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### FEATURES OF SELECTION OF OPTIMAL TYPES OF DENTAL IMPLANT

Kamalova Mekhriniso Kilichevna

Doctor of Medical Sciences, Professor of the Department of Surgery

Dentistry of Bukhara State Medical Institute named after Abu Ali ibn Sina, Uzbekistan.

ORCID ID0000-0003-1603-9164

e-mail: mexriniso.stomatolog@mail.ru

Master of the Department of Surgical Dentistry,
Bukhara State Medical Institute them. Abu Ali ibn Sina, Uzbekistan.

#### Introduction

Dental implantation was introduced into dentistry many years ago. Over the past decade, this direction has become the most common direction in surgical dentistry for the complete restoration of a toothless jaw [1, 8, 17, 23, 26].

The classification of dental implantation can be divided into several categories according to those or properties [3, 6, 9, 16, 25]. According to the shape of the intraosseous part, implants are: in the form of tooth roots (screw, cylindrical); plate-shaped; combined form [5, 7, 13, 27]. By design, implants are divided into: collapsible and non-removable [12, 14, 22, 28]. Cylindrical implants are highly effective when used as a support for orthopedic structures; they have a simple installation method; has different types of abutments, which creates conditions for reliable fixation of orthopedic structures [1, 10, 19, 29].

Plate implants consist of intraosseous and extraosseous parts. The intraosseous part forms a plate with holes and is located in the thickness of the spongy bone of the jaw [4, 20, 21, 24, 30]. The extraosseous part forms a neck and is located at the level of the crest of the alveolar process of the jaw and the mucous membrane. The next part, the support head protrudes above the mucous membrane and is intended for attaching a denture [2, 11, 15, 18].

**Purpose of the study.** Analyze the characteristics of cylindrical and plate implants and the choice of the optimal implantation technique depending on the patient's age.

**Material and methods.** Modern scientific literature on the features of cylindrical and plate implants and on the methods of dental implantation. The search was carried out in Pubmed, elibrary, cyberleninka and other systems using the keywords: dental implantation, implantation technique, cylindrical implant, plate implant, one-stage method, two-stage method, prosthetics.

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In total, 82 works published on the research topic in Russian and English between 2013 and 2023 were critically analyzed.

**Results.** An analysis of modern literature has made it possible to identify the special characteristics of cylindrical and plate implants and to select the optimal dental implantation technique for each patient with dentition defects [9, 15].

Cylindrical implants have a porous surface and distribute functional loads more evenly on the jaw bone tissue. Installation of the implant is quite easy and quick, less traumatic for patients [17, 32]. Cylindrical implants are coated on top with hydroxyapatite or titanium plasma, and this makes it possible to increase the outer surface of the intraosseous part. Hydroxyapatites have osteoconductive properties, which stimulates bone growth [10, 19]. They contribute to the "engraftment" of the implant, sometimes due to its hygroscopic properties it is subject to contamination. All cylindrical implants are manufactured dismountable and are classified as two-stage implants. Has an intraosseous part and an abutment [4, 20].

At the initial stage of development of implantology, when plate implants were invented, they became very popular and were widely used [14, 30]. But later, when using them, doctors encountered long-term complications. Integration of plate implants occurs when the resulting blood clot is not fixed to the surface of the smooth implant [1, 4, 7]. Due to this, osteogenic cells do not reach the surface of the implant itself, and the process of osteoinduction and osteoconduction occurs at the site of necrosis and from the edges of the resulting bone wound. This process is also affected by the traumatic method of installing plate implants. Due to the fact that osseointegration does not occur sufficiently, the installed plate implants are retained due to a tight fit in the bone [5, 11, 18]. Plate implants are either collapsible or non-removable. Non-separable one-stage plate implants have the same parts as two-stage ones - the intraosseous part and the abutment, but they are connected to each other monolithically, which allows them to be more aggressive [24, 25].

**Conclusion.** In clinical practice, plate implants can be used as the method of choice. Modern technology such as guided bone regeneration makes it possible to avoid the occurrence of extensive bone tissue defects after removal of unsuccessfully installed plate implants.

The installation of cylindrical implants is less traumatic than the installation of plate implants. Cylindrical implants more evenly distribute the functional load on the bone tissue. The choice of the optimal type of dental implant with cylindrical and plate implants depends on individual characteristics, the condition and amount of preservation of bone tissue and the age of patients with dentition defects.

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