



TSITOKIN STATUS CHECK IN ORAL FLUID IN FURNACE PERIODONTITIS, WHICH DEVELOPS AFTER PROSTHESES IN THE MILITARY.

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Abstract. In recent years, there has been an increasing incidence of post-prosthetic developmental periodontitis in the population, causing medico-social, economic problems. In particular, this pathology has a special place in the fact that the development of furnace periodontitis, which develops after prostheses, creates complexity in their diagnosis and treatment.

Key words. Diseases of the oral mucosa, diffuse periodontitis, acute periodontitis, dentures.

Particular attention is paid to research work aimed at improving the treatment of diseases of the oral mucosa in prosthetic patients with global distribution, including disseminated periodontitis. In this, to determine the clinical-functional features of the specific course of symptoms of inflammatory diseases associated with oral diseases in modern dentistry, to assess the place of dental and physiotherapeutic measures in the complex treatment process, to develop a comprehensive step-by-step approach plan that takes into account the somatic condition of patients, to propose treatment-preventive methods based on; of particular importance is the improvement of the development of methods for assessing the effectiveness of treatment[5].

Infectious periodontal inflammation can develop at different rates. The time frame during which the disease becomes chronic depends on several factors. Among them: the condition of the alveolar crest, degenerative and dystrophic processes in the tissues surrounding the tooth, and a decrease in the alveoli[2].

Periodontitis most often begins with inflammation, bleeding gums, i.e. gingivitis. If the symptoms persist and worsen, this is already a sign of a chronic pathology. This condition of the maxillary system used to be called "periodontal disease." If the patient does not receive timely treatment, it leads to bone destruction and tooth loss[4].





Diseases caused by prostheses remain low in the population with timely diagnosis and treatment. Each of these existing methods of systematic Diagnostics is aimed at determining the indicator of the structure or function of the body's tissue. It should be borne in mind that in clinical practice, immunological examination of patients is carried out relatively rarely hollard.

Thus, in modern dentistry, the study of the effects of oral diseases caused by prostheses, including acute periodontitis, the Prevention of complications of diseases, is an urgent problem.

If a favorable environment is created in the oral cavity for the development and reproduction of pathogenic bacteria, this is a kind of guarantee for the occurrence of periodontitis. The main causes of pathology:

- Improper oral hygiene.
- The presence of dental calculi, inflammation in the oral cavity.
- Wounds on the gums due to injury to soft tissues.

The latter occur when writing too hard, using a hard toothbrush. Defects in fillings and crowns can also cause injury[5].

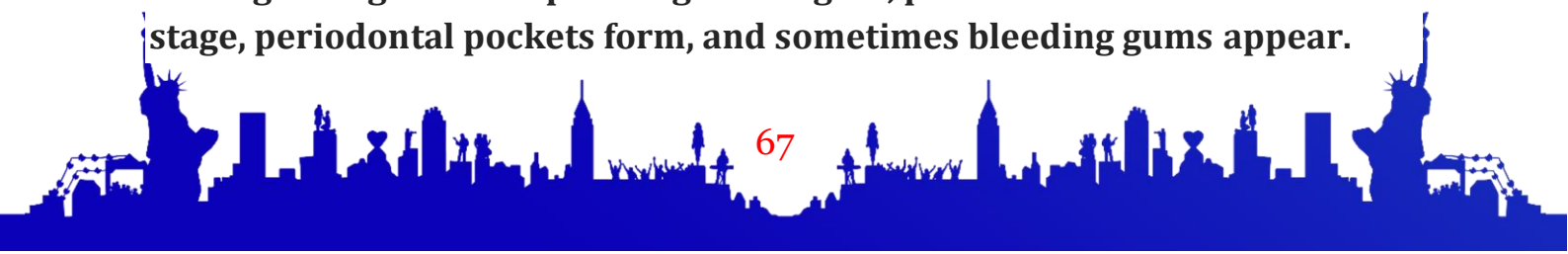
There is an extensive list of factors that contribute to the progression of periodontitis. First of all, we are talking about untreated dental inflammations. No less dangerous for periodontitis (it consists of connective, bone, gingival tissues and blood vessels) are weakened immunity, hormonal disorders, deficiency of beneficial trace elements, smoking, alcohol consumption.

As medical practice shows, the most extensive risk group for chronic periodontitis is people over the age of 30-40 who suffer from pathologies of the cardiovascular, endocrine, circulatory, and digestive systems. It is these diseases that primarily negatively affect the condition of dental and jaw tissues[6].

- The list of triggers of the disease is quite extensive. The following factors can provoke its transition to the chronic stage: caries, bruxism, crowding of teeth, malocclusion, and a genetic predisposition to pathology. The causes of degenerative-dystrophic changes in periodontal tissues have not yet been fully studied by science. However, as statistics confirm, the chronic form of pathology often develops against the background of autoimmune and allergic diseases. Doctors distinguish two types of pathology: localized and generalized. In the first case, we are talking about focal tissue lesions, in the second – about diffuse [1,5].

- Types of localized periodontitis:

- **Lightweight. When pressing on the gum, pain sometimes occurs. At this stage, periodontal pockets form, and sometimes bleeding gums appear.**





- Average. There is a slight mobility of the teeth, frequent bleeding of the gums. In parallel with them, there is an increase in gingival pockets.

- Heavy. Its signs are severe loosening of the teeth, exposure of the dental roots, suppuration of the gums, destruction of bone tissue.

Generalized periodontitis is also commonly classified according to the severity of periodontal lesions into mild, moderate, and severe. Here, one of the criteria for the gradation of pathology forms is the average depth of the gingival pockets. In periodontology, it is customary to identify common signs of chronic periodontitis. The main symptoms of the disease:

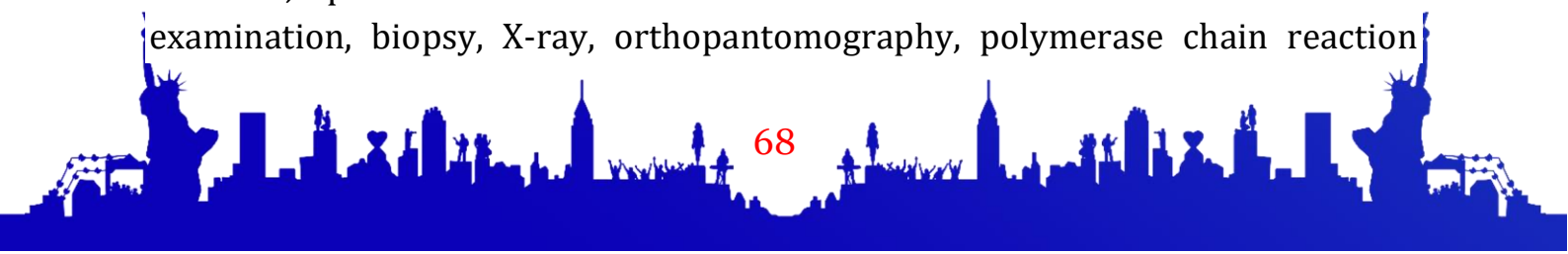
- Bleeding gums.
- Unpleasant odor from the mouth.
- Pain when chewing food, brushing teeth.
- The color of the gingival tissues changes to bright red.
- Increased gaps between teeth.
- Increased sensitivity of the enamel to temperature changes.
- The presence of permanent yellow plaque on the teeth and gums.
- The appearance of gingival pockets, the discharge of pus from them.

At the same time, there may be feelings that the teeth have slightly changed their shape and increased in height. In any case, if even one of these signs appears, you should immediately consult a doctor and begin treatment!

In its development, chronic periodontitis goes through 4 stages: initial, mild, moderate and severe. Each of them has its own characteristics, on the basis of which dentists choose the best methods of medical care. At the initial stage of pathology, the patient mainly experiences discomfort in the oral cavity, is confronted with the appearance of blood during brushing teeth, and bad breath. It is at this time that the disease can be completely stopped[3].

If medical measures are not taken at the first three stages of the pathology, at the last stage of its development it will be characterized by tooth loss, abundant dental deposits, and severe pain. Also, during the period of exacerbation of the chronic disease, there will be an increase in body temperature, an increase in regional lymph nodes, and severe swelling of the gums. What can be done then? Yes, it will not be possible to completely get rid of the chronic form of pathology, but there is an opportunity to minimize its consequences, stop, slow down the development of complications[5].

To determine the stages of the disease and choose the most effective treatment methods, specialists of the Karmen-Med dental clinic use methods of visual examination, biopsy, X-ray, orthopantomography, polymerase chain reaction





(PCR scraping), bacteriological culture on nutrient media. In most cases, doctors also require blood tests of patients. This information is also important for determining the causes of pathology and making forecasts of its further development[8].

In each case, therapeutic measures begin with procedures for removing dental deposits. Only after that, doctors begin the main treatment.

Basic medical measures:

The initial and mild degree of periodontal damage. At this time, conservative measures are most effective. They include treating the oral mucosa with antiseptics. The list of drugs for this purpose includes hydrogen peroxide, chlorhexidine, furacilin. With these degrees of disease, the development of pathological processes can be quickly stopped with the help of antibacterial, anti-inflammatory drugs, and drugs to reduce sensitivity. At the same stages, physiotherapy procedures, including gum massage, electrophoresis, ozone therapy, ultraphonophoresis, laser therapy, etc., have the maximum effect [2,5].

The average degree of periodontal lesion. An important part of the course of treatment is the internal intake of antibacterial drugs by the patient. Here, in the treatment of the disease, cleaning (curettage) of the gingival pockets is no longer necessary. These procedures are performed with and without incision of soft tissues, after which doctors treat the affected areas with antiseptic, hemostatic drugs. Specialists also practice the method of sclerosing. This term is commonly used to refer to the use of drugs that provoke aseptic inflammation. The effect results in: replacement of gingival tissues with connective tissues, closure of gingival pockets[3].

Severe periodontal damage. The effectiveness of treatment is possible only if therapeutic and surgical methods are combined. Medical measures include the removal of movable teeth, affected gum areas and gingival pockets. At this stage of the disease, osteoplasty and other flap surgeries are performed. During such surgical procedures, after dissecting the soft tissues, specialists clean the dental roots and gums of deposits, dead cells, pathogens, and treat the affected areas with antiseptic compounds. Another common type of surgical intervention practiced in the severe stage of pathology is the opening and drainage of the abscess (so that the pus flows out). This method is often combined with the removal of affected movable teeth[4].

The more the disease progresses, the higher the risks of its complications for the entire body. To minimize the latter, it is necessary to take preventive





measures and constantly monitor the condition of the oral cavity, the dental apparatus and the entire body[6].

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