EUROPEAN INTERNATIONAL JOURNAL OF MULTIDISCIPLINARY RESEARCH AND MANAGEMENT STUDIES

VOLUME04 ISSUE01
DOI: https://doi.org/10.55640/eijmrms-04-01-32 Pages: 171-177

THE MAIN FEATURES OF COMPLEX TREATMENT LOCALIZED TRAUMATIC PERIODONTITIS ETIOLOGY IN ORHOPEDIC DENTESTRY

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ABOUT ARTICLE

Key words: Localized periodontitis, splinting, orthopedic treatment of periodontitis.

Received: 20.01.2024
Accepted: 25.01.2024
Published: 30.01.2024

Abstract: The main factors leading to the development of localized pathological periodontal pockets are the following. Localized pathological periodontal pockets include. Poor-quality direct restorations, incomplete crowns and lack of contact points. The absence of contact points. Pathological periodontal pockets are mainly localized on the lateral teeth. This is due to the large number of fillings in this part of the jaw. The dentition of the jaw is part of the jawbone. In combination with chronic injury of the gingival tissue, it leads to the formation and deepening of pathological periodontal pockets. This article presents a comprehensive algorithm for the treatment of localized periodontitis. We are talking about periodontitis, in the treatment of which orthopedic factors play an important role.

INTRODUCTION

Purpose of the study: to determine the algorithm of an integrated approach in the treatment of traumatic localized periodontitis

Localized periodontitis, as an independent form, is most often found in young adults (<40 years old) with a prevalence of 48.6% [2], although generalized periodontitis can occur after 40 years. Traumatic

localized periodontitis (TLPP) occurs due to incomplete restoration (58.7% of cases [3]) and the absence of prostheses when the approximal walls of adjacent teeth do not touch. Mechanical damage to periodontal tissues leads to pathological changes in the gum due to the presence of microorganisms in it and their invasion into areas of damage to the mucous membrane [1], which leads to a loss of adaptive capabilities of the periodontal ligament. Since the degree of discomfort depends on the width of the interdental space and the number of stuck food residues, this problem does not bother patients, and they do not always complain. As a result of a thorough survey, pain of varying intensity in the affected area, an unpleasant odor from periodontal pockets, the depth of the interdental space and sometimes slight bleeding are revealed. The main goal of traumatic localized periodontitis treatment is to create a tight contact point between the teeth. The methods used in this case (composite restorations or restorations with single crowns) do not give a long-term effect due to the mobility and displacement of the teeth. Therefore, it is important to use an integrated approach to the treatment of localized periodontitis, taking into account not only causal factors, but also the local condition of the teeth in the affected area.

MATERIALS AND METHODS

80 patients (aged 22-63 years) with a diagnosis of traumatic localized periodontitis were included in the study. Of these, 12 are men and 68 are women. The diagnosis was confirmed by a clinical examination, data from laser Doppler flowmetry and radiography. The pathology was mainly localized in the lateral occlusion, which indicates a large number of fillings in the jaws in this area. Using a randomized method, the patients were divided into two groups: the main group included patients who underwent splinting prosthetics, and the comparison group included patients who underwent prosthetics using a single ceramic metal crown. The depth of the periodontal pocket varied from 2.5 to 5 mm; depending on the severity of traumatic localized periodontitis, patients were divided into two subgroups: mild traumatic localized periodontitis (depth of the periodontal pocket up to 3 mm) - 54 patients; moderate traumatic localized periodontitis (periodontal pocket depth 3-5 mm) - 26 patients (17 in the main group, 9 in the comparison group). comparison group). All patients underwent specialized oral hygiene, endodontic treatment of these teeth, pharmacological treatment of periodontal pockets, curettage of periodontal pockets with moderate severity of traumatic localized periodontitis and depth of periodontal pockets 3-5 mm and filling of bone defects with osteogenic preparations. Prior to surgical treatment, plastic bridges for temporary splinting (plastic interdental tabs) were made for the main group of patients, teeth were made in the area of periodontal pockets and plastic crowns were fixed on temporary cement. After suturing, a temporary plastic prosthesis was

fixed to the tooth, and the gingival edge of the crown was previously modified to ensure effective postoperative hygiene. In the comparison group, at the first stage of treatment, incomplete restoration was replaced with a dense contact point, and the tooth was covered with one temporary plastic crown. 21 days after surgical treatment and healing of the gum, the single crown and bridge were replaced with metal-ceramic structures, and the interdental inlays were made using an indirect restoration system. Results and discussion During the study, it became necessary to typologize clinical cases depending on the condition of the tooth. Description of the type.

I. the local condition of the tooth in the problem area is an intact tooth and a filled tooth or both filled teeth.

II. the local condition of the tooth, characterized by the presence of sealed and crown teeth in the area of pathological periodontal pockets;

III. a local tooth condition characterized by the presence of two teeth covered with crowns, with pathological periodontal pockets between them (C-C). These data indicate that most cases of traumatic localized periodontitis belong to type I local dental conditions, when the localized inflammatory process is localized in the area of intact and/or sealed teeth. This fact is confirmed by the fact that patients aged 30-40 years have more filled teeth and fewer crowns. Thus, there is a relationship between defects in dental restoration, on the one hand, and loose fitting of the walls of teeth at contact points, on the other hand, and the prevalence of focal conditions of type I teeth in traumatic localized periodontitis. After professional oral hygiene, all patients noted an overall improvement in the condition and comfort of the oral cavity, however, in the area of localized periodontal pockets, unpleasant odor and discomfort did not disappear, and food was still clogged between the teeth, causing cramps and pain. After fixation of bridges and temporary crowns, in which places of close contact between teeth were recreated, patients of both groups noted a decrease in subjective discomfort after eating. However, in the comparison group, patients continued to use dental floss to clean the interdental spaces. During the study, it was found that in all patients of the main group, after splinting on teeth in the periodontal pocket area (day 4), faster wound healing and disappearance of inflammatory symptoms were observed. In addition, there was no improvement in discomfort during eating, bleeding gums and emotional state. The immediate postoperative course of patients with moderate traumatic localized periodontitis in both groups was not unique. In the main treatment group, the periodontal healing process occurred 3-5 days earlier than in the comparison group. This fact can be explained by the absence of the traumatic effects of food stress, as well as the absence of the need to clean the interdental spaces with dental floss. Cleaning the surgical site directly under the bridge with a chemical solution had a positive effect on the

healing time. In the comparison group, the effect of the use of drugs was short-lived, since the periodontal tissues were open. The therapeutic effect of the main treatment group was maintained during the one-year follow-up period, with stable gingival edges, no signs of inflammation and close contact with the bridge; one patient had bleeding associated with insufficient oral hygiene, and the other had an unpleasant odor associated with a lack of intermediate oral hygiene during the day. An unpleasant odor associated with the lack of intermediate oral hygiene in the daytime was observed in another patient. In the comparison group, the effect of treatment persisted for 4-6 months after fixing a permanent ceramic-metal crown: 31.5% of the six patients developed a small distance between the teeth and dietary fibers began to clog the gaps between the teeth again, but the integrity of the crown and the edges of the restoration did not change. Three to four weeks after surgery, 34 patients had their temporary bridges replaced with metal-ceramic ones; four patients had interdental tabs made using an indirect restoration system. In two patients, temporary splints were left as the main treatment for up to 6 months; when followed up after 6 months, treatment results were stable. The mucous membrane of the gum in the area of the periodontal pocket was pale pink, dense, without bleeding; no pathological changes were observed on radiographs. In the comparison group, the healing period after curettage of the periodontal pocket was 7-10 days, all patients did not notice discomfort in the oral cavity and unpleasant odor. After complete restoration of periodontal tissues, temporary plastic crowns were replaced with permanent metal-ceramic crowns (16 pcs.) After 6 months, the radiographic reduction of the periodontal pocket ranged from 0.5 to 1.5 mm (23.5%) in the main group, compared with 0.5 mm (15.6%) only in the comparison group.

REFERENCE

1. Абдуллаева П. Р., Ахмедов А. А. СПОСОБ ЛЕЧЕНИЯ ИШЕМИЧЕСКИХ СОСТОЯНИЙ ЗРИТЕЛЬНОГО НЕРВА И СЕТЧАТКИ (ЛИТЕРАТУРНЫЙ ОБЗОР): Medical science //Ethiopian International Journal of Multidisciplinary Research. – 2023. – Т. 10. – №. 09. – С. 18-23.
2. Ризаев Ж. А., Ахмедов А. А. ОСНОВЫ СТОМАТОЛОГИЧЕСКОЙ ПОМОЩИ В РЕСПУБЛИКЕ УЗБЕКИСТАН НА ОСНОВЕ РАЗВИТИЯ ОБЩЕЙ ВРАЧЕБНОЙ ПРАКТИКИ //ЖУРНАЛ СТОМАТОЛОГИИ И КРАНИОФАЦИАЛЬНЫХ ИССЛЕДОВАНИЙ. – 2023. – Т. 4. – №. 3.
3. Абдуллаева Н. И., Ахмедов А. А. ОСТЕО-ИММУНОЛОГИЧЕСКИЙ СТАТУС ПАЦИЕНТОВ С ЗАБОЛЕВАНИЙ ПАРОДОНТА В ПОДРОСТКОВОМ И МОЛОДОМ ВОЗРАСТЕ //TA'LIM VA RIVOJLANISH TAHLILI ONLAYN ILMIY JURNALI. – 2023. – Т. 3. – №. 11. – С. 143-149.
4. Ахмедов А. А. Иммунологические аспекты патогенеза гингивита и пародонтита //IQRO. – 2023. – Т. 3. – №. 2. – С. 121-123.

5. Ризаев Ж. А., Ахмедов А. А. GROWTH AND DEVELOPMENT OF GENERAL MEDICAL PRACTICE IN THE REPUBLIC OF UZBEKISTAN TO IMPROVE DENTAL CARE //ЖУРНАЛ СТОМАТОЛОГИИ И КРАНИОФАЦИАЛЬНЫХ ИССЛЕДОВАНИЙ. – 2023. – Т. 4. – №. 3.

6. Ахмедов А. А., Нарзиева Н. DENTAL PROSTHETICS ON IMPLANTS AND THEIR FEATURES //American Journal of Pedagogical and Educational Research. – 2023. – Т. 16. – С. 132-135.

7. Astanovich A. D. A. et al. The State of Periodontal Tissues in Athletes Engaged in Cyclic Sports //Annals of the Romanian Society for Cell Biology. – 2021. – С. 235-241.

8. Alimjanovich R. J., Astanovich A. A. СОВЕРШЕНТСВОВАНИЕ СТОМАТОЛОГИЧЕСКОЙ ПОМОЩИ В УЗБЕКИСТАНЕ С ИСПОЛЬЗОВАНИЕМ КОНЦЕПТУАЛЬНОГО ПОДХОДА ДЛЯ УЛУЧШЕНИЕ ЕЕ КАЧЕСТВА //JOURNAL OF BIOMEDICINE AND PRACTICE. – 2023. – Т. 8. – №. 4.

9. Ортикова Н. Глобализация биоэтики в период пандемии COVID-19 //Общество и инновации. – 2020. – Т. 1. – №. 1/S. – С. 677-682.

10. Ортикова Н. Влияние психоэмоционального напряжения детей на состояние здоровья полости рта //Общество и инновации. – 2023. – Т. 4. – №. 7/S. – С. 328-333.

11. Ортикова Н. Х., Ризаев Ж. А., Мелибаев Б. А. ПСИХОЛОГИЧЕСКИЕ АСПЕКТЫ ПОСТРОЕНИЯ СТОМАТОЛОГИЧЕСКОГО ПРИЕМА ПАЦИЕНТОВ ДЕТСКОГО ВОЗРАСТА //EDITOR COORDINATOR. – 2021. – С. 554.

12. Ортикова Н. Тенденция эффективности профилактических мероприятий путем коррекции психологического стресса у детей на стоматологическом приёме //Общество и инновации. – 2022. – Т. 3. – №. 6. – С. 181-189.

13. Qobilovna B. Z., Nodirovich E. A. EVALUATION OF ORTHOPEDIC TREATMENT WITH REMOVABLE DENTAL PROSTHESES FOR PATIENTS WITH PAIR PATHOLOGY //Spectrum Journal of Innovation, Reforms and Development. – 2023. – Т. 11. – С. 95-101.

14. Anvarovich E. S., Qobilovna B. Z. INFLUENCE OF DIFFERENT TYPES OF RETRACTION THREADS ON THE DEGREE OF GINGI RECESSION //Spectrum Journal of Innovation, Reforms and Development. – 2023. – Т. 11. – С. 84-86.

15. Tohirovna M. L., Qobilovna B. Z. Optimization of Complex Methods Treatment of Inflammatory Periodontal Diseases //Eurasian Research Bulletin. – 2023. – Т. 17. – С. 138-143.

16. Tavakalova Q. M., Qobilovna B. Z., Sarvinoz Y. Preventive Measures in the Treatment of Caries in School children //Eurasian Research Bulletin. – 2023. – Т. 17. – С. 60-65.

17. Исламова Н., Чакконов Ф. Роль продуктов перекисного окисления липидов и противовоспалительных цитокинов крови в развитии заболеваний полости рта при гипотиреозе //Общество и инновации. – 2020. – Т. 1. – №. 1/s. – С. 577-582.

18. Fakhriddin C., Shokhruh S., Nilufar I. ENDOKANAL PIN-KONSTRUKSIYALARNI ISHLATISHDA ASORATLAR VA XATOLAR TAHLILI //JOURNAL OF BIOMEDICINE AND PRACTICE. – 2022. – Т. 7. – №. 1.

19. Shoxrux S., Shoxrux I., Faxriddin C. PREVENTION AND TREATMENT OF ORAL INFECTIONS IN DENTURE WEARERS //International Journal of Early Childhood Special Education. – 2022. – Т. 14. – №. 4.

20. Xusanovich C. F. COMPLETE REMOVABLE PROSTHESIS SUPPORTED BY IMPLANTS //European International Journal of Multidisciplinary Research and Management Studies. – 2023. – Т. 3. – №. 11. – С. 127-133.

21. Xusanovich C. F. et al. PROSTHETICS A COMPLETE REMOVABLE PROSTHESIS BASED ON IMPLANTS //European International Journal of Multidisciplinary Research and Management Studies. – 2023. – Т. 3. – №. 11. – С. 122-126.

22. Najmiddinovich S. N. et al. CARIES IN SCHOOL CHILDREN AND TREATMENT PREVENTIVE MEASURES //American Journal of Pedagogical and Educational Research. – 2023. – Т. 16. – С. 44-49.

23. Khusanovich K. B. R. C. F. TYPES AND APPLICATIONS OF DENTAL COMPLIMENTS //Journal of Modern Educational Achievements. – 2023. – Т. 5. – №. 5. – С. 95-99.

24. Zarnigor J. MAIN ROLE OF HYGIENIC EDUCATION IN THE SYSTEM PRIMARY PREVENTION OF DENTAL DISEASES OF PATIENT //European International Journal of Multidisciplinary Research and Management Studies. – 2023. – Т. 3. – №. 11. – С. 157-163.

25. Qizi J. Z. B. METHODS OF OPTIMIZATION OF TREATMENT OF PERIODONTAL DISEASES USING NEW TECHNOLOGIES //European International Journal of Multidisciplinary Research and Management Studies. – 2023. – Т. 3. – №. 10. – С. 234-241.

26. Kobilovna B. Z., Rushana R. COMPARATIVE EVALUATION OF PARTIAL DENTURES WITH VARIOUS FASTENING ELEMENTS //Intent Research Scientific Journal. – 2023. – Т. 2. – №. 9. – С. 98-103.

27. Qobilovna B. Z., Maxzuna U. Improvement of Providing Therapeutic Dental Care to Pregnant Women. Therapeutic and Preventive Measures //Eurasian Research Bulletin. – 2023. – Т. 16. – С. 146-150.

28. Tavakalova Q. M., Qobilovna B. Z., Sarvinoz Y. Results of the Prevention Program Dental Diseases in School-Age Children //Eurasian Research Bulletin. – 2023. – T. 17. – C. 50-54

29. Jurabek T. D., Qobilovna B. Z. Principles of Prevention of Dental Diseases in Children in Modern Conditions //Eurasian Research Bulletin. – 2023. – T. 17. – C. 55-59.

30. Tavakalova Q. M., Qobilovna B. Z., Sarvinoz Y. Preventive Measures in the Treatment of Caries in School children //Eurasian Research Bulletin. – 2023. – T. 17. – C. 60-65