

COMPLICATIONS OF ORAL INJURIES IN YOUNG CHILDREN

Tulanova Moxichehra Akram kizi

Teacher Ferghana Medical Institute of Public Health Uzbekistan

Annotation:

No child has ever grown up without scratches, abrasions and even fractures. Children's cognition and curiosity are a predisposing factor for injury. The main task of parents is to take timely measures, provide first aid and not lose their cool head. It is these factors that will determine the consequences and complications.

Keywords: teeth, oral injuries, young children, medical approach, diagnostic, treatment, prevention.

Children are restless, their desire to explore the world around them sometimes ends in tears. Abrasions, bruises, cuts, burns are not the whole list of injuries that are often found in children. Injuries to the oral cavity are also not uncommon and no less diverse. In addition to fractures and dislocations of teeth, tears, cuts, and abrasions of the soft tissues of the oral cavity are often found in the practice of pediatric dentists.

In the clinical practice of dentists, you can find the most and least common injuries of teeth and soft tissues of the oral cavity. Most often, these are mechanical and chemical injuries of soft tissues – cuts, burns, ruptures of the frenulum and lips. Less rarely in clinical practice there are fractures of the jaws, dislocations of teeth. Injuries such as chipped enamel at various levels deserve special attention. In case of any injury, it is necessary to provide proper and timely assistance to the baby, to know the features of the clinical picture.

Tears and abrasions of the lips. The causes of injuries are various falls, careless handling of objects. Sometimes parents don't even notice how the baby gets injured. The first symptom of trauma is the child's screaming and crying, and the release of blood. Almost immediately, severe swelling appears, and an injury is visually noticeable – a crack through which blood oozes. There are several degrees of severity of injury, and on which the rules and the amount of assistance provided will depend. First aid to the child – he needs to be calmed down, rinse the wound with running warm water, apply cold and go to specialists for help.

Only the doctor can decide whether surgical intervention is necessary – suturing, and only the doctor can properly treat the wound using antiseptics. During the healing stages, doctors may recommend the use of drugs that will promote the healing of the red border of the lips and mucous membrane. Such preparations include sea buckthorn oil, vitamin A oil solution, etc.

Injuries and ruptures of the frenules of the oral cavity. There are 3 bridles in the child's mouth: the frenulum of the tongue, upper and lower lips. Most often, the frenulum of the tongue and upper lip is injured, namely torn, when falling, or when handling various objects carelessly.

The first symptoms are crying of the child after a fall, minor blood loss, the appearance of severe edema, if it is an injury to the frenulum of the upper lip. When examining the oral cavity, a torn frenulum is noticeable, a hematoma is formed. In case of ruptures of the frenulum of the tongue, if the child is breastfed, the baby may refuse to suck the breast, its application will change. First aid to the child – he needs to be calmed down, due to the fact that the frenulum itself does not have nerve endings, the pain reaction is more related to the fall itself or touching other areas. Experts advise giving breast to the baby after injury. And consult with a specialist, it may not necessarily be a dentist, but also a pediatrician.

Burns of the oral mucosa. Burns can be not only due to temperature, but also chemical, for example, if a child accidentally swallowed a strong reagent. First aid will depend on the cause of the injury. If it is a chemical burn, it is necessary to immediately call an ambulance, and treatment will be aimed not so much at eliminating symptoms in the oral cavity as at eliminating intoxication and poisoning. With a thermal burn, swelling forms in the child's mouth in a localized area, which can bring a lot of inconvenience to babies, which will affect nutrition and his behavior. First aid is rinsing the mouth with cool water, changing the diet with the complete exclusion of spicy, salty and sour. The products themselves must be warm, it is forbidden to give the child strong hot or cold.

Dental injuries can be completely different, and this is the most extensive group of injuries in its clinical diversity. Dental injuries are various chips, dislocations. Chipped teeth can occur at different levels, and the amount of medical care provided will depend on the age of the child and the clinical picture.

Chipped enamel. As a rule, these are just cracks that are sometimes difficult to notice. The main danger lies in the fact that caries can develop quickly on damaged enamel. After falling or hitting any object on the teeth, it is necessary to consult a dentist. In the light of a special lamp, the doctor will be able to see the chip and carry out treatment – sealing the enamel with special gels, which will additionally saturate the enamel with minerals. If the enamel has been chipped, it is difficult to do without sealing the damaged area.

The chips are at the dentin level. This is a more serious injury that affects the enamel and underlying tissue – dentin. Visually, the chip is noticeable, as a rule, a section of enamel is separated. The first symptoms are pain, which increases significantly when exposed to temperature stimuli – hot and cold. Often such injuries are combined with other soft tissue injuries. First aid is soothing the child, rinsing soft tissue injuries with running water and immediate consultation and treatment at the dentist. As a rule, this is the filling of an injured tooth, preventive measures are artificial saturation of the enamel.

Chips at the pulp level. This is the most difficult injury – a complete chipping of the enamel section with the exposure of the "nerve" of the tooth. The child is worried about severe pain, which increases with any stimulus. The chipping of most of the tooth is visually noticeable, bleeding, which is difficult to stop. First aid is to consult with a specialist as soon as possible,

the amount of assistance provided will depend on this. Sometimes, it is possible to preserve the pulp ("nerve") of the tooth, which is especially important if it is a baby tooth or a recently erupted permanent one. The presence of pulp will ensure the full growth and development of the tooth. If a baby tooth has been injured and the time for its change is approaching, then most often it must be removed.

Dislocation refers to the displacement of a tooth relative to its axis, the axis of adjacent teeth, or the alveolar process of the jaw. Dislocations are a collective term, and in clinical practice, complete, incomplete and embedded dislocation are distinguished. The cause of dislocations can be severe injuries, for example, in an accident, falling from a great height, less often medical manipulations. The first signs will be a displacement of the tooth crown relative to other teeth, the child is worried about severe pain, often bleeding, swelling and the formation of hematomas. Incomplete dislocation is characterized by incomplete displacement of the tooth in different directions, often the tooth becomes mobile. A pinned dislocation is the immersion of a tooth into the thickness of the jaw, at the same time, injury occurs to the tissues holding the tooth, which causes bleeding to become more abundant, swelling becomes stronger. Complete dislocation is a complete loss of a tooth, and it is removed from the oral cavity completely intact – without damage to the crown and root.

First aid to the child is to bring him to consciousness, if necessary, and calm the child down. To relieve swelling and reduce the pain reaction, it is necessary to apply cold, but only through the cheek, it is strictly forbidden to exert additional pressure on the damaged tooth. And immediately go to the dentist, if it's evening, then you need to go to the nearest maxillofacial hospital. Special attention should be paid to the actions of parents with complete dislocation, if you seek help from a specialist within the first 40 minutes after injury, and the tooth turns out to be intact, it can be replanted, and it will take root in its place as it should. But first, it must be saved correctly.

After receiving an injury, it is necessary to find the missing tooth, and properly preserve it. The best environment for preserving the "life" of the tooth will be a moist environment, depending on which the time to first aid may increase. If the tooth is placed in saliva, it may take about 40-100 minutes before assistance is provided. It is not always possible for a child to calm down and respond adequately to an injury, therefore, it is forbidden to place a tooth in the child's mouth. Ordinary water or saline solution is also suitable. In such a solution, the tooth can last up to 60 minutes, in water up to 40. Just during this time, you need to get an appointment with a dentist. At the reception, after examining the oral cavity, tooth, and anesthesia, the doctor proceeds to perform a replantation operation – returning the tooth to its place.

Having returned the lost tooth to the tooth socket, it is necessary to take all measures for its full-fledged engraftment. To do this, splints are applied to teeth or crowns are used, restrictions are imposed on certain foods and regimens, and other dental manipulations are performed.

First of all, the replanted tooth is splinted – connected to the adjacent ones by means of special dental techniques and materials. To eliminate the chewing load, the damaged tooth is turned off from the bite by grinding the enamel on the affected tooth, and the antagonist that comes into contact with the affected one. All hard foods that require biting and careful chewing are excluded from the diet. All food should be liquid and semi-liquid in consistency, which practically does not need to be chewed. There are also restrictions on its temperature limits. In the future, a child with dislocations should be registered and visit the dentist according to the schedule that is selected individually. At these appointments, the doctor evaluates the healing process, whether there are signs of inflammation and the condition of the child.

References:

1. Antipovienė A., Narbutaitė J., Virtanen J. I. Traumatic dental injuries, treatment, and complications in children and adolescents: a register-based study //European Journal of Dentistry. – 2021. – T. 15. – №. 03. – C. 557-562.
2. Djamolidinova D. S. NON-CARIOUS TOOTH DAMAGE-SYMPTOMS AND TREATMENT //EPRA International Journal of Research and Development (IJRD). – 2023. – T. 8. – №. 11. – C. 100-103.
3. Glendor U. L. F. Aetiology and risk factors related to traumatic dental injuries—a review of the literature //Dental traumatology. – 2009. – T. 25. – №. 1. – C. 19-31.
4. Djamolidinova D. S. Therapy of Postoperative Pain in Ambulatory Dental Practice //Texas Journal of Medical Science. – 2022. – T. 14. – C. 165-167.
5. Djamolidinova D. S. BLEACHING AND AESTHETIC RESTORATION OF TEETH IN VIOLATION OF THEIR COLORS AND SHAPES //Conferencea. – 2022. – C. 139-144.
6. McTigue D. J. Diagnosis and management of dental injuries in children //Pediatric Clinics of North America. – 2000. – T. 47. – №. 5. – C. 1067-1084.