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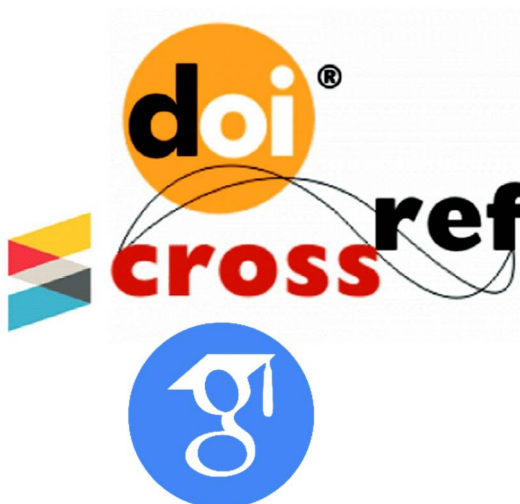
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PhD, Доцент Тошкент Давлат тиббиёт университети
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Саидов Саидмир Абборович
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Тошкент фармацевтика институти
ORCID ID: 0000-0002-6616-5428

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педиатрия тиббиёт институти Факультет болалар
хирургия кафедраси. **ORCID ID:** 0000-0002-5409-4327

Юлдашев Ботир Ахматович
тиббиёт фанлари доктори,
Самарқанд давлат тиббиёт университети
№2-сон Педиатрия, неонатология ва болалар
касаликлари пропедевтикаси кафедраси доценти.
ORCID ID: 0000-0003-2442-1523

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тиббиёт фанлари доктори, профессор
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ORCID ID: 0000-0002-9235-1742

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ORCID ID: 0000-0002-9309-3933

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доктор медицинских наук, профессор Самаркандского
государственного медицинского университета.
ORCID ID: 0000-0002-6142-7054

Ответственный за публикацию:

Шаханова Шахноза Шавкатовна
DSc, доцент кафедры онкологии Самаркандского
государственного медицинского университета
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Самаркандского государственного медицинского
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доктор медицинских наук, доцент кафедры Детской
хирургии Самаркандского государственного медицинского
университета, ORCID ID: 0000-0003-2650-4445

Магзумова Наргиза Махкамовна
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акушерства и гинекологии Семейной медицины
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ORCID ID: 0000-0002-9313-4918

Очилов Улугбек Усманович
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Секретарь Ученого совета СамГМУ.
<https://orcid.org/0000-0003-3553-8727>

Шавази Наргиз Нуралиевна
DSc, доцент, заведующая кафедрой
акушерства и гинекологии N 3 СамГМУ.
<https://orcid.org/0000-0001-7859-9955>

Юлдашев Равшан Захидович
Заведующий кафедрой Онкологии и лучевой
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<https://orcid.org/0009-0002-7165-5373>

Алимов Жалолиддин Усмон угли
PhD, Доцент Чирчикского филиала Ташкентского
Государственного медицинского университета, ORCID
ID: 0009-0009-3959-9878

Саидов Садаммир Абборович
доктор медицинских наук, Ташкентский
фармацевтический институт
ORCID ID: 0000-0002-6616-5428

Бабаджанов Ойбек Абдужаббарович
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медицинский университет, доцент кафедры
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ORCID ID: 0000-0002-3022-916X

Теребаев Билим Алдамуратович
доктор медицинских наук, доцент кафедры Факультетской
детской хирургии Ташкентского педиатрического
медицинского института.
ORCID ID: 0000-0002-5409-4327

Юлдашев Ботир Ахматович
доктор медицинских наук, доцент кафедры Педиатрии,
неонатологии и протекции детских болезней №2
Самаркандского государственного медицинского университета
ORCID ID: 0000-0003-2442-1523

Ибрагимова Малика Худайбергеновна
доктор медицинских наук, профессор
Ташкентский государственный
медицинский университет
ORCID ID: 0000-0002-9235-1742

Рахимов Нодир Махамматкулович
доктор медицинских наук, профессор кафедры
онкологии Самаркандского государственного
медицинского университета
ORCID ID: 0000-0001-5272-5503

Даминов Феруз Асадуллаевич
Декан лечебного факультета №2 Самаркандского
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Ташкентский государственный медицинский университет.
ORCID: 0009-0004-7661-9253.

Сайфутдинов Зайниддин Асамутдинович
PHD, Республиканский специализированный научно-
практический медицинский центр педиатрии ORCID ID: 0009-
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Samieva Gulnoza Utkurovna
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ORCID ID: 0000-0002-0615-0144

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ORCID ID: 0000-0003-2650-4445

Magzumova Nargiza Makhamovna

Doctor of Medical Sciences, Professor, Department
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Medical University. **ORCID ID:** 0000-0002-9313-4918

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DSc, Docent, Head of the Psychiatry Course at the Faculty of
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<https://orcid.org/0000-0001-7859-9955>

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Alimov Jaloliddin Usmon Ugli

PhD, Associate Professor at Chirchik Branch of Tashkent State
Medical University, **ORCID ID:** 0009-0009-3959-9878

Saidov Saidamir

Doctor of Medical Sciences,
Tashkent Pharmaceutical Institute,
ORCID ID: 0000-0002-6616-5428

Babadjanov Oybek Abdurjabbarovich

Doctor of sciences in medicine, Tashkent State
Medical University, Docent the Department of
Dermatovenerology, pediatric dermatovenerology
and AIDS, **ORCID ID:** 0000-0002-3022-916X

Terebaev Bilim Aldamuratovich

Doctor of Medical Sciences, Associate Professor,
Tashkent Pediatric Medical Institute,
Faculty of Children Department of Surgery.
ORCID ID: 0000-0002-5409-4327.

Yuldashev Botir Akhmatovich

Doctor of Medical Sciences, Associate Professor of
Pediatrics, Neonatology and Propaedeutics of Pediatrics,
Samarkand State Medical University No. 2.
ORCID ID: 0000-0003-2442-1523

Ibragimova Malika Xudayberganovna

Doctor of Medical Sciences, Professor,
Tashkent State Medical University
ORCID ID: 0000-0002-9235-1742

Rahimov Nodir Maxammatkulovich

DSc, Professor of Oncology,
Samarkand State Medical University
ORCID ID: 0000-0001-5272-5503

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Professor. Tashkent, Uzbekistan
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Tagaev Sher Kabul Baykabulovich

Doctor of Medical Sciences, Associate Professor
of Surgery Department, Tashkent State Medical University
ORCID: 0009-0004-7661-9253.

Sayfutdinov Zayniddin Asamutdinovich

PHD, Republican Specialized Scientific and Practical Medical
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БИОМЕДИЦИНА ВА АМАЛИЁТ ЖУРНАЛИ

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AKHMEDOV Alisher Astanovich

DSc, professor

MUKHIDDINOV Shokhrux Gafurjon ugli

Master's resident

Samarkand State Medical University

IMPROVING THE QUALITY OF RESTORATION OF TEETH WITH CROWN DEFECTS USING MODERN POST-CORE CONSTRUCTIONS

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ANNOTATION

The article analyzes modern approaches to improving the quality of orthopedic dental care for patients with partial or complete loss of the tooth crown. Special attention is paid to the use of modern post-core constructions as a key element in restoring the anatomical shape, function, and aesthetics of damaged teeth. A conceptual approach to patient management is substantiated, including standardization of treatment protocols, rational selection of post systems, and individual biomechanical assessment. The role of fiber-reinforced posts, including glass fiber and individualized EverStick systems, in enhancing biomechanical compatibility and long-term clinical outcomes is discussed. The relevance of implementing evidence-based clinical protocols in the dental practice of Uzbekistan is emphasized.

Keywords: post-core restoration, crown defect, fiber post, EverStick, orthopedic dentistry, treatment protocols.

АХМЕДОВ Алишер Астанович

Д.м.н., профессор

МУХИДДИНОВ Шохрух Гафуржон угли

Резидент магистратуры

Самаркандский Государственный Медицинский Университет

СОВЕРШЕНСТВОВАНИЕ ВОССТАНОВЛЕНИЯ ЗУБОВ С ДЕФЕКТАМИ КОРОНКОВОЙ ЧАСТИ С ИСПОЛЬЗОВАНИЕМ СОВРЕМЕННЫХ ШТИФТОВО- КУЛЬТЕВЫХ КОНСТРУКЦИЙ

АННОТАЦИЯ

В статье рассмотрены современные направления повышения качества ортопедического стоматологического лечения пациентов с частичной или полной утратой коронковой части зуба. Обоснована целесообразность применения концептуального подхода к ведению пациентов, включающего стандартизацию лечебных протоколов, обоснованный выбор штифтово-культевых систем и индивидуальную биомеханическую оценку клинической

ситуации. Особое внимание уделено стекловолоконным и индивидуализированным штифтам EverStick, обеспечивающим оптимальное распределение жевательной нагрузки, высокую биосовместимость и повышение долговечности реставраций. Подчеркнута актуальность внедрения доказательных клинических протоколов в стоматологическую практику Республики Узбекистан.

Ключевые слова: дефект коронковой части зуба, штифтово-культевые конструкции, стекловолоконный штифт, EverStick, ортопедическая стоматология.

AHMEDOV Alisher Astanovich

t.f.d., professor

MUHIDDINOV Shohruh G'afurjon o'g'li

Magistratura rezidenti

Samarqand Davlat Tibbiyot Universiteti

TISH TOJ QISMI NUQSONLARINI ZAMONAVIY O'ZAKLI KONSTRUKSIYALAR YORDAMIDA QAYTA TIKLASH SIFATINI TAKOMILLASHTIRISH

ANNOTATSIYA

Maqolada tish toj qismi qisman yoki to'liq yo'qotilgan bemorlarda ortopedik stomatologik davolash sifatini oshirishning zamonaviy yondashuvlari tahlil qilingan. Zamonaviy o'zakli konstruksiyalardan foydalanish tishlarning anatomik shakli, funksiyasi va estetik ko'rinishini samarali tiklashda muhim omil sifatida asoslab berilgan. Bemorlarni davolashda konseptual yondashuv, klinik protokollarni standartlashtirish, shtift tizimlarini oqilona tanlash hamda individual biomexanik baholashning ahamiyati ko'rsatib o'tilgan. Shisha tolali va individual EverStick shtiftlarining biomexanik mosligi, biologik xavfsizligi va uzoq muddatli klinik samaradorligi yoritilgan. O'zbekiston stomatologik amaliyotida dalillarga asoslangan davolash protokollarini joriy etish dolzarbli ta'kidlangan.

Kalit so'zlar: tish toj qismi nuqsoni, o'zakli konstruksiya, shisha tolali shtift, EverStick, ortopedik stomatologiya.

Kirish

So'nggi yillarda O'zbekiston Respublikasida stomatologik yordamni rivojlantirish va uning sifatini oshirish sog'liqni saqlash sohasidagi davlat siyosatining ustuvor yo'nalishlaridan biri bo'lib kelmoqda [1,3]. Ayniqsa, tishning toj qismi sezilarli darajada yo'qotilganda, bemorlarda hayot sifatini, chaynash funksiyasini va estetik talablarga javob berishni to'liq tiklash zarur bo'lgan holatlarda samarali davolash usullarini tanlash masalasi dolzarb bo'lib qolmoqda [2,8,9].

Toj qismida nuqsonlari bo'lgan tishlarni davolashda shtift-kultli konstruksiyalar muhim o'rin tutadi [4,5]. An'anaviy metall shtiftlarning yuqori mexanik mustahkamligiga qaramay, ularning qo'llanilishi ildiz devorlariga ortiqcha yuk tushishiga va natijada ildizning vertikal sinishlariga olib kelishi mumkin. Shu bois zamonaviy stomatologiyada dentinga yaqin elastiklik moduliga ega bo'lgan, biомутаносиб shtift tizimlariga, xususan shisha tolali va individuallashtirilgan shtiftlarga qiziqish ortib bormoqda [7,10].

Maqsad. Tish toj qismi nuqsonlarini davolashda zamonaviy o'zakli (shtift-kultli) konstruksiyalarni klinik amaliyotga moslashtirish va ularning samaradorligini baholash orqali funksional, estetik hamda biomexanik natijalarni yaxshilash, asoratlar (ildiz sinishi, retensiya yo'qolishi) chastotasini kamaytirish va mahalliy sharoit uchun maqbul, iqtisodiy jihatdan samarali protokol(lar)ni ishlab chiqish.

TADQIQOT MATERIALLARI VA USULLARI. Tadqiqotga 2023–2025-yillar davomida Samarqand davlat tibbiyot universiteti klinikasida ortopedik stomatologik davolanish uchun murojaat qilgan 18 yoshdan 55 yoshgacha bo'lgan 40 nafar bemor kiritildi. Barcha bemorlarda doimiy tishlarning toj qismi endodontik davolashdan so'ng qisman yoki to'liq yo'qotilgan bo'lib, ularni shtift–o'zakli konstruksiyalar yordamida qayta tiklash zarurati mavjud edi.

Qo'llanilgan shtift tizimiga qarab bemorlar ikki guruhga bo'lindi:

I-guruh (n = 20) — standart shisha tolali shtiftlar yordamida qayta tiklangan tishlar;

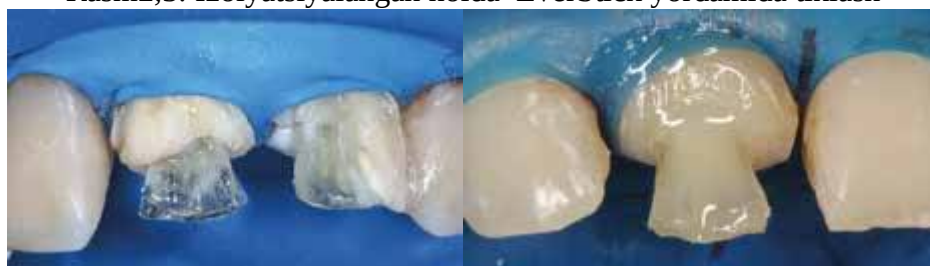
II-guruh (n = 20) — individual moslashtirilgan EverStick tolali shtiftlari qo'llanilgan holatlar.

Davolash usulini tanlashda ildiz kanalining anatomik xususiyatlari, dentin devorlarining qalinligi, ildiz uzunligi va taxminiy okklyuzion yuklama darajasi hisobga olindi.

Rasm1. Tish toj qismi yo'qotilgan tish



Rasm2,3. Izolyatsiyalangan holda EverStick yordamida tiklash



Rasm4. Tish toj qismi tiklangan tish



Klinik va rentgenologik baholashdan so'ng ildiz kanali shtift o'rnatish uchun tayyorlandi. Shtift joylashadigan kanal uzunligi ildiz uzunligining 2/3 qismidan oshmagan holda shakllantirildi va apikal germetiklikni ta'minlash uchun kamida 4 mm obturatsion material saqlab qolindi. Kanalni shakllantirish ishlari qo'llanilgan shtift tizimi ishlab chiqaruvchisi tavsiyalariga muvofiq amalga oshirildi.

Shisha tolali va EverStick shtiftlar adgeziv usulda, ikki marta qotuvchi kompozit sementlar yordamida fiksatsiya qilindi. EverStick shtiftlari ildiz kanalining individual anatomiyasiga moslashtirilib, klinik sharoitda fotopolimerizatsiya qilindi. O'zak (kulteva) qismi yorug'lik bilan qotuvchi kompozit materiallardan shakllantirildi.

Restavratsiyalarning klinik samaradorligi quyidagi mezonlar asosida baholandi:

- restavratsiyaning funksional barqarorligi;
- chaynash yuklamasi ostida mustahkamligi;
- og'riq sezgilari va patologik harakatchanlikning yo'qligi;
- chetki moslashuv sifati;
- estetik ko'rsatkichlar;
- ildiz va periapikal to'qimalarning rentgenologik holati.

Nazorat ko'riklari davolashdan so'ng 6 va 12 oy muddatlarda o'tkazildi.

Rentgenologik tekshiruv usullari

Rentgenologik nazorat maqsadida og'iz ichki nishonli rentgenografiya qo'llanildi. Unda shtiftning ildiz kanalidagi holati, tsement qatlamining bir tekis taqsimlanganligi, periapikal patologiya va ildiz rezorbsiyasi belgilari baholandi.

Statistik ma'lumotlarni qayta ishlash

Olingan ma'lumotlar standart kuzatuv kartalarida qayd etildi. Miqdoriy ko'rsatkichlar uchun o'rtacha qiymat va standart og'ish hisoblandi. Natijalar guruhlar o'rtasida tavsifiy statistik tahlil yordamida solishtirildi.

Tadqiqot Xelsinki deklaratsiyasi talablariga muvofiq amalga oshirildi. Barcha bemorlardan davolash va klinik ma'lumotlardan ilmiy maqsadlarda foydalanish uchun yozma ravishda ongli rozilik olindi.

Tadqiqot natijalari. Tadqiqot davomida 40 nafar bemorda jami 58 ta doimiy tish shtift-o'zakli konstruksiyalar yordamida qayta tiklandi. Tiklangan tishlarning asosiy qismini yuqori va pastki jag'ning premolyar hamda molyar tishlari tashkil etdi, bu esa mazkur tishlarning funksional yuklamasi yuqori ekanligi bilan izohlanadi.

Bemorlarning aksariyatida tish toj qismi 50–70% gacha yo'qotilgan bo'lib, ayrim holatlarda toj qismi deyarli to'liq yemirilganligi qayd etildi. Endodontik davolashdan so'ng ildiz kanallarining holati klinik va rentgenologik usullar yordamida baholanib, shtift o'rnatish uchun yaroqliligi tasdiqlandi.

Jadval 1. Tadqiqotda tiklangan tishlarning joylashuviga ko'ra taqsimlanishi

Tish guruhi	Tiklangan tishlar soni	Ulushi (%)
Kesuvchi tishlar	12	20.7
Qoziq tishlar	9	15.5
Premolyarlar	18	31.0
Molyarlar	19	32.8

Izoh: Jadvaldan ko'rinib turibdiki, eng ko'p tiklash ishlari chaynash yuklamasi yuqori bo'lgan molyar va premolyar tishlarda amalga oshirilgan.

Klinik moslashuv va erta davr natijalari. Davolashdan keyingi dastlabki 7–14 kun davomida bemorlarning shikoyatlari, og'riq sezgisi va yumshoq to'qimalarning holati baholandi. Bemorlarning katta qismida shtift-o'zakli konstruksiyalarga moslashuv muammosiz kechdi.

Jadval 2. Davolashdan keyingi 14 kun ichidagi klinik holatlar

Klinik ko'rsatkichlar	Bemorlar soni	Ulushi (%)
Og'riqsiz holat	34	85.0
Yengil noqulaylik	5	12.5
Og'riq sindromi	1	2.5

Izoh: Qayd etilgan yengil og'riq holatlari qisqa muddatli bo'lib, qo'shimcha dori vositalarisiz bartaraf etildi.

Funksional samaradorlikni baholash natijalari.

Tishlarning chaynash funksiyasi davolashdan oldin va keyin taqqoslama asosida baholandi. Shtift-o'zakli konstruksiyalar yordamida tiklangan tishlarda chaynash samaradorligi sezilarli darajada oshgani aniqlandi.

Jadval 3. Chaynash funksiyasining tiklanish ko'rsatkichlari

Baholash bosqichi	O'rtacha ko'rsatkich (%)
O'rtacha ko'rsatkich (%)	54,2 ± 4,0
Davolashdan keyin	87,6 ± 3,2

Izoh: Natijalar shtift–o‘zakli konstruksiyalar funksional tiklanishda yuqori samaradorlikka ega ekanligini ko‘rsatadi.

Rentgenologik nazorat natijalari

Rentgenologik tekshiruvlar davolashdan so‘ng 3 va 6 oy o‘tgach amalga oshirildi. Baholash jarayonida shtiftning ildiz kanalida joylashuvi, periapikal sohaning holati va suyak to‘qimasidagi o‘zgarishlar tahlil qilindi.

Jadval 4. 6 oylik rentgenologik baholash natijalari

Rentgen belgilar	Holatlar soni	Ulushi (%)
O‘zgarishsiz holat	37	92.5
Yengil periapikal o‘zgarishlar	2	5.0
Salbiy dinamikalar	1	2.5

Izoh: Rentgenologik ma’lumotlar shtift–o‘zakli konstruksiyalarning biologik mosligi va barqarorligini tasdiqlaydi.

O‘tkazilgan tadqiqot natijalari shuni ko‘rsatdiki, endodontik davolashdan so‘ng tish toj qismi yo‘qotilgan bemorlarda shtift–o‘zakli konstruksiyalar yordamida qayta tiklash yuqori klinik va funksional samaradorlikka ega. Asoratlari kam uchraydi, ular tishlarni uzoq muddat saqlab qolish imkonini beradi.

Mazkur natijalar O‘zbekiston sharoitida zamonaviy ortopedik stomatologik yondashuvlarni amaliyotga keng joriy etish maqsadga muvofiq ekanligini ko‘rsatadi.

Natijalarni muhokama qilish. Mazkur tadqiqotda olingan natijalar tish toj qismi nuqsonlarini shtift–o‘zakli konstruksiyalar yordamida qayta tiklashning klinik va funksional samaradorligini tasdiqlaydi. Tadqiqot natijalari zamonaviy ilmiy adabiyotlarda keltirilgan ma’lumotlar bilan solishtirildi va ularning o‘zaro mosligi aniqlandi.

Ko‘plab xorijiy va mahalliy tadqiqotlarda ta’kidlanganidek, endodontik davolangan tishlarda toj qismining katta hajmda yo‘qotilishi tishning mustahkamligi va uzoq muddatli prognoziga salbiy ta’sir ko‘rsatadi. Bizning kuzatuvlarimizda ham toj qismi 50–70% gacha yemirilgan tishlarda shtift–o‘zakli konstruksiyalar qo‘llanilishi tishlarning funksional barqarorligini ta’minlashda muhim omil ekanligi tasdiqlandi.

Tadqiqot davomida bemorlarning 85,0% ida davolashdan keyingi dastlabki davrda og‘riqsiz holat qayd etilishi shtift–o‘zakli konstruksiyalarning yaxshi moslashuvchanligini ko‘rsatadi. Bu natijalar bir qator mualliflarning ma’lumotlari bilan mos kelib, ular zamonaviy o‘zakli konstruksiyalar ildiz dentiniga yaqin elastik modulga ega bo‘lgani sababli yuklamani bir tekis taqsimlashini ta’kidlaydilar.

Funksional baholash natijalari muhim klinik ahamiyatga ega bo‘lib, chaynash samaradorligining 54,2% dan 87,6% gacha oshgani qayd etildi. Bu holat shtift–o‘zakli konstruksiyalar yordamida tiklangan tishlarning nafaqat anatomik shakli, balki fiziologik funksiyasi ham samarali tiklanganini ko‘rsatadi. Adabiyotlarda keltirilgan ma’lumotlarga ko‘ra, funksional tiklanish darajasi davolashning uzoq muddatli muvaffaqiyatini belgilovchi asosiy mezonlardan biridir.

Rentgenologik nazorat natijalariga ko‘ra, bemorlarning 92,5% ida periapikal sohada patologik o‘zgarishlar aniqlanmadi. Bu ko‘rsatkich shtift–o‘zakli konstruksiyalar o‘rnatilishida endodontik davolash sifatining yuqori darajada bajarilgani va biologik mos materiallardan foydalanilganini ko‘rsatadi. Ayrim hollarda kuzatilgan yengil periapikal o‘zgarishlar klinik ahamiyatga ega bo‘lmay, dinamik kuzatuv jarayonida regressiyaga uchradi.

Olingan natijalarni tahlil qilish shuni ko‘rsatadiki, O‘zbekiston sharoitida zamonaviy shtift–o‘zakli konstruksiyalarni qo‘llash an’anaviy ortopedik davolash usullariga nisbatan bir qator ustunliklarga ega. Xususan, davolashning nisbatan qisqa muddatda bajarilishi, estetik

ko'rsatkichlarning yaxshilanishi va asoratlar sonining kamligi ushbu usulning amaliy ahamiyatini oshiradi.

Shu bilan birga, tadqiqotda bemorlar sonining cheklanganligi va uzoq muddatli (1–3 yil) kuzatuv natijalarining yo'qligi ma'lum darajada cheklov sifatida baholanishi mumkin. Kelgusida kengroq klinik material va uzoq muddatli kuzatuvlar asosida olib boriladigan tadqiqotlar ushbu yo'nalishning ilmiy asoslarini yanada mustahkamlashi mumkin.

Umuman olganda, tadqiqot natijalari shtift–o'zakli konstruksiyalar yordamida tish toj qismi nuqsonlarini qayta tiklash usulining klinik jihatdan asoslanganligi va amaliy stomatologiyada keng qo'llashga loyiq ekanligini tasdiqlaydi.

Xulosa. O'tkazilgan klinik tadqiqot natijalari asosida quyidagi yakuniy xulosalar chiqarildi: Endodontik davolashdan so'ng tish toj qismi qisman yoki to'liq yo'qotilgan bemorlarda shtift–o'zakli konstruksiyalar yordamida qayta tiklash usuli yuqori klinik va funksional samaradorlikka ega ekanligi aniqlandi. Ushbu yondashuv tishlarning anatomik shakli va fiziologik funksiyasini tiklash imkonini beradi.

Tadqiqot davomida 40 nafar bemorda 58 ta doimiy tish shtift–o'zakli konstruksiyalar yordamida muvaffaqiyatli qayta tiklandi. Davolashdan keyingi erta davrda bemorlarning 85,0% ida og'riqsiz holat kuzatilib, moslashuv jarayoni asoratsiz kechdi.

Funksional baholash natijalariga ko'ra, chaynash samaradorligi davolashdan oldingi $54,2 \pm 4,0\%$ ko'rsatkichdan davolashdan keyin $87,6 \pm 3,2\%$ gacha oshdi. Bu holat shtift–o'zakli konstruksiyalar yordamida tiklangan tishlarning funksional jihatdan to'liq faoliyat ko'rsatishini tasdiqlaydi.

Rentgenologik nazorat tekshiruvlari natijalariga asosan, bemorlarning 92,5% ida periapikal sohada patologik o'zgarishlar aniqlanmadi. Bu esa endodontik davolash sifatining yuqori darajada bajarilgani va qo'llanilgan o'zakli konstruksiyalarning biologik mosligini ko'rsatadi.

Olingan natijalar zamonaviy shtift–o'zakli konstruksiyalarni qo'llash an'anaviy ortopedik davolash usullariga nisbatan bir qator ustunliklarga ega ekanligini ko'rsatdi. Jumladan, tish ildizi devorlariga tushadigan yuklamaning bir tekis taqsimlanishi, estetik ko'rsatkichlarning yaxshilanishi va asoratlar xavfining kamayishi ushbu usulning muhim afzalliklaridandir.

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Тел: (+998-94) 404-0000

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