



What Is The Difference Between Periodontal Disease And Periodontitis

Kholbekov Shakhboz Ubaydulla ugli

Clinic resident of the Department of Orthopedic Dentistry Samarkand State Medical University, Samarkand, Uzbekistan

Islamova Nilufar Bustanovna

PhD, Assistant Department of orthopedic dentistry, Samarkand State Medical University, Samarkand, Uzbekistan

OPEN ACCESS

SUBMITTED 24 October 2024

ACCEPTED 26 December 2024

PUBLISHED 30 January 2025

VOLUME Vol.05 Issue01 2025

COPYRIGHT

© 2025 Original content from this work may be used under the terms of the creative commons attributes 4.0 License.

Abstract: Periodontal disease and periodontitis are different diseases, but many confuse them. An accurate diagnosis can only be made by a doctor after examining the clinical picture. And we will tell you how periodontal disease differs from periodontitis, solely for informational purposes.

Keywords: Periodontal disease, periodontitis.

Introduction: It is an inflammatory process that provokes destruction in the periodontium (a complex of tissues responsible for tooth retention). If you do not start therapy, its structure will change, which will result in tooth loss. Pathology develops rapidly and reduces immunity, which leads to an increased risk of developing viral diseases.



Signs and types of periodontitis

Periodontitis is diagnosed in people over the age of 30, and in most situations is a consequence of bacterial gingivitis. Of the symptoms, patients note:

- edema;
- severe pain when chewing;
- redness of the gums;
- unpleasant odor from the mouth.

There are two types of inflammation:

- the chronic form resulting from untreated gingivitis;
- acute form — manifests itself as localized inflammation in a certain part of the jaw, and its cause is mechanical stress (for example, as a result of filling or illiterate braces).

In the acute form, the disease manifests itself by bleeding, severe swelling, redness, and sometimes ulcers in the gums. The pain is usually constant and throbbing, and disappears only after taking an anesthetic.

Important! The inflammatory process in the periodontal system affects the general condition of the patient: fever may occur, headaches may develop, and there is a possibility of endogenous intoxication, accompanied by weakness, nausea, and loss of appetite. In advanced cases, pus oozes out of the periodontium, and the teeth begin to noticeably wobble.

The development of periodontitis

The disease develops as a response to negative effects of any type (mechanical, chemical, infectious, thermal). As a result, changes in the cellular structure of the gum begin. At the same time, local metabolism

and cell nutrition are disrupted, and vascular permeability increases. Over time, the damage becomes so significant that the teeth begin to wobble, and periodontal pockets appear between the units of the row and the gum, which causes the dental necks to become bare, and the foci of infection grow.

5 reasons to Treat periodontal disease and periodontitis here

1. The experience of doctors allows us to identify the problem at an early stage.
2. Modern equipment and techniques make it possible to carry out therapy with high efficiency.
3. Comfortable conditions reduce stress from procedures and manipulations.
4. The emphasis is on pain-free treatment with minimal discomfort.
5. Transparent prices make sure that you pay exclusively for the services you need.

Why does periodontitis occur?

The cause of the disease is a bacterial infection caused by the proliferation of pathogenic microorganisms, which provoke an inflammatory process. If a problem is detected at this stage, it can be eliminated through hygiene measures. But if you miss the time, the deep layers of periodontitis will be affected, and in this case, periodontitis treatment will be more difficult and time-consuming.

Features of periodontitis treatment

Laser therapy is the most effective: the doctor inserts a light guide into the periodontal pocket and coagulates the affected areas. The result is a sterile clean pocket in 1-3 sessions.

The advantages of the technique include:

- Lack of blood;
- painlessness;
- achieving a tight fit of the gums to the teeth;
- noticeable improvement after the first procedure;
- there are almost no contraindications;
- No special training is needed.

And, of course, oral hygiene needs to be adjusted, ensuring proper dental and gum care.

Periodontal disease and its differences

This is gum disease caused by metabolic disorders. It provokes problems with cell regeneration, which leads to gum dystrophy and tooth mobility.

The main signs of periodontal disease:

- There is no pain (and this is the main difference between periodontal disease and periodontitis!).
- Gums become pale.
- There is a putrid odor from the mouth.
- The effect of "elongated" teeth appears.
- If left untreated, the gum sags.
- At the advanced stage, the mobility of units and the divergence of the series are diagnosed.

In addition, there is no bleeding in this disease, the disease develops for a long time, and its manifestations can be noticed only at advanced stages.

How is periodontal disease treated?

First, dental deposits are removed and the gingival pockets are cleaned, into which drugs are later injected to accelerate metabolism and improve blood circulation. The patient is also prescribed vitamins and hormonal anabolic drugs (therapy is selected individually!) and oral hygiene is adjusted.

REFERENCES

Asrorovna, X. N., Baxriddinovich, T. A., Bustanovna, I. N., Valijon O'g'li, D. S., & Qizi, T. K. F. (2021). Clinical Application Of Dental Photography By A Dentist. The American Journal of Medical Sciences and Pharmaceutical Research, 3(09), 10-13.

Ugli, A. A. A., & Bustanovna, I. N. (2024). STUDY OF THE CONDITION OF PARODONT IN PERIODONTITIS IN FETAL WOMEN. European International Journal of Multidisciplinary Research and Management Studies, 4(05), 149-156.

Kizi, J. O. A., & Bustanovna, I. N. (2024). FAMILIARIZATION WITH THE HYGIENIC ASSESSMENT OF THE CONDITION OF THE ORAL MUCOSA IN ORTHOPEDIC TREATMENT. European International Journal of Multidisciplinary Research and Management Studies, 4(05), 89-96.

Bustanovna, I. N. (2024). Determination of the Effectiveness of Dental Measures for the Prevention of Periodontal Dental Diseases in Workers of the Production of Metal Structures. International Journal of Scientific Trends, 3(5), 108-114.

Bustanovna, I. N. (2022). Assessment of clinical and morphological changes in the oral organs and tissues in post-menopause women. Thematics Journal of Education, 7(3).

Bustanovna, I. N., & Berdiqulovich, N. A. (2022). ПРОФИЛАКТИКА И ЛЕЧЕНИЯ КАРИЕСА У ПОСТОЯННЫХ ЗУБОВ. JOURNAL OF BIOMEDICINE AND PRACTICE, 7(1).

Bustanovna, I. N. (2024). PATHOGENESIS OF PERIODONTAL DISEASE IN ELDERLY WOMEN. Лучшие интеллектуальные исследования, 21(3), 25-29.

Bustanovna, I. N. (2024). TO STUDY THE HYGIENIC ASSESSMENT OF THE CONDITION OF THE ORAL MUCOSA DURING ORTHOPEDIC TREATMENT. Лучшие интеллектуальные исследования, 21(1), 9-15.

Bustanovna, I. N. (2024). CLINICAL AND LABORATORY CHANGES IN PERIODONTITIS. Journal of new century innovations, 51(2), 58-65.

Bustanovna, I. N. (2024). Morphological Changes in Oral Organs and Tissues in Women after Menopause and their Analysis. International Journal of Scientific Trends, 3(3), 87-93.

Bustanovna, I. N. (2024). Hygienic Assessment of The Condition of The Oral Mucosa After Orthopedic Treatment. International Journal of Scientific Trends, 3(3), 56-61.

Bustanovna, P. I. N. (2024). Further Research the Features of the Use of Metal-Ceramic Structures in Anomalies of Development and Position of Teeth. International Journal of Scientific Trends, 3(3), 67-71.

Bustanovna, I. N. (2024). The Effectiveness of the Use of the Drug "Proroot MTA" in the Therapeutic and Surgical Treatment of Periodontitis. International Journal of Scientific Trends, 3(3), 72-75.

Bustanovna, P. I. N. (2024). Research of the Structure of Somatic Pathology in Patients with Aphthous Stomatitis. International Journal of Scientific Trends, 3(3), 51-55.

Bustanovna, I. N., & Abdusattor o'g, A. A. A. (2024). Analysis of Errors and Complications in the Use of Endocal Structures Used in Dentistry. International Journal of Scientific Trends, 3(3), 82-86.

Bustanovna, I. N. (2024). Complications Arising in the Oral Cavity after Polychemotherapy in Patients with Hemablastoses. International Journal of Scientific Trends, 3(3), 62-66.

Bustanovna, I. N., & Sharipovna, N. N. (2023). Research

cases in women after menopause clinical and morphological changes in oral organs and their analysis. *Journal of biomedicine and practice*, 8(3).

Bustonovna, I. N., & Sharipovna, N. N. (2023). Essential Factors Of Etiopathogenesis In The Development Of Parodontal Diseases In Post-Menopausal Women. *Eurasian Medical Research Periodical*, 20, 64-69.

Fakhriddin, C. H. A. K. K. A. N. O. V., Shokhruh, S. A. M. A. D. O. V., & Nilufar, I. S. L. A. M. O. V. A. (2022). ENDOKANAL PIN-KONSTRUKSIYALARNI ISHLATISHDA ASORATLAR VA XATOLAR TAHLILI. *JOURNAL OF BIOMEDICINE AND PRACTICE*, 7(1).

Очилов, Х. У., & Исламова, Н. Б. (2024). Особенности артикуляции и окклюзии зубных рядов у пациентов с генерализованной формой повышенного стирания. *SAMARALI TA'LIM VA BARQAROR INNOVATSIYALAR JURNALI*, 2(4), 422-430.

Ortikova, N., & Rizaev, J. (2021, May). The Prevalence And Reasons Of Stomatophobia In Children. In *E-Conference Globe* (pp. 339-341).

Ortikova, N. (2023). ANALYSIS OF ANESTHESIA METHODS FOR DENTAL FEAR AND ANXIETY. *Центральноазиатский журнал академических исследований*, 1(1), 8-12.

Ortikova, N. K. (2023). DENTAL ANXIETY AS A SPECIAL PLACE IN SCIENTIFIC KNOWLEDGE. *SCHOLAR*, 1(29), 104-112.

Исламова, Н. Б. (2024). ПАРОДОНТ КАСАЛЛИКЛАРИДА ОРГАНИЗМДАГИ УМУМИЙ ЎЗГАРИШЛАРНИ ТАХЛИЛИ ВА ДАВОЛАШ САМАРАДОРЛИГИНИ ТАКОМИЛЛАШТИРИШ. ОБРАЗОВАНИЕ НАУКА И ИННОВАЦИОННЫЕ ИДЕИ В МИРЕ, 43(7), 18-22.

Islamova, N. B., & Chakkonov, F. K. (2021). Changes in the tissues and organs of the mouth in endocrine diseases. *Current Issues in Dentistry*, 320-326.

Исламова, Н. Б., & Исламов, Л. Б. (2021). Особенности развития и течения заболеваний полости рта при эндокринной патологии. *ББК*, 56, 76.

Исламова, Н. Б., & Назарова, Н. Ш. (2023). СУРУНКАЛИ ТАРҚАЛГАН ПАРОДОНТИТ БИЛАН КАСАЛЛАНГАН ПОСТМЕНОПАУЗА ДАВРИДАГИ АЁЛЛАРНИНГ ПАРОДОНТ ТЎҚИМАСИНИНГ ДАВОЛАШ САМАРАДОРЛИГИ ОШИРИШ. *ЖУРНАЛ СТОМАТОЛОГИИ И КРАНИОФАЦИАЛЬНЫХ ИССЛЕДОВАНИЙ*, 4(2).

Исламова, Н. Б. (2024). ПАРОДОНТИТ КАСАЛЛИГИДА ОРГАНИЗМДАГИ УМУМИЙ ВА МАҲАЛЛИЙ ЎЗГАРГАН КЎРСАТКИЧЛАРНИНГ ТАХЛИЛИ. *Журнал гуманитарных и естественных*

наук, (8), 23-27.

Islamova, N. B., & Sh, N. N. (2023, May). STUDY OF CHANGES IN PERIODONTAL DISEASES IN POSTMENOPAUSAL WOMEN. In *Conferences* (pp. 15-17).

Исламова, Н. Б., & Назарова, Н. Ш. (2023, May). Совершенствование диагностики и лечения хронического генерализованного пародонтита у женщин в период постменопаузы. In *Conferences* (pp. 13-15).

Islamova, N. B., & Nazarova, N. S. (2023). IMPROVING THE DIAGNOSIS AND TREATMENT OF CHRONIC GENERALIZED PERIODONTITIS IN POSTMENOPAUSAL WOMEN. *Conferences*.

Исламова, Н. Б. (2023). Гемодинамика тканей пародонта зубов по данным реопародонтографии.

Исламова, Н. Б., & Назарова, Н. Ш. (2023). МЕТОДЫ ИССЛЕДОВАНИЯ ЗАБОЛЕВАНИЙ ПАРОДОНТА У ЖЕНЩИН, НАХОДЯЩИХСЯ В ПЕРИОДЕ ПОСТМЕНОПАУЗЫ. In *АКТУАЛЬНЫЕ ВОПРОСЫ СТОМАТОЛОГИИ* (pp. 334-338).

Исламова, Н. Б. (2024). Complications Arising in the Oral Cavity after Polychemotherapy in Patients with Hemablastosis. *International Journal of Scientific Trends*, 3(3), 76-81.

Islamova, N. B. (2022). CHANGES IN PERIODONTAL TISSUES IN THE POSTMENOPAUSAL PERIOD. In *Стоматология-наука и практика, перспективы развития* (pp. 240-241).

Назарова, Н., & Исламова, Н. (2022). Этиопатогенетические факторы развития заболеваний пародонта у женщин в периоде постменопаузы. *Профилактическая медицина и здоровье*, 1(1), 55-63.

Иргашев, Ш. Х., & Исламова, Н. Б. (2021). Применение и эффективность энтеросгеля при лечении генерализованного пародонтита. In *Актуальные вопросы стоматологии* (pp. 305-310).

Иргашев, Ш., Норбутаев, А., & Исламова, Н. (2020). Эффективность энтеросгеля при лечении генерализованного пародонтита у ликвидаторов последствий аварии на чернобыльской АЭС. *Общество и инновации*, 1(1/S), 656-663.

Исламова, Н. Б. (2016). Сравнительная оценка противовоспалительных цитокинов крови в развитии заболеваний полости рта при гипотиреозе. *Наука в современном мире: теория и практика*, (1), 41-44.

Исламова, Н. Б., Шамсиев, Р. А., Шомуродова, Х. Р., & Ахмедова, Ф. А. (2014). Состояние кристаллообразующей функции слюны при

различных патологиях. In Молодежь и медицинская наука в XXI веке (pp. 470-471).

Исламова, Н., & Чакконов, Ф. (2020). Роль продуктов перекисного окисления липидов и противовоспалительных цитокинов крови в развитии заболеваний полости рта при гипотиреозе. *Общество и инновации*, 1(1/s), 577-582.