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основным инструментом для решения вопросов функциональных аспектов окклюзии. С введением виртуальных артикуляторов произошли революционные изменения в современной эстетической и функциональной стоматологии.

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SPEECH DISTURBANCE WITH OPEN BITE IN PRESCHOOL CHILDREN

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Recently, the number of dentoalveolar anomalies and deformities among the child population has increased from 40% to 55-60%. According to many researchers, the trend towards an increase in the number of children with deformities of the dentition will remain stable in the near future.

Speech disorders are of a diverse nature, but for parents the most significant is the sound-producing side of speech, with which they turn to speech therapists. The speech of young children during the period of its formation is distinguished by shortcomings in sound pronunciation, but all age-related "deficiencies" in sound pronunciation normally disappear in children by the age of 4–5 years. However, due to various reasons, in some children, age-related sound-producing defects do not disappear, but take on a persistent character, and such a speech disorder is called dyslalia. One of the main causes of mechanical dyslalia is anatomical defects in the peripheral part of the speech apparatus (lips, tongue, teeth, upper and lower jaws, soft and hard palate). Among the anomalies of the organs of articulation, predisposing to a violation of the pronunciation of speech sounds, the most common are: bad habits, shortened frenulums of the tongue and lips, as well as defects in the structure of the jaws, which leads to malocclusion.

The relevance of this problem has become the reason for its joint study by orthodontists and speech therapists.

The purpose of the study: to study the effect of open bite on sound pronunciation in childhood.

We conducted an orthodontic and speech therapy examination of 60 preschool children aged 3-7 years. Orthodontic examination included identification of the nature and prevalence of open bite, speech therapy examination studied the state of sound pronunciation in children.

According to the results of the examination, it was revealed that out of 60

children of preschool age, 39 had dentoalveolar anomalies and deformities (65%), 8 out of 39 children had an open bite, which coincides with the data obtained by L.S. Persin, T.F. Kosyreva, F.Ya. Khoroshilkina. In 35 out of 39 children, defects in sound pronunciation were found, which accounted for 58,3% of the total number of subjects.

An open bite is an anomaly or deformation of the dentoalveolar system along the vertical plane, when, with closed teeth, some of them do not close, usually in the frontal area. With an open bite in children, there are defects in sound pronunciation. In this category of subjects, there is a violation of the pronunciation of dental letters: [t], [d], [s], [ch], [n].

The data obtained must be taken into account for preventive and therapeutic purposes by orthodontists and speech therapists in the construction of correctional and pedagogical work.

It is necessary to draw up and implement a complex of therapeutic and preventive measures, which should consist of several stages.

Conclusion. The main link in the prevention of speech disorders is the prevention of negative factors and the elimination of bad habits in children.

To correct already manifested anomalies of the dentoalveolar system, orthodontists recommend doing myogymnastics (exercises to strengthen the maxillofacial muscles) with children from the age of 2.5-3 years. With regular myogymnastics in children, the type of breathing is corrected, the circular muscle of the mouth is strengthened, the maxillofacial development is normalized, and the bite develops normally. Corrective work of a speech therapist on the formation of correct sound pronunciation in children with anatomical pathology of the organs of articulation should be carried out in conjunction with an orthodontist in order to achieve the maximum result.

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OCHIQ PRIKUSDA CHAKKA PASTKI JAG‘ BO‘G‘IMINING O‘ZGARISHINI ERTA TASHXISLASH VA UNI OLDINI OLISH

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