

## Features of the Organization of Comprehensive Rehabilitation of Children with Dentoalveolar Anomalies

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**Received:** April 21, 2020; **Published:** June 03, 2020

**DOI:** 10.31080/ecde.2020.19.01454

### Abstract

This research will help to identify the features of the organization of comprehensive rehabilitation of children with dental anomalies. Analysis of the literature devoted to the features of orthodontic care for children with dentoalveolar anomalies is supplemented by data from a survey on the characteristics of the organization of complex rehabilitation of children with dental anomalies and deformities in Russia.

**Keywords:** *Orthodontic Care; Principles of Organization; Complex Rehabilitation*

### Introduction

Orthodontic treatment involves the correction of pathological relationships of the dentition and jaw, the position of individual teeth, the elimination of muscle parafunctions, as well as the normalization and stabilization of occlusion as a whole through morphological, functional, aesthetic and social rehabilitation of patients [1-5]. Therefore, organizational measures of dispensary observation should be interdisciplinary in nature, i.e. they do not get locked up only by dental specialists [6-12].

### Aim of the Study

To identify the structural characteristics of the comprehensive rehabilitation of children with oral and maxillofacial anomalies.

### Materials and Methods

More than 150 orthodontists from various cities of Russia including Saint Petersburg, Moscow, Ufa, Sochi, Krasnodar, Obninsk, Omsk, Kaluga, Khimki, Khabarovsk, Orenburg, Liubertsy, Krasnogorsk, Zelenograd, Tolyatti, Tomsk, Chelyabinsk and Volgograd were interviewed by sociological survey. Based on the data collected, the state of the diagnostic capabilities of medical institutions of various ownership forms, providing orthodontic care, was studied.

### Results and Discussion

Among orthodontists, 129 women and 22 men participated in the survey. More than half of the respondents worked in private clinics, 40% of them were working in public clinics and hospitals. It was found that 60% of the respondents surveyed for the purpose of comprehensive rehabilitation of patients with dentoalveolar anomalies referred to general somatic specialists: an otolaryngologist, speech thera-

pist, osteopath and allergist, etc. About 84% of respondents performed early treatment, 22.5% of whom accepted patients for treatment at the age from 0 to 3. The tasks that a doctor of any medical department solves are reduced to collecting information, solving diagnostic and therapeutic tactical issues and maintaining medical documentation. Based on the questionnaire, more than 20% of the surveyed orthodontists mainly at private clinics, did not use the orthodontic patient card approved by the Ministry of Health of the Russian Federation. The frequency of medical errors in the practice of an orthodontist, in the opinion of half of the respondents, was discovered to be high. Approximately 50% of participants declared mistakes during the treatment, which is a shockingly high rate. Among the most frequent mistakes and complications, the first place was occupied by the temporomandibular joints dysfunction, teeth roots resorption, cortical plate, decay and its complications, unjustified tooth extractions. Most of the surveyed orthodontists associated failures and complications with the inadequacy of the doctor and inadequate diagnosis, 15% - with the ignorance and negligence of the orthodontist, about 8% from the teamwork mistakes and 7.5% because of the patient's lack of communication. After a reassessment of the orthodontists of their abilities, 7% reported an inadequately assembled case history, lack of time for admission, and only 5% referred the leading cause of complications as the patient did not follow the instructions of the orthodontist. Furthermore, the reasons for and supporting determinants of dentoalveolar anomalies are the absence of comprehensive rehabilitation by somatic specialists, the lack of contemporary pediatric prosthetics, and on-time recovery. Consequently, about 30% of the surveyed orthodontists, advised patients for consultations with professors and associate professors of universities. According to the Regulations of the Ministry of Health of the Russian Federation, No. 910H dated November 13, 2012; there are specific criteria for equipping the orthodontic office (cabinet) and the orthodontic dental laboratory. About 45% of respondents described the level of the treatment process in their medical organizations as high, 49% - medium, and only 6% called it low. More than 30% of surveyed orthodontic doctors indicated a lack of supplies provided by the clinics. Additionally, more than 40% of medical institutions providing orthodontic care for children with dentoalveolar anomalies did not have a dental laboratory.

One of the indicators of dental service effectiveness is its availability for the public. This availability is, in many situations, have a direct relationship with the pricing of the treatment. Based on the gathered information, in private medical institutions, the price transcends the state fee by 50 - 60%, which often influences the choice of patients when applying to medical institutions in favour of the latter.

### Conclusion

Based on the data gathered, the preference criteria in treating children with dentoalveolar anomalies are promoting the quality and accessibility of orthodontic care, a controlled integrated approach with the participation of general somatic specialists, and improving the material and technical foundation of the orthodontic service.

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**Volume 19 Issue 7 July 2020**

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