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ODONTOCLASIA IN CHILDREN. CLINICAL FEATURES AND DIAGNOSIS OF THIS DISEASE.

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Abstract: The International Classification of Diseases was formalized in 1893 as the Bertillon classification, or International List of Causes of Death. Alphonse Bertillon (1853-1914) – a pioneer of criminology, director of the identification bureau of the Paris police prefecture, author of the anthropological method of forensic registration, inventor of the Bertillonage system – identification of criminals based on their anthropometric data.
Key words: odontoclasia, caries, cementum roots of primary teeth.
The International Classification of Diseases was formalized in 1893 as the Bertillon Classification, or International List of Causes of Death. Alphonse Bertillon (1853-1914) was a pioneer of criminology. Director of the Identification Bureau of the Paris Police Prefecture, author of the anthropological method of forensic registration, inventor of the Bertillonage system – identification of criminals based on their anthropometric data. The latest, tenth revision of the WHO ICD was initiated in Geneva in 1983. The classification was approved by the International Conference on the Tenth Revision of the ICD in 1989, and in 1990 it was adopted by the 43rd World Health Assembly.
– ICD – International Standard Classification for General Epidemiological and Health Management Chains.
Classification requirements in medicine:
• scientific validity,
• representation of the main symptoms of the condition,
• determination of the approach to choosing a treatment method.
The reasons for the transition to ICD-10(C) and its use as a clinical classification were:
- adaptation and implementation of international standards in the educational activities of higher medical schools, including the implementation of the provisions of the Bologna Declaration;
- implementation and certification of a quality management system for medical assistance in accordance with the requirements of the Russian quality management standard and the principles of the International Organization for Standardization (ISO);
– decision of the Mandatory Medical Insurance Fund. The transition to ICD-10 is regulated by the Order of the Ministry of Health of the Russian Federation "On the transition of healthcare bodies and institutions of the Russian Federation to the International Statistical Classification of Diseases and Related Health Problems, 10th revision" dated August 17, 1997, No. 70.
What is odontoclasia?
K02.0 Enamel caries. "Chalky spot" stage (initial caries). K02.1. Dentin caries.

K02.2. Cementum caries.

K02.3. Arrested dental caries.

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K02.4. Odontoclasia. Juvenile melanodontia. Melanodontoclasia
– The most famous article on odontoclasia was written by G. Beltrami (1932), where he called it an "enamel ulcer" and cited extreme nutritional deficiencies as the cause of its development.
– Odontoclasia was found in children from the poorest populations of Asia and Latin America. – G. Beltrami insisted on isolating odontoclasia as a separate nosological entity.
– Odontoclasia is an atypical linear caries of the enamel, primarily affecting the labial surface of the anterior teeth of the maxilla in the neonatal zone.
– The neonatal zone is represented by the demarcation between the pre- and postnatal enamel and is a histological feature of deciduous teeth. – Causes of odontoclasia can include malnutrition, birth trauma, hypoparathyroidism, and hypocalcemia.
– Microbiological and histological studies of deciduous teeth The process in children, and the black color of the lesion is due to the presence of Bacteroid, showed that odontoclasia is a type of carious melanogenicus (Baume L. J., Meyer J., 1966).
What is melanodontia?
– Melanodontia is a form of caries in which the processes of demineralization and microbial invasion are limited and localized in the layer of postnatal enamel (Baume L. J., Meyer J., 1966).
-Melanodontia is an aggressive form of caries in primary teeth (ramparent caries), affecting the hypoplastic enamel of the prenatal layer and the adjacent dentin (Baume L. J., Meyer J., 1966).
K00 2. Anomalies in the size and shape of teeth.
00.20 – Macrodontia;
00.21 – Microdontia;
00.22 – Fusion;
00.23 – Bifurcation;
00.24 – Protrusion (ext. cusps);
00.25 – Invaginated tooth (tooth within a tooth), incisor anomalies (conical incisors, palatal groove, spatulate and T-shaped incisors);
0026 – Premolarization (eruption of an incisor or canine tooth in the form of a premolar); 0027 – Abnormal cusps and enamel pearls;
0029 – Other and unspecified.
What is a palatal groove?
– Terminology: in the literature it can be referred to as “palatal groove,” “palatogingival groove,” “developmental groove,” or “vertical root developmental groove.”
– From the literature: the palatal groove is an anomaly of tooth development and
is a fold of the leaflet of the Hertwigian root sheath, which forms the root. Some authors believe that this is not a developmental anomaly, but rather a beginning but not complete division of the roots during the formation process (Shah N. et al. (2012); and other sources).
– Grooves begin in the center of the fossa cecum of the central and lateral maxillary incisors. Minor grooves end at the cementoenamel junction; minor grooves have no connection with the pulp. Deep and medium-depth grooves extend onto the root and toward the apex. They may communicate with the pulp, in which case the grooves can become a pathway for microorganisms to penetrate.
As long as the periodontal junction is intact, there are no clinical manifestations of the palatal sulcus. When the junction is disrupted, the sulcus quickly becomes infected, tartar forms, and a

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deep, narrow periodontal pocket subsequently develops. and an intraosseous defect with normal attachment or minor destruction elsewhere.

Conclusions

Cystotomy is effective as a one-stage surgical treatment for jaw cysts, provided there is a clear understanding of the spread of the pathological process and the condition of adjacent anatomical structures. The most reliable information can be obtained using high-tech methods of radiation examination - computed tomography, however, if the cyst is localized in the lower jaw area, in most cases (84%) orthopantomography is sufficient.

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