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**THE MAIN CLINICAL FEATURES OF THE ORAL CAVITY OF PREGNANT WOMEN  
SUFFERING FROM GINGIVITIS*****Xolboyeva Nasiba Asrorovna****Assistant Of Therapeutic Dentistry Student Of 5th Year Of Department Of Dentistry, Uzbekistan****Jurayev Oltinbek Mexriddin Ugli****Samarkand State Medical University, Uzbekistan****Kuchkarov Sardor Fazliddin Ugli****Samarkand State Medical University, Uzbekistan***ABOUT ARTICLE**

**Key words:** Compare the state of periodontal disease in chronic hypertrophic gingivitis in pregnant and non-pregnant women - residents of the Samarkand region.

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**Abstract:** The results of a comparative study of the oral cavity of pregnant women with hypertrophic gingivitis and without inflammatory diseases of the oral cavity (ESD) were studied on the example of the Samarkand region as a risk factor for the development of hypertrophic gingivitis in pregnant women. It has been shown that during pregnancy, the negative influence of local factors of hypertrophic gingivitis significantly increases. Keywords: hypertrophic gingivitis, pregnancy, dental indicators, risk factors Despite numerous studies, the etiology of inflammatory periodontal diseases in pregnant women has not been sufficiently studied. Thus, the prevention, diagnosis and treatment of gingivitis in pregnant women remains insufficiently effective. In addition, many medications and effects cannot be used during pregnancy (or perhaps, but there is only a risk comparable to the health of a mother with gingivitis). The fruit depends on the means used). On the other hand, hypertrophic gingivitis negatively affects the course of pregnancy and increases the likelihood of perinatal complications [1,2]. In particular, periodontitis often contributes to premature birth and intrauterine infection of the fetus, since it complicates the course of pregnancy and is a focus of infection in the mother's body.[3]

Many inflammatory diseases have regional peculiarities of development, course and treatment related to its iodine state, the state of ecology, the epidemiological situation and the organization of medicine, as well as the genetic characteristics of the population of this territory [4,5]. It is reasonable to assume the presence of such signs in hypertrophic gingivitis. However, at the moment there are no special publications dedicated to this disease in the Samarkand region.

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## INTRODUCTION

The main group - pregnant women with hypertrophic gingivitis (n =100), the comparison group - non-pregnant women with hypertrophic gingivitis (n = 100), control 1 -pregnant women without inflammatory periodontal diseases (n = 100) and control 2 -women in the group with inflammatory diseases of the oral cavity were selected according to the following criteria: -The age of 20-35 years is favorable for the realization of reproductive function.; In addition, a relatively high age threshold (20 years) made it possible to exclude women with juvenile gingivitis from the study due to delayed sexual development.- Same-sex pregnancy (main group and contrast 1).- The presence of voluntary informed consent, the selection of women for inclusion in the compared group was carried out using the "case-control" method. At the same time, the control parameters of the comparison groups and the control group were the age of the women selected in the main group. This made it possible, as is known, to neutralize the age difference in hormonal regulation, which largely determines the pathogenesis of hypertrophic gingivitis. The average age in the main group was  $26.7 \pm 0.7$  years, while in the control group it was  $27.2 \pm 0.8$  years. Dental examination of the oral cavity included an external examination (the condition of the red border of the lips) and an examination of the oral cavity itself. The prevalence of caries was estimated in relation to the number of people with carious lesions to the total number of examined. The intensity of caries was studied in accordance with the KPUz index (WHO, 1995). The state of oral hygiene is determined by anamnesis and indicators of the game (J.C.Green, J.R.Vermillion, 1964) and API (D.E.Lange, 1990). To determine the condition of periodontal tissues, the PMA index (S.Parma, 1960), PBI (H.P.Muhlemann, Saxer, 1975), KPI (P.A.Leus, 1988) and the measurement of the depth of the periodontal pocket with a push-button probe were used. Results and their discussion. Objective tests showed a relatively low level of oral hygiene in the examined women in all groups (Table 1). Thus, the prevalence of caries was relatively high in all groups. But in the group with hypertrophic gingivitis, this indicator was significantly higher. The greatest prevalence of caries was observed in the comparison group, where 89 ( $89.0 \pm 3.13\%$ ) women suffered from it. In the main group, this indicator was significantly lower (1.3 times). It should be noted that among pregnant women without

inflammatory diseases of the oral cavity, the prevalence of caries was significantly higher than in control 2, which is associated with changes in calcium metabolism during pregnancy, as well as a weakening of the protective barrier of the oral cavity in pregnant women. Thus, high-intensity caries was observed in women with hypertrophic gingivitis. At the same time, in the comparison group, the consumer price index was  $12.9 \pm 0.76$ , and in the main group, this indicator was significantly lower -  $9.9 \pm 0.52$ . In the control group, the CPI values corresponded to moderate intensity of caries, but the CPI of non-pregnant women without inflammatory diseases of the oral cavity is significantly higher than the CPI of pregnant women without inflammatory diseases of the oral cavity. The most noticeable difference between the groups was observed in the number of teeth affected by caries. caries: in the comparison group there were 584 such teeth ( $18.3 \pm 0.68\%$ ), and in the main group - 369 ( $11.5 \pm 0.56\%$ ), which was significantly less. The minimum number of carious teeth was observed in the control of 1-106 ( $3.3 \pm 0.32\%$ ) teeth; in the control of 2 carious teeth was almost 2 times more - 211 ( $6.6 \pm 0.44\%$ ). In the group with hypertrophic gingivitis, the game-Y value was significantly worse than in the control group: in the main group  $-3.9 \pm 0.15$  and  $0.9 \pm 0.06$  control 1; in the comparison group  $-5.2 \pm 0.21$  and  $1.26 \pm 0.1$  control 2. The level of oral hygiene in the main and comparative groups was assessed as unsatisfactory, but the indicators in pregnant women with hypertrophic gingivitis were significantly better than in non-pregnant women with this pathology. It was also found that the game in control 1 (with a good level of hygiene in PR) was significantly less than in control 2 (with a satisfactory level of hygiene). Turning to periodontal indicators, it should be noted that the average value of the gingivitis index (PMA) in the main and comparative groups did not significantly differ between 39.8 and 42.1, respectively. This, in our opinion, indicates that pregnant women turn to gynecologists about hypertrophic gingivitis, which has the same degree of severity of clinical manifestations as non-pregnant women. An additional confirmation of this conclusion in the control group, the PMA index was equal to 0 and was determined by the conditions of selection of women in these groups (absence of inflammatory diseases of the oral cavity), without significant differences (severity, localization of the disease in PR and complaints of patients) in the comparison group. clinical picture of hypertrophic gingivitis in the main and comparative groups. The bleeding of the interdental papillae in the group with hypertrophic gingivitis was expressed to the same extent and significantly exceeded similar indicators in the control group: in the main group, pbi = 1.8 in 0.5 control 1; in the comparison group - 1.9 in 0.8 control 2. At the same time, the PBI in control 1 was significantly lower than similar indicators in control 2. The KPI values usually followed the same pattern as the PBI values. However, in the main group, this indicator was significantly better than in the comparison group, which is associated with a lower severity of plaque in pregnant women with hypertrophic gingivitis, compared with non-pregnant women suffering from

this pathology. To identify local risk factors for the development of hypertrophic gingivitis, objective studies of the oral cavity of patients with hypertrophic gingivitis were conducted compared with non-pregnant women without inflammatory diseases of the oral cavity. The data shown in Table 2 show that most indicators in the main group are closer to similar characteristics in control 2 than in the comparison group. The proportion of women with malocclusion in the main group did not differ significantly from similar indicators in the control group 2. At the same time, there were 1.7 times more women in the comparison group than in the main group. Similar ratios of group indicators were also observed in relation to factors such as dental anomalies, proximity, rotation of teeth, the presence of orthopedic and orthodontic structures, the absence of contact ratios and the presence of harmful habits that contribute to damage to the protective barrier of the PR (smoking, nail biting, biting hard objects, biting the mucous membranes of cheeks and lips, etc.). In addition, among these factors, there are generally recognized reasons for reducing the effectiveness of periodontal defense mechanisms by creating a "gate" for infection and destruction of salivation processes [6]. The prevalence of a number of local risk factors for hypertrophic gingivitis in the main group was significantly higher than in the control group 2. Thus, among pregnant women with hypertrophic gingivitis, oral respiration caused by short movements of the lips and/or tongue, sharp edges of teeth or fillings and chronic diseases was significantly more common than in non-pregnant women without inflammatory diseases of the upper respiratory tract of the oral cavity. However, these factors were also more pronounced in the comparison group than in the main group.

## **CONCLUSION**

Thus, a comparative assessment of the condition of teeth with hypertrophic gingivitis and local risk factors shows that in pregnant women with hypertrophic gingivitis, the periodontal condition is much better, and risk factors are less pronounced than in non-pregnant women with the same pathology. In women without inflammatory diseases of the oral cavity, the picture is reversed – in non-pregnant women, the condition of the PR is better than in pregnant women. As a result, on the one hand, the transfer of pregnancy in the female body leads to a rapid decrease in the sanitary indicators of PR, on the other hand, hypertrophic gingivitis during pregnancy is more common than in non-pregnant women, despite the low severity of local and general etiological factors of hypertrophic gingivitis, the disease in pregnant women leads to a rapid decrease

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