal muscles - 11 (28.20%) examined; also, it was revealed that orthognathic bite had 31 (79.48%), deep 8 (20.51%) patients. Anamnesis revealed that the causes of the disease were - restoration of chewing teeth with fillings without occlusion control, prolonged unilateral chewing and bad habits. In the future, there was a violation of the function of the dentoalveolar apparatus, manifested in the restriction of opening the mouth, blocking the movements of the jaw and impaired chewing function. In the process of diagnosing 84 patients with OSA, NMS
and VD, we analyzed about 170 sets of occlusiograms, 84 pairs of diagnostic models, more than 170 graphs for recording vertical movements of n/h, 170 electromyograms and computed tomograms.

CONCLUSIONS

The proposed survey cards and database allow you to compile a complete clinical picture of nosological forms of TMJ UDB - OSA, NMS and VD, further will give a reason for systematization and documentation in electronic form of the data obtained for subsequent processing. When examining patients with SDS, TMJs were found to occur in 100% of cases, taking into account which the basis for a detailed table for the differential diagnosis of OSA, NMS and VD was developed. Special research methods have established a relationship between the amplitude of vertical movements of the n/h, changes in the BEP of the masticatory muscles and the occurrence of OSA, NMS and VD.

LIST OF REFERENCES