

IMPROVING THE EFFECTIVENESS OF COMPLEX TREATMENT OF PERIODONTAL TISSUE DISEASES.

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ANNOTATION

This article provides an analysis of the effective elimination of pathological gingival pockets by the so-called sclerotherapy. Sclerosing treatment with calcium chloride, glucose and alcohol was carried out by introducing their solutions into; connective tissue base of the gums, which forms the anterior wall of the pathological gingival pocket. In X-ray examination, the resorbed areas of the bone tissue of the alveolar margin were compacted. Signs of osteoporosis remained only in 5 cases out of 18. Sclerotherapy opens up real opportunities for the non-surgical elimination of pathological gingival pockets in diseases of the marginal periodontium.

Keywords: treatment, diseases, periodontium, periodontal pocket, sclerosing therapy, x-ray.

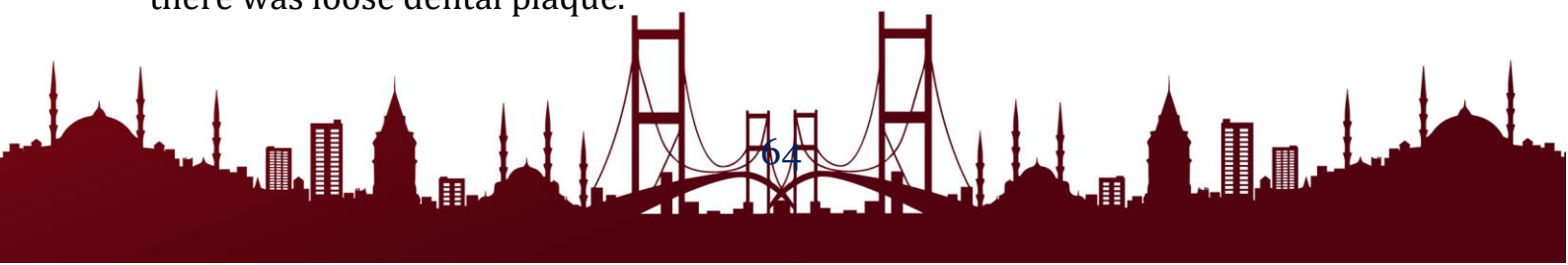
Введение: Treatment of periodontal diseases cannot be effective without reliable limitation of pathological periodontal pockets (1,3,7). In addition to surgical methods of limiting periodontal pockets, a very wide range of drugs are used to influence the gingival wall and bottom of the pathological pocket, including as cauterizing agents (piocides, solutions of lactic acid, chromic acid, trichloroacetic acid, zinc chloride and etc.)., as well as products that have mainly antibacterial properties (antibiotics, sulfonamides). In recent years, other agents have become widespread, among which proteolytic enzymes are of particular importance (6,8). Some authors dispute the advisability of using drugs that have a cauterizing effect, contrasting them with agents that have a biological effect (2,4,5).

Unfortunately, the beneficial effect of drugs that have a so-called biological effect on periodontal tissue and the processes occurring in them is very short-lived. There is no data from which it would be clear that the use of antibiotics, sulfonamides, proteolytic enzymes, etc. leads to the elimination of pathological periodontal pockets. In this regard, we have set ourselves the goal: to improve the treatment method and diagnosis of pathological periodontal pockets.

Materials and research methods: We have experience in effectively eliminating pathological gum pockets using the so-called sclerosing therapy. Treatment of pathological periodontal pockets was carried out in 136 patients aged from 17 to 71 years (49 men and 87 women). Of these, 20 were diagnosed with the active stage of periodontal disease, 96 with the stabilization stage, and 20 with chronic hypertrophic gingivitis. To sclerotize the tissues forming the outer wall of pathological gum pockets, a 5% iodine solution was used (in 62 cases), a 10% calcium chloride solution in (20 cases), 70% alcohol (in 20 cases) and 40°C. - pure glucose solution (in 34 cases). The iodine solution was injected into the pathological pockets using cotton wool. Tamponade of pathological pockets was carried out daily for 5-7, sometimes 10 days. Sclerosing treatment with calcium chloride, glucose and alcohol was carried out by introducing their solutions into; the connective tissue base of the gums, forming the anterior wall of the pathological gingival pocket. Infiltration of gum tissue was carried out under anesthesia with a 0.5% solution of novocaine. Up to 0.4-0.5 ml of an appropriate solution of a sclerosing drug was injected into the tissue of the interdental gingival papillae. Repeated injections were carried out at intervals of 4-6 days. Sclerosing therapy was combined with pathogenetic measures corresponding to the form of periodontal disease and the general condition of the patient's body. If necessary, sclerotherapy was preceded by curettage.

Results: Evaluation of treatment results was carried out on the basis of clinical and radiological studies.

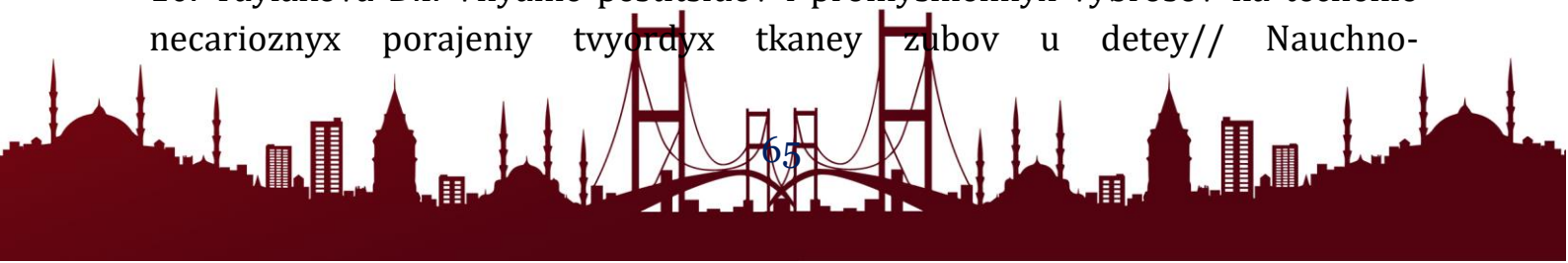
The effectiveness of treatment of pathological gum pockets over a period of 6 months was studied in 60 patients. up to 1 year. In 48 out of 60 cases, a favorable clinical and cytological picture was noted - the mucous membrane of the gums had a normal color, the depth of the periodontal pockets did not exceed 2-3 mm. In the fingerprint smears, single cells of the flattened, and in some cases the middle layers of the epithelium, and single lymphocytes were found. DNA was found in all elements, and RNA was found in most epithelial cells, which was evenly distributed in their cytoplasm. Glycogen was detected in the cytoplasm in the form of cherry-colored granules. During an X-ray examination, the resorbed areas of bone tissue of the alveolar margin turned out to be compacted. Signs of osteoporosis persisted only in 5 cases out of 18. During the specified period, 12 patients showed signs of inflammation of the gingival margin and shallow pathological gingival pockets. In all these cases, there was loose dental plaque.



Conclusion: The work carried out gives grounds for the conclusion that sclerotherapy offers real possibilities for non-surgical elimination of pathological gingival pockets in marginal periodontal diseases.

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