AFTER ANALYZING THE INCIDENT OF DENTAL DISEASES AMONG EMPLOYEES

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Relevance

Due to the complex and multifaceted nature of the interaction of environmental factors with the human body, it is not always possible to unambiguously identify the exact cause of diseases. In this regard, occupational diseases have the potential to serve as a means to identify biomarkers of predisposition and resistance to adverse environmental influences. (Pai et al., 2003).

It becomes obvious that occupational diseases do not manifest themselves in all workers who work under the same working conditions and have the same length of service (Kuzmina, 2001; Izmerov, 2001). The development of the disease is caused not only by chemical influences, but also by the unique characteristics of the organism. Each person may show different resistance or hypersensitivity to toxic substances entering their body.

It is important to emphasize that occupational diseases, such as occupational bronchitis, are complex pathologies caused by a variety of factors, including genetic and environmental factors that interact with each other. Genes of xenobiotic biotransformation enzymes, which are regulated by a set of human genes, take part in the genetic determination of the development of occupational pathologies or adaptation of the body to harmful working environment conditions and provide stability.

After analyzing the incident of dental diseases among workers exposed to risky production conditions, we identified the main goal: the development of fundamental principles for improving strategies for the prevention and treatment of caries, diseases of TP in circumstances of exposure to adverse production impacts at enterprises engaged in gypsum production.

The complex of hazardous factors in the workplace includes harmful substances, noise, physical activity and high intensity of work. The level of harmfulness of these factors is attributed to the third class, and the specific working conditions depend on the type of production and profession.

In different professions of the same type of production, working conditions are formed in combination with the prevailing factor and the complex of hazardous substances inherent in each technological line. For example, for operators, the most important factor is the intensity of labor. On the other hand, workers in crushing and firing workshops face the problem of noise, which can negatively affect their hearing and general well-being. And for locksmiths, the main challenge is physical activity, which requires strength and endurance.

However, it is important to note that the actual strength of exposure to harmful substances may vary and even change during the working process for most professions. This may be due to different stages of production, different materials that employees work with, or changes in the technological process.

When analyzing the state of the PR in the employees of the exhaust gas exposed to hazardous production factors, significant changes in the dental condition were revealed. For example, the level of hygiene of PR was assessed as insufficient and averaged 2.46 ± 0.46 .

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Having studied the situation among workers exposed to hazardous production factors from the mentioned groups, we found a more pronounced increase in the intensity of dental caries. These observations correlate with the results obtained from the analysis of the control group (p < 0, 05). A particularly noticeable increase in the intensity of caries is observed among those who have worked for more than 20 years. In comparison with the group where the experience is less than 10 years, the increase is 1.5 ± 0.5 , and for the group with experience from 10 to 20 years - 0.9 ± 0.3 . Also, in the control group, the probability of tooth decay in workers with more than 20 years of experience increases: in comparison with the group where the experience of up to 10 years is $1, 3 \pm 0, 5$, and in comparison with the group with experience from 10 to 20 years - $0.6 \pm 0, 2$.

As for non-carious lesions of the teeth, pathological erasability was most often found. In the production of OG - $65.5 \pm 2.4\%$, in KG this pathology was detected in $35.5 \pm 2.1\%$ of cases.

The second most common non-carious lesion was hyperesthesia of TTZ. At the same time, I and II degrees of hyperesthesia were observed in the OG in $70.5 \pm 4.6\%$ of cases. The wedge-shaped defect was found approximately equally frequently, $7.5\pm 1.6\%$ in both the main and KG.

Non-carious lesions in OG workers became noticeable after 3 years of work or more, while in KG non-carious lesions were identified in the second age group, and in group 1 there were only isolated cases.

In OG workers, professionally conditioned periodontal diseases have special characteristics associated with the systematic impact of professional factors. This includes the transition from mild to more serious forms of the disease, the formation of deep periodontal pockets, high mobility of teeth and other manifestations. From the analysis of the data obtained, it becomes clear that with an increase in the time and nature of exposure to harmful substances on the body, there is an increase in severe symptoms of TP damage, as well as an increase in the prevalence and intensity of inflammatory diseases of TP, regardless of the specific dangerous factor of production.

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