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MOLAR DISTALIZATION BY DIFFERENT INTRAORAL DEVICE IN ORTHODONTICS

Muratova G.A., Dushaboyev U.A.

ABSTRACT Molar distalization is one of the most popular treatment now a days for Class II malocclusion and borderline cases. Whenever there is space deficiency, the techniques for picking up space that strikes to our mind initially are extraction, expansion and stripping. Molar distalization can fulfill the requirement of space without doing extraction. Various intra oral appliances were introduced for molar distalization without patient compliance.

INTRODUCTION Molar Distalization' in orthodontics is characterized as the distalization of dental units to pick up space for the sagittal revision of malocclusion. Likewise with other dental movements along the curve, distalization can be a basic crown tipping molar or a real development of crown & root complex [1] . Non-extraction treatment regularly requires upper molar distalization into a final class I relationship. Distalization of upper molars in a person with class II and moderate space lack in the upper arch can be accomplished by extraoral traction or by a removable appliance [2] . Numerous specialists have built up various treatment modalities for class II rectification from consistence situated headgear treatment to noncompliance treatment utilizing intraoral devices to distal movement of upper molars into a class I occlusion. Headgear is dismissed by numerous patients on account of esthetic and social concerns. The trouble with wearing of headgear and reliance on patient cooperation energize a few examiners to develop new intraoral devices and systems for distal development of molar [3] . Intraoral methods have been observed to be successful for upper molar distalization. The fundamental non-compliance appliances that utilized as an adaptable molar distalization force system which is palatally situated are the Pendulum Appliance and the Distal Jet Appliance. Patient consistence with extraoral forces and removable appliances has been broadly talked about and the introduction of these new – age appliances has decreased the intensity of patient's discomfort [1] .

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CONCLUSIONS Distalizing teeth has always been a challenge to orthodontist of which molar distalization is the most difficult. Class II molar relationship can be corrected by several methods. One possibility apart from extraction is by distalizing to create space in the lateral segments for retraction of cuspid and anterior teeth. This type of mechanotherapy is typically used in patient with maxillary skeletal and dentoalveolar protrusion. Many appliances have been proposed for distalizing such as removable and fixed appliances. Although there are many advantages and disadvantages for both methods, the main drawback of extraoral approach is the patient compliance. To fight a borderline case distalization procedure is an important weapon in the orthodontist armamentarium. Right appliance should be selected for the right patient and one should not select the patient for the appliance, rather the appliance should be selected for the patient.

**KOLLAGENLANGAN SINTETIK SUYAK BLOKI YOKI SINTETIK
SUYAK ZARRACHALAR YORDAMIDA MAKSILLAR SINUSNING
O'LCHAMLARI O'ZGARISHI.**

*Ilmiy rahbar: Rafikov K.M., ortopedik stomatologiya propedevtikasi kafedrası
assistenti.*

*Nosirov Adxamjon Toshkent davlat stomatologiya instituti talabasi
Toshkent Davlat stomatologiya institute, Tashkent, Uzbekistan.*

Annotatsiya. Maksillar sinusni kattalashtirish implantlarni joylashtirish uchun

YUQORI JAG' SINUSIDA BMP-2 YUKLANGAN KOLLAGENLANGAN IKKI FAZALI KALTSIY FOSFAT TOMONIDAN SUYAK REGENERATSIYASINI TEZLASHTIRISH. Rafiqov K.M., Maxmudov M.B., Irxanov M.M.	124
MOLAR DISTALIZATION BY DIFFERENT INTRAORAL DEVICE IN ORTHODONTICS Muratova G.A., Dushaboyev U.A.	128
KOLLAGENLANGAN SINTETIK SUYAK BLOKI YOKI SINTETIK SUYAK ZARRACHALAR YORDAMIDA MAKSILLAR SINUSNING O'LCHAMLARI O'ZGARISHI Rafikov K.M., Nosirov A	130
TISHLAR ANATOMIYASI VA GISTOLOGIIYASI Salimov O.R., Shofayzieva L.N., Abduvoxitova M.	133
ANALOG VA RAQAMLI USULLAR BILAN ISHLAB CHIQRILADIGAN PLASTIK TISH PROTEZLARNING YASALISHI Turobjonov M., Muxammadjonova Z.M.	135
AQL TISHLARNING KECHIKISH MEKANIZMLARINI ORGANISH. Yusupalieva K.B., Abdurashidova M, Islomov A	137
O'Z VAQTIDA CHIQMAGAN DOIMIIY TISHLARNI TASHXISLASH VA KOMPLEKS DAVOLASH. Shaamuhamedova F.A., Murtazaev S.S., Ne'matova M.A, Baxtiyorova M.I, Kamolov K.N.	139
FEATURES OF FIXATION OF ZIRCONIUM DIOXIDE PROSTHESES Saminova M.Z., Ochilova M.U.	141
АНАЛИЗ ИЗУЧЕНИЯ СОСТОЯНИЯ СЛИЗИСТОЙ ОБОЛОЧКИ ПРОТЕЗНОГО ЛОЖА У ПАЦИЕНТОВ СО СЪЁМНЫМИ ПРОТЕЗАМИ ИЗ ТЕРМОПЛАСТОВ Абдуллаев У., Омонова Н.А.	142
ОРАЛЬНЫЕ ПРОЯВЛЕНИЯ, СВЯЗАННЫЕ С ХБП И ЕЕ ТЕРАПИЕЙ Акбаров А.Н., Шоахмедова К.Н.	144
ОРТОДОНТИК АППАРАТЛАР ҚЎЛЛАНИЛГАНДА ДАВОЛАШ СИФАТИГА ОИЛАВИЙ ЁНДАШУВНИНГ ТАЪСИРИ. Акбаров К.С., Кодиров Ж.М., Поёнова Г.М.	147
ИСПОЛЬЗОВАНИЕ ГЕНЕРАТИВНО-СОСЯЗАТЕЛЬНЫХ СЕТЕЙ В СТОМАТОЛОГИИ Акбарова М, Алиева Н.М.	148
СИСТЕМАТИЧЕСКИЙ ОБЗОР: РЕЗЕКЦИЯ НИЖНЕЙ ЧЕЛЮСТИ С ОДНОМОМЕНТНОЙ ПЛАСТИКОЙ АУТОТРАНСПЛАНТАТОМ Алиева Н.М., Меликузиев Т.Ш., Махкамов Р.	150