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DENTAL ASPECTS OF HELICOBACTER PYLORI ERADICATION***Jabbarova Zarnigor****Assistant of orthopedic dentistry, 5th year students of the Faculty of Dentistry, Samarkand State Medical University, Uzbekistan****Mutalifov Axadbek****Assistant of orthopedic dentistry, 5th year students of the Faculty of Dentistry, Samarkand State Medical University, Uzbekistan****Norqulova Sevara****Assistant of orthopedic dentistry, 5th year students of the Faculty of Dentistry, Samarkand State Medical University, Uzbekistan*

ABOUT ARTICLE**Key words:** Pathogenetic relationship, stomach and duodenum, gastroenterology, Medical Statistics.**Received:** 17.03.2024**Accepted:** 22.03.2024**Published:** 27.03.2024**Abstract:** Peptic ulcer of the stomach and duodenum is one of the most important problems of modern gastroenterology. Despite improvements in diagnosis and treatment, the prevalence of digestive pathologies is steadily increasing, and erosive and ulcerative lesions of the gastroduodenal region are no exception.

INTRODUCTION

Peptic ulcer of the stomach and duodenum is one of the most important problems of modern gastroenterology. Despite improvements in diagnosis and treatment, the prevalence of digestive pathologies is steadily increasing, and erosive and ulcerative lesions of the gastroduodenal region are no exception. According to the Center for Medical Statistics, the incidence of gastric and duodenal ulcer in Uzbekistan has increased by 10% over the past 38.4 years. At the same time, on the one hand, a "rejuvenation" of the disease was recorded, and on the other hand, the increase in morbidity in the group of elderly people increased by more than 2 times [7]. Helicobacter pylori in the development of peptic ulcer disease (NP). Despite the proven role of infection, clinicians consider it a disease of the entire body, which implies the involvement of other parts of the digestive system in

pathological processes at the functional and organ level [1]. Most researchers recognize the close pathogenetic relationship between periodontal diseases and somatic pathology. Thus, according to the observations of many domestic and foreign authors, inflammatory and inflammatory-dystrophic periodontal diseases are diagnosed in 92-100% of patients with erosive pathology of the gastroduodenal region, and they are mainly represented by generalized periodontitis (GP) [2, 5, 9]. According to our observations, out of 120 examined patients diagnosed with gastric and duodenal ulcer, GP was diagnosed in 93 people, 77.5% [12]. Analyzing publications specializing in this issue, all authors note that in gastric and duodenal ulcer, microcirculation, neurohumoral regulation, endocrine balance, connective tissue metabolism and other factors are involved.[1, 5, 6, 11]. The clinical picture of GP, which occurs against the background of peptic ulcer of the stomach or duodenum, is characterized by early manifestation of pathological processes, the nature of constant relapses, resistance to traditional therapy, short N. There are publications in the literature that report that infection p not only causes gastroduodenal pathology, but can also provoke the development of extra-ventricular changes.[14] The oral cavity is the first place of colonization of H.P., and only then the gastric mucosa is infected."H.P. There is no clear and unambiguous answer to the question "Is it possible to penetrate into periodontal tissues and colonize them for a long time with H.P. the structural and functional usefulness of the periodontal complex." However, literature sources and clinical and microbiological studies conducted by us show that in patients with GP in combination with gastric and duodenal ulcer, N.R.[1,5,13,16]. Currently, antikericobacteria therapy is used in the treatment of H.R.It It is considered the main standard for the treatment of gastric and duodenal ulcers associated with infection, which is reflected in the International Maastricht Agreement and recommendations for the treatment of gastroenterological patients [3, 8]. On the one hand, with GP in combination with peptic ulcer disease, the periodontal pocket (PC), N.R.It It is the cause of repeated infection of the gastric mucosa, predisposing to a recurrent course of peptic ulcer disease. On the other hand, N. R is for PC pollution.To determine the negative dynamics of the course of GP. N. from the oral cavity using standard antichelicobacter therapy carried out in the treatment of peptic ulcer disease.R. Or it requires additional measures and joint efforts of a gastroenterologist and a dentist. The search for answers to these questions became the reason for this work. The purpose of the study was to study the effects of N.R. The purpose of this study is to explore the possibility of eliminating the risk of cancer. From the periodontal pockets of patients with GP during eradication therapy aimed at the treatment of gastric and duodenal ulcer, goals and methods of research. 60 people with GP of I-II severity were observed and received inpatient treatment in the gastroenterology department of the Kharkiv Regional Clinical Hospital named after H.R.Constant all patients with duodenal ulcer or duodenal ulcer associated with infection

received standard eradication therapy, which includes: proton pump inhibitor–omeprazole, 20 mg 2 times a day; clarithromycin – 500 mg 2 times a day; metronidazole – 400 mg 3 times per day, for 7 days; Then omeprazole – 40 mg per day for 4 weeks. Depending on the tactics of periodontal treatment, the participants in the study were divided into 20 groups of 3 people. Group 1 patients did not receive dental treatment during eradication therapy, and they were advised to follow the usual oral hygiene regimen. Patients of the 2nd group, before starting treatment of the digestive organs, dental deposits on the gums and under the gums were removed with an ultrasonic scaler woodpecker (China), the following hygienic regimen was prescribed for the treatment of peptic ulcer disease: brushing teeth 1-2 times a day, taking a bath for the oral cavity for 60 seconds with a rinse aid "Healer" containing triclosan, 1-2 twice a day. Dental deposits on the gums and under the gums were removed in patients of the 3rd group before the start of treatment of the digestive system. Then, using the Biostar vacuum polymerizer (Germany), individual mouthguards with containers for storing pharmaceuticals were installed in soft dental plates no. It was prepared on the basis of data from 227 Ultradent companies (USA) (Fig. 1). 1,2). Local pharmacotherapy of GP in group 3 patients was initiated simultaneously with peptic ulcer therapy using the following drugs. Metrogil - 1% aqueous solution of the drug metronidazole (Unique Pharmaceutical, India) 2 ml under a mouth guard for application to the mucous membrane of the alveolar process, 1 day 2 times for 30 minutes for 7 days. Klacid-2 contains 50 mg of clarithromycin (Abbott S. et al.) in 5 ml; for application to periodontal tissues, 2 ml of suspension was used under a mouth guard for 1 day 2 times for 30 minutes for 7 days (Fig. 2). 3). In addition, patients in group 3 The same oral hygiene regimen was prescribed as in group 2, but it was recommended to follow it for 4 weeks from the start of treatment. N in the oral cavity. The determination was carried out by polymerase chain reaction (PCR polymerase chain reaction). The material for the study is plaque and PC content. The material was collected with a sterile absorbent pin (Meta Dental-Korea). The periodontal condition is determined using exponential PBI (Saxer and Mühleman, 1973), PMA (C.Parma, 1960), OHI-S (G.green, I.D.R.Vermilion, 1964). Diagnosis of periodontal disease - N.F. It was conducted in accordance with the Danilevsky classification [4]. The patient was examined before treatment, when the treatment of peptic ulcer was completed (after 7 days) and after 30 days. Statistical processing of the results was carried out using an Excel spreadsheet package licensed using descriptive statistics methods. The probability of a difference in the indicator in the observation group is estimated using the Student's parametric criterion. The results of the study and their discussion. During the first clinical examination, when collecting dental records, all patients had bad breath. The smell was constant in the morning after sleeping and during meals, regardless of the hygiene measures taken. 48 people (80%) noted changes in taste sensitivity, manifested by a feeling of bitterness and a decrease in

sensitivity to sweets. All the subjects complained of periodic pain in the gums, bleeding during brushing their teeth and eating. An objective examination of the periodontal revealed hyperemia, swelling of the papillae and the edge of the gum (PMA index $64.5 \pm 3.5\%$), as well as bleeding during PC probing (PBI index 2.5 ± 0.28 points). The depth of PCR is 3-4 mm, N. In all examined patients. R. A positive result of PCR DNA detection. Laboratory tests of group 1 patients conducted after the end of treatment of the digestive system showed an improvement in periodontal symptoms. 17 patients (85%) noted the disappearance of bad breath. 3 (15%) found it difficult to give a positive answer to this question.

CONCLUSION

Our research allows us to draw the following conclusions--H.R. In patients with GP, against the background of peptic ulcers associated with infection, bacterial contamination of the PC with this microorganism occurs. – H.R. Traditional treatment of pancreatic and duodenal ulcers aimed at eliminating ulcers does not lead to the elimination of infectious agents from the oral cavity, and therefore, there is a risk of re-infection of the gastric mucosa and recurrence of peptic ulcer disease.- N.R. Complete eradication. - Approved GP treatment regimen in group 3 patients N.R. It has shown its effectiveness in connection with the eradication of PC from the digestive tract, as well as in connection with the stabilization of the periodontal condition in GP patients against the background of peptic ulcer disease

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