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COMPARISON OF THE EFFECTIVENESS OF CONSERVATIVE AND SURGIRAL TREATMENT OF GENERALIZED PERIODONTITIS

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ABOUT ARTICLE

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Abstract: In the complex treatment of generalized periodontitis, special attention is paid to the correct combination of conservative and surgical methods of treatment, which reduce the activity of destructive processes in periodontal tissues and restore the lost anatomy [1-9]. However, despite various additions and modifications, conservative and surgical interventions on the periodontal itself do not create sufficient conditions for effective relief of pathological processes and restoration of periodontal tissues [10-18]. In some cases, the use of new technologies, including the use of occupational hygiene, dental splints and other conservative methods of treatment, does not lead to the stabilization of destructive processes in the alveolar process, and in some cases contributes to the further destruction of periodontal tissues and surrounding bone tissue with the formation of defects of various sizes. The problem of dental preservation in patients with generalized periodontitis of II-III severity is still relevant. The organizational inconsistency of dentists of different specialties, the lack of a real medical examination of patients with periodontal disease create prerequisites for the interruption of treatment at the level of conservative therapeutic agents and the active course of destruction of bone tissue of alveolar processes.

INTRODUCTION

The purpose of the work. Comparison of the effectiveness of conservative and surgical treatment of generalized periodontitis of the object and the method of study of II-III degrees. Clinical X-ray examination of 123 patients with generalized periodontitis was carried out at the age of 18-64 years. All patients, depending on their age, were divided into 2 groups: The first age group included patients with generalized periodontitis of II-III degrees from 18 to 39 years (n=58), and the second age group included patients with generalized periodontitis of II-III degrees from 40 to 64 years (n=65). The analysis of clinical and radiological parameters was carried out depending on the comparative aspect between age groups and subgroups, that is, the age and clinical characteristics of the course of the pathological process in periodontitis. Depending on the nature of the course of the disease, comprehensive treatment of the patient was planned and included.Professional oral hygiene; topical antimicrobial therapy (such as 0.05% chlorhexidine).) and anti-inflammatory therapy of periodontal pockets. According to the indications, antibacterial therapy, anti-inflammatory treatment by nonsteroidal anti-inflammatory drugs, bruxism, and articulation of movable teeth were carried out. Surgical treatment included vestibular plastic surgery, frenulotomy and flap surgery. Defects in the dentition were artificially eliminated. The results of the study and its discussion. During the study, the main complaints of patients of the clinical group of 18-39 years were: pain in the gums, bleeding (sometimes spontaneous), swelling of the mucous membrane of the alveolar process, a pronounced transition in the duration of the disease of patients of this group at the time of examination ranged from 3 to 10 years from the moment of the disease with drug treatment. It was established from the medical history that the patient was treated by a general dentist before seeking professional periodontal care. At the same time, the means of treatment were limited to the removal of dental deposits, and sometimes to closed curettage. In the mobility of the teeth, some patients were applying splints. None of the patients examined were under the supervision of the clinic until the moment of contacting the periodontologist. Laboratory studies have revealed poor oral hygiene in all patients with Grade II and III systemic periodontitis in this age group. The green cinnabar index was 3.9±0.4, and abundant dental deposits were noted in patients with grade 3-4 dental mobility and open furcations. At the time of examination, a high level of tooth mobility was determined. The depth of the periodontal pocket ranged from 6 to 10 mm.Bone defects in laboratory studies usually reached the end of the molars. During clinical examination of the oral organs, most patients with generalized periodontitis noted the presence of non-disinfected foci of caries, which are defects in previously applied seals. In some cases, there is a decrease in the depth of the vestibule of the oral cavity (especially in the frontal region of the lower jaw), a significant decrease in the width of the mucosal chain in the anterior pharyngeal region of the upper and lower jaw, keratinization of the mucous membrane of the alveolar process. Clinical observations of patients with generalized periodontitis aged 40-64 years show that the main

complaints of patients of this group are associated with the presence of exposed roots, bleeding gums, bad breath, loss of mobility and teeth, as well as dental defects. It was shown. The duration of the disease in this group at the time of seeking professional help ranged from 8 to 20 years. Objective studies of the oral organs show that in the elderly group, in comparison with young people, symptomatic gingivitis with pronounced signs of inflammation, atrophic gingivitis in combination with a significant retreat of soft tissues is observed. Older patients have abundant dental deposits with a large number of the latter in the frontal region of the lower jaw, periodontal pockets of lower depth with a higher rate of bone loss, pronounced tooth mobility. H). This figure shows a fairly typical clinical situation where the condition is age-related or pathological (due to inflammatory processes in periodontal disease), bone atrophy of the alveolar process is traumatic obstruction The result of the latter in this case, apparently, is the formation of pathological alveolar bone pockets in the region of 21, 23 teeth. A distinctive feature of the patients of this group was the absence of signs of proper orthopedic treatment. From the medical history of the examined patients, orthopedic treatment is not taken into account at all at the pre-stage of treatment, and sometimes such a high percentage of patients who are not provided with full-fledged orthopedic treatment, which is the main part of the planned treatment measures in 96% of patients, helps patients who carry out dental treatment of high incisors of the lower jaw, turns to paradonologists about the mobility of the incisors of the lower jaw. The attempts of paradontologists in this situation are surprising, and the cause of the loss of the frontal tooth group of the upper jaw is also considered to be a traumatic obstruction, not an inflammatory process of periodontitis, the 2 groups examined have a higher hygiene index, indicating an insufficient level of oral hygiene in different age groups. An analysis of the values of the Greenvermillion index in young people revealed that the plaque index was significantly higher than the tartar index, but in older patients the opposite relationship was seen. The Pma index was higher in the elderly group. At the same time, the bleeding index was high in the group of patients under the age of 39, as well as in terms of hyperemia and edema of the mucous membrane of the alveolar process. In older patients, the gums are most often pale pink, with symptoms of atrophy and a marked retreat of soft tissues. Obviously, this is due to the absence of deep vegetative disorders. The average depth of periodontal pockets is also lower in older people. The index of the Russell periodontal index in the elderly patient group was significantly higher. So, based on the analysis of the results of clinical and X-ray examinations of patients with generalized periodontitis in the 1st and 2nd degrees of 40-64 years, it can be concluded that generalized periodontitis is characterized by a long-term chronic course, in which the dystrophic process predominates over inflammatory periodontitis. During the comparison of indicators of the initial state of periodontal tissues in different age groups, it was revealed that oral hygiene deteriorates in patients with older layers, but at the same time the

intensity of inflammatory reactions decreases. This is confirmed by the results of the X-ray examination. In patients in the young age group, pronounced destruction of the alveolar bone, active foci of osteoporosis, absorption of the alveolar cavity in the range of 1/2 to 1/2 of the length of the root, vertical bone resorption, multiple bone pockets 3). X-ray examination of patients with systemic periodontitis in the elderly group, in addition to the described symptoms, reveals sclerotic bone reconstruction, mixed type bone resorption, horizontal and vertical complex treatment of alveolar processes, changes in indicators characterizing the state of periodontal tissues were observed in all groups of patients at 6 and 12 months after the end of treatment. The results of treatment with or without surgery were evaluated separately. After the end of conservative treatment, the depth of the periodontal pocket, the degree of tooth mobility and the presence of dental deposits were determined in the patient. Diagnostic indicators were used to study periodontal conditions: periodontal indicators (Russel, 1956), Schiller-Pisarev test, PMA indicators (S.Parma, 1960), indicators of bleeding and suppuration of the gums. Oral hygiene was assessed according to the methodology of Yu. A. Fedorov and V.V. Volodkina (1970) al.green, J.Vermilion (1964) (table). Since conservative treatment involves splints to movable teeth, the mobility of teeth after the end of treatment was not studied. Immediately after the end of conservative treatment in patients with generalized periodontitis of the degree P-Sh, an improvement in the parameters of the Schiller-Pisarev trial was noted (1.97 ±0.15 in patients with grade II GP and 2.11 ±0.17 in patients with grade III GP). The level of oral hygiene is improved (S.Green, J."I don't know," he said. The PMA index and other periodontal indicators tended to decrease. At the same time, according to the results of the X-ray examination, the depth of the bone pocket has not changed. Indicators of bleeding and suppuration changed towards improvement. In general, the periodontal condition of grade II-III GP patients immediately after the end of conservative treatment was characterized by remission of underlying diseases, mainly associated with deterioration of oral hygiene.The condition of periodontal tissues after 6 months after the end of conservative treatment was characterized by the Schiller-Pisarev test and increased gingival bleeding. Clinically, in the long term after the end of conservative treatment, all indicators deteriorated. When analyzing the radiological parameters of the long-term periodontal state after the end of conservative treatment, further significant loss of bone tissue in the region of pathological alveolar bone pockets was noted. In some cases, the formation of defects in the bone tissue of the alveolar process was noted. The following radiation conditions are observed on the lower jaw: Unlike the upper jaw, the lower jaw has a mixed type of bone atrophy of the alveolar process. In particular, bone atrophy at a horizontal level of sh-1 degrees was manifested in its frontal part. In the movable Sh-1U Class 12.11, 21 teeth were restored before the start of treatment using a bonding system, and 12 of the most movable teeth were removed.

The splint was supplemented with a bridge of glue instead of the missing 22 teeth. Various situations are observed in the outer part of the mandible. Bone atrophy was characterized mainly by the formation of vertical pockets of considerable depth (more than 4 mm). At the same time, the focus of bone destruction is due to a clearly chronic inflammatory process of the pericardium in the region of 48 teeth, the region of 48 preserved teeth, and the distal root of 47 teeth. The clinical situation in this case is exacerbated by the formation of additional bone pockets in the region of the 47th tooth, which extends beyond the specified root tip of the tooth. In the region of the 46th tooth, vertical bone pockets are determined in the region of the distal root of the tooth, in addition to this, vertical bone resorption is recorded in the fur region of the 46th tooth. Clinically, there is no mobility of these teeth. A similar situation is observed in the left lower jaw. At the same time, the X-ray image practically reflects the condition of the lower jaw on the right side, except for the retention and dystopia of the 48th tooth.

CONCLUSION

1. Rehabilitation of patients with generalized paradonitis should be carried out with the compulsory participation of paradonologists, orthopedic dentists and orthopedic dental surgeons at all stages of treatment. 2. With the obligatory participation of the hygienist and gynecologist, it is necessary to conduct a clinic observation at least 6 times in 1 month, taking into account the depth and strength of the pathological process. 3. Conservative treatment and cutting of teeth do not provide real stabilization of the pathological process in generalized periodontitis of n degrees and in some cases contribute to the asymptomatic progression of bone tissue destruction. 4. Surgical intervention, which involves careful removal of pathologically altered tissue from the bone pocket, subsequent replacement with bone conduction material and use in combination with other therapeutic agents, helps to reduce the intensity of bone tissue destruction and, in some cases, create conditions for periodontal tissue regeneration

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