



ISSN (E): 2277- 7695

ISSN (P): 2349-8242

NAAS Rating: 5.03

TPI 2020; 9(6): 597-598

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Received: 17-04-2020

Accepted: 21-05-2020

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## Modern treatment of primary white spot caries methods of application "Icon"

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### Abstract

Frequent and excessive consumption of carbohydrates, poor oral hygiene binds cariesogenic microorganisms firmly to the dental pelvis and creates tooth decay. Adhesives accumulate at the retention points of the teeth when consumed, (fissures, cavities, contact surfaces, fillings, dentures), resulting in the process of decay and decay. As a result, caries develops on the tooth enamel surface.

**Keywords:** Orthodontic appliances, tooth enamel surface, caries, demineralization foci, ICON-0.4 tool

### Introduction

#### Relevance of the topic

One of the current problems of dentistry is the application of preventive measures in the practice of dentistry, early detection, diagnosis and prevention of complications. The development of excellent treatments for the prevention of caries is one of the achievements of dentistry. He considered dental caries as a disease of polyetiological origin. AI Rybakov fully describes the endogenous and exogenous factors that contribute to the development of caries during the development of each person. Hereditary factors are of great importance. Diseases experienced by the mother in the formation of organs and systems of the fetus; In diseases of the thyroid gland, metabolic disorders, pregnancy toxicosis and drug overdose, chronic maternal infections and allergic diseases, mental trauma and extreme conditions have a significant impact on the fetus. All these diseases affect the dental system and hard tooth tissue. This period is of great importance for natural nutrition, chronic and infectious diseases. The exogenous factors are non-compliance with the rules of oral hygiene, deformation and trauma of the pricus, impaired salivation, changes in intraoral pH. Childhood and adolescence are the period from 6 to -20 years. Distinguishes between exogenous and endogenous factors that cause dental caries. Endogenous factors include diseases (somatic), excessive consumption of carbohydrates, puberty, high levels of metabolism, micronutrient deficiencies, liver dysfunction, malnutrition. Decreased dental tissue immunity, fluoride deficiency, changes in tooth pulp. Exogenous factors include poor oral hygiene, pricus deformity, injury, impaired salivation, impaired oral pH, difficulty in extracting some teeth, dental depulpation, diseases of the dental jaw system. 20 years to 40 years. Endogenous factors that cause caries, at this age are diseases of the gastrointestinal tract, liver, endocrine system disorders, diseases of the cardiovascular system. Exogenous factors are diseases of the dental system, oral hygiene. absence is a violation of salivary secretion. 40 postoperative period. According to the author, it represents the interrelationship between the presence of plaque and diseases of internal organs and systems. The correlation of these factors is the initial mechanism in the caries process. Since the 2000s, microinvasive treatment of proximal surface caries has been achieved. This method was developed by Professor H. Meyer-Luckell and Dr. S. Paris. The method of treatment is carried out by demineralization at the level of tooth enamel using a deep fluoridation tool ICON 0.4.

#### The purpose of the topic

Improving the effectiveness of the use of ICON 0.4 in the elimination of foci of demineralization on the damaged surfaces of the tooth enamel surface when using orthodontic appliances.

#### Materials and methods

The Bukhara Children's Dental Clinic received 44 orthodontic devices for 11-14-year-old children with primary white spot caries.

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## Results and analysis

Forty-four children were studied in two groups using ICON 0.4 in patients with orthodontic appliances and primary white spot caries.

A first group of 28 patients was administered to children with primary white spot caries before using ICON 40.0. When applied, the surface of the tooth is removed from the saliva of the oral fluid. It is then dried and the ICON 40.0 tool is applied. Sick children are advised not to eat for 2 hours, not to chew solid foods for 2-3 days, and to pay attention to the effectiveness of chewing. The course of treatment is prescribed once a month. This treatment condition is repeated for 3 months. When the analysis and results were examined, foci of demineralization were eliminated and treatment of moderate to deep caries was achieved. Patient children were given the opportunity to treat dental-jaw system abnormalities using orthodontic devices after treatment with ICON 0.4.

The second group B was performed by deep fluoridation using ICON 0.4 in the treatment of primary white spot caries that occurred after the use of orthodontic appliances in 16 patients. Examination of the results revealed that secondary dentin was formed instead of demineralization foci and that there were no complaints after treatment in sick children and no inconvenience in the use of orthodontic appliances.

## Conclusion

Deep fluoridation of foci of demineralization using the tool ICON 0.4 has shown good results in the treatment of primary white spot, moderate, deep caries in both groups of sick children. In our scientific studies, it was found that the use of ICON 0.4 in deep caries forms secondary dentin and protects the pulp roof from exogenous and endogenous influences. In the treatment of primary white spot caries, elimination of foci of demineralization at the tooth enamel level was achieved.

## References

1. Abdulkhakov RA. Epidemiology of Helicobacter pylori / RA, Abdulkhakov SR, Abdulkhakov // Practical medicine. 2006; 4:S2-3.
2. Avdeeva EA. Diseases of teething: classification, clinic, Diagnosis, Treatment: teaching aid / EA Avdeeva, Evtukhov VL, Minsk, BSMU, 2013, 24.
3. Avunduk A. Gastroenterology / A Avunduk, per. from English - Moscow: Publishing house "PRACTICE", 2013, 752.
4. Agapov NI. Clinical dentistry of childhood / NI Agapov - Moscow: Medgiz, 1953, 348.
5. Agapov NI. Symptomatic value of anomalies of the dental system / NI Agapov, Edited by P Dauge, M Kovarsky, A Evdokimov - Moscow: State Medical Publishing House, 1926, 139.