ANALYSIS OF THE PREVALENCE OF GINGIVAL RECESSION AMONG CHILDREN

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Proper diagnosis of gingival recession using modern clinical examination methods, determining the type of recession, and studying the characteristics of gingival recession using modern clinical examination methods are presented [1,2]. Gingival recession is a multifactorial disease characterized by the progression of the recession process with age, occurring in 15-20% of children and up to 90% of adults [3]. In children, there are unique features in the anatomical and histological structures of gingival and periodontal tissues, and the diagnosis and treatment of gingival recession are also selected based on age [4].

Research objective. To conduct an analysis of the prevalence of gingival recession in children.

Research materials and methods. For the purpose of this study, during 2024-2025, 90 children with gingival recession who presented before the age of 18 underwent clinical examinations at 2 children's dental clinics in Yunusabad district.

Research results. Analysis of the results obtained in children determines the relationship between the prevalence of various clinical forms and the age factor. In younger age groups, the traumatic form of recession prevails over the symptomatic form: traumatic recession occurs in 62.1% of cases at ages 6-10 years. With increasing age, its prevalence significantly decreases (at 10-12 years - 15.5%, at 13-15 years - 9.8%, at 16-18 years - 2.5%); simultaneously, the prevalence of symptomatic forms increases at 15 years - 37.6%, at 18 years and older - up to 97.3% - in 2.6% of the population with gingival recession at this age, signs of periodontal aging are present. To study the factors among the residents and determine their influence on the hygienic state of the oral cavity and gingival recession, clinical studies were conducted in 90 children. In most cases, children participating in the survey reported bleeding gums (15% and 55%) and hyperesthesia of the hard tissues of the teeth (9% and 8.1%), while in adults these rates were (65% and 40%) and (40% and 10%) respectively. Interestingly, children rarely complained of bleeding gums (only 8.7% and 18%). These data confirm our previous assumptions, namely that the main influence on the development of gingival recession in young people is manifested by prolonged injuries in the presence of predisposing physiological characteristics, while in the adult group, gingival recession is associated with pathological changes in periodontal tissues and aging. One of the clinical studies involved determining the gingival biotype by measuring the thickness of the attached gingiva in mm (d1). A special graduated periodontal probe was used for this examination. Measurements were performed under

topical anesthesia by probing the surgical site. When the gingival thickness (d1) was up to 1.0 mm, the biotype was considered thin, and from 1.0 to 1.5 mm - medium.

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