

COMBINED METHODS OF TREATMENT OF PULPITES, ESPECIALLY IN PERSONS OF OLD AGE

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ABSTRACT

The pulp of the elderly is characterized by cell poverty and fiber richness, so it is difficult to draw a line between age-related changes and pathological processes. The blood supply to the pulp in the elderly is significantly reduced. Starting at the age of 40, pulp vessels lose their tree-like branching. Plentifully supplied with odontoblasts and fibroblasts, histiocytes, adventitia and other cells, the pulp turns into a fibrous cord with age, practically devoid of cellular structures. The diameter and length of the root canal also decrease with age. First of all, this may be due to the physiological formation of secondary dentin, which begins (actively) after 60 years. Another age-related change is increased cement deposition, most pronounced in the area of the root apex. With age, more and more areas with resorption processes are found in the cement. The surface of the cement in the elderly is characterized by unevenness. The quantitative ratio of magnesium and fluorine in cement changes.

Keywords: senile age, pulpitis, caries, fluoride, root canal.