ORAL HYGIENE IN SICK CHILDREN WITH CEREBRAL PALSY

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ABSTRACT

This paper makes analyses of the research on Oral hygiene in sick children with cerebral palsy. On this case , methodological and theoretical points of the research analyses were mentioned on investigation. Finally, research has been pointed out while showing outcomes and shortcomings of the issue as the whole.

Keywords: Oral, hygiene, sick, children, cerebral palsy, Uzbekistan.

INTRODUCTION

Changes in the general condition of the oral mucosa and changes in salivary composition, such as changes in the acid and alkaline environment in the salivary composition, are fundamentally different in healthy children[1.3.5].When salivary components are present in the pathological state of phosphorus, magnesium and other micronutrients, they cause various diseases in the children's body[2.4]. NA Wichalkowski (2011) has been successful in the treatment of chronic catarrhal gingivitis in children with cerebral palsy using BOS + DVUS + Calcine.

Study of oral hygiene status in children with cerebral palsy V.R. Ogonyan (2003) from the Fedorov-Volodkina method, He used the Schiller-Pisarev tests and the PMA index. Research has shown that:High prevalence of systemic enamel hypoplasia (19.04%), dental diseases with caries (93-100%).His research is by confirms poor hygiene of children with cerebral palsy,this is much higher than for children without this pathology.

MAIN PART

According to S.V. Erzina (2005) Children with cerebral palsy, aged 7-18and the prevalence of periodontal disease in adolescents is 94.4%, in most cases they occur in the form of chronic catarrhal gingivitis [1.3.7].Oleinik (2001, 2002, 2008) found the following increased dental performance in children with central nervous system diseases:The prevalence of caries (98.0%), the prevalence of periodontal disease was found in 80.0% and hypersalivation processes in 84% [6.8.9].

Application of PMA index and methods for determining oral hygiene status in children with cerebral palsyand to determine if these patients need dental care.62 girls and boys aged 11 to 14 with cerebral palsy were recruited.PMA index in sick children was calculated using the method proposed by Schiller-Psarev.

RESULTS AND ANALYSIS

Thus, the prevalence of periodontal and parodentium and mucosal diseases in children with cerebral palsy has been established as a result of poor research on oral hygiene and poor bite.

Assessment of the degree of inflammation of the mucosa in children with cerebral palsy and the papillary-marginal-alveolar index (PMA) method was used to compare the dynamic changes in this inflammation.These can be used to determine the degree of inflammation of the gums in children by using iodine and potassium iodide solution, as suggested by Schiller-Psarev.In this method, the iodine glycogen, which results from the reaction of glycogen in the cells of the mucous membrane of the glycogen, is brownish-brown due to the reaction of iodine glycogen.

CONCLUSION

.Results and analysis of PMA in children with cerebral palsy show that oral hygiene is poor and results from endogenous and exogenous effects and are at the stage of developing gums.

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