# Partial defects of dental rows results of the questionnaire and clinical assessment of the condition of removable prostheses

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**Abstract-** The process of adaptation of patients to a removable denture construction is a complex and long-term physiological test for the human body, based on neuro-reflex processes in new conditions of functioning. The summary data of the survey are presented in the table.

Keywords- neuro-reflex, survey, hygiene products, coloring drinks.

#### 1. Introduction

In the course of the questionnaire survey, the results of treatment by the patients were assessed as good or satisfactory. No unsatisfactory answers were received.

The survey showed that the patients of the first group, for whom removable constructions with thermoplastic properties were made for the first time, compared with the second group, noted the convenience and ease of the design. Most expressed their joy that their expectation of difficulty was exaggerated.

Quadrotti prostheses have a significant advantage in terms of the aesthetics of fixation elements, since they are made monolithic with a prosthesis base made of thermoplastic polymers. Clasps, well-chosen in color, high-quality polished, practically do not show their presence.

Patients who underwent repeated prosthetics with removable structures noted the advantage of thermoplastic prostheses in terms of comfort of use with previously used rigid prostheses.

## 2. Main part

Hygienic aspects were of the greatest interest when questioning patients. So, according to the survey, the majority of patients, 28 people (57.2%) indicated that they carry out hygienic cleaning of the prosthesis once a day.

12 people (24.5%) carry out this procedure in the morning and in the evening. 7 people (14.3%) clean the prosthesis after each meal, and only 2 people (4%) answered: as necessary.

Of the recommended special hygiene products, antiseptic solutions and tablets, elixirs, ultrasonic baths are used for the care of prostheses, the minority is 13 people (26.6%). Most of the 36 people (73.4%) users use conventional prophylactic toothpaste and a brush as a means of caring for dentures.

For professional cleaning, during the observation period for six months, only 4 people applied, which amounted to 8.2%. Moreover, only 4 of them used Kvadrotti's prostheses. The remaining 45 people (91.8) did not seek professional hygienic assistance for various reasons.

It should be borne in mind that of all patients, 25 people (51%) do not smoke at all. And the rest, 24 people (49%), in total in all groups, smoke with different frequencies, and also have an addiction to coloring drinks. These data indicate the possibility of a significant deterioration in the aesthetic characteristics of removable dentures with greater intensity.

The dynamic assessment of the effectiveness of hygienic care for removable dentures by patients, according to the Denture

# Cleanliness Index, is presented in Table 1. **Table 1 Dynamic assessment of the effectiveness of hygienic care by points**

Points	Criteria and cleanliness of removable dentures in	timing												
		1month					3 month				6 month			
		group												
		Kvadrotti p-16		Ftoraks p-17		Kvadrotti p-		Ftoraks p-17		Kvadrotti p- 16		Ftoraks p 16		
		Ч	%	Ч	%	Ч	%	Ч	%	Ч	%	Ч	%	
5,0-5,5	Very bad													

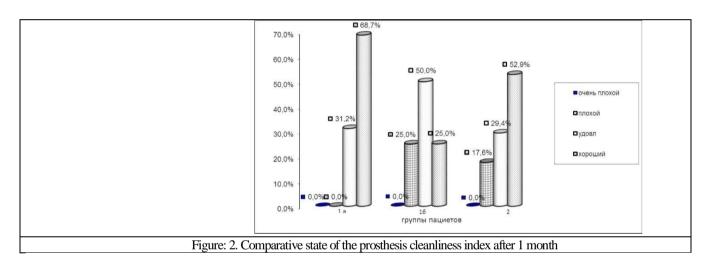
4,0-4,9	bad level			1	5,9			1	5,8			1	6, 2
3,0-3,9	satisfactor	5	31,2	5	29 ,4	7	43,7	8	47,1	6	37,5	9	56,2
2,0-2,9	Good level	11	68,7	9	52,9	9	56,2	8	47,1	10	62,5	6	37,5

According to the data obtained on the index of cleanliness of prostheses in 100% of patients of all groups, throughout the entire period of use, it can be argued that the worst result - "very poor level of hygiene" corresponding to 5.0-5.5 points, was not revealed.

In patients of the main group 1, after a month, the state of removable prosthetic constructions is at the level of "satisfactory" in 5 people (31.3%), and at the level of good in 11 people (68.7%). No bad results have been observed.

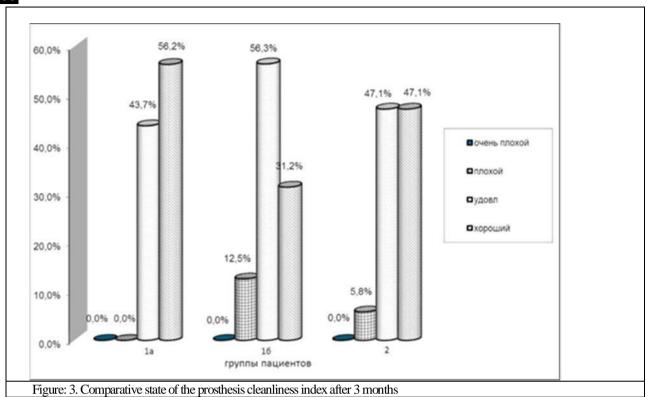
In patients of the 16th subgroup, after a month, the condition of removable prostheses is at the level of "satisfactory" already in 8 people (50%), and at the level of good - only in 4 people (25%). There are also bad conditions in 4 people (25%).

In the patients of the comparison group, after a month, the state of removable prosthetic constructions is at the level of good - 9 people (52.9%), at the level of "satisfactory" only 5 people (29.4%), and at the level of poor 1 person (5, nine%). Professional data on the state of the prosthesis cleanliness index after a month of use are presented in Fig. 2.



After 3 months, the results of the questionnaire survey showed that all 49 patients noted the constant, comfortable use of prostheses. All expressed their satisfaction with the aesthetic properties of their designs. During the survey, it was revealed that all survey participants carefully followed the recommendations and carefully monitored the oral cavity and prostheses.

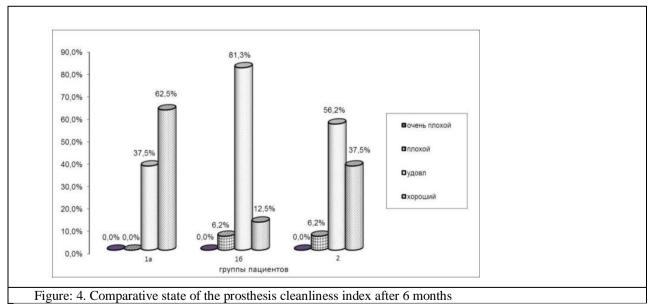
However, the results of a professional assessment of the hygienic state of removable structures after 3 months did not coincide with the opinion of patients. They are shown in Figure 3.



Indicators in all groups worsened compared to the data after a month.

After 5 months, one patient complained of a breakage of the rigid-base prosthesis as a result of the fall of the removable structure.

After six months of operation, the remaining 48 patients were satisfied with their designs, both aesthetically and functionally. The results are shown in Fig. 4.



The professional assessment of the hygienic state after 6 months worsened in the 2nd observation group.

So, the rating "good" was found only in 2 people in the 16th subgroup, which amounted to only 12.5%. Group 2 - 6 people (37.5%). The largest number of patients with an assessment of the condition of the prosthesis as "good" was in group 1, this is 10 people (62.5%).

Thus, the results of the study revealed an insufficient level of hygienic care of patients for their own removable dental structures. Often the opinion of the professional assessment does not coincide with the overestimation of the patient.

Analyzing the obtained results of the index of cleanliness of prostheses for the entire observation period, we can draw

the following conclusion. The best results were determined in group 1 among people using Kvadrotti prostheses.

Average results - in group 2, for persons who received rigid dentures, made using classical technology.

The worst results were found in persons using thermoplastic dentures, processed according to the classical technology.

Thus, the hygienic state of prosthetics of patients with removable denture constructions made from the Quadrotti prosthesis shows the advantage of removable dentures over those made using classical technology.

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