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Periodontitis - Symptoms and Treatment

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Abstract: Periodontitis is a disease caused by bacteria, injury, or medications that results in inflammation of the connective tissue complex (periodontium) located between the tooth cement and the dental alveoli.

In the general structure of dental diseases, periodontitis occurs in all age groups of patients and accounts for 25-30% of the total number of visits to dental institutions.

Keywords: Periodontitis, dental diseases, dental institutions.

Introduction: Depending on the causes, there are three types of periodontitis:

1. Traumatic periodontitis — can develop both with a single strong mechanical impact (bruise, impact, bone penetration) and with repeated minor mechanical damage (for example, with constant biting of threads by seamstresses).
2. Drug—induced periodontitis - occurs as a result of the release of potent drugs from the root canal into the periodontal tissue (for example, when the medicine was left in the tooth, and the next appointment took place later than it was indicated according to the instructions for the safe period of the drug in the canal).
3. Infectious periodontitis — its occurrence is provoked by bacteria, mainly streptococci, among which non—hemolytic streptococcus accounts for 62%, green - 26%, and hemolytic — 12%. In addition, the coccoid flora is most often supplemented by waylonella, lactobacilli and yeast-like fungi.

Ways of infection of periodontal tissues:

- interdental — the release of toxins and bacteria through the root canal system after infection of the pulp and its necrotization in periodontal tissue;
- extraterrestrial — the transition of inflammation from the surrounding tissues (osteomyelitis, otitis, sinusitis, periodontitis, etc.).

Infection of periodontal tissues by hematogenous (through blood) and lymphogenic pathways is extremely rare.

Symptoms of periodontitis

The manifestations of the disease directly depend on its form.

In most cases, chronic forms of periodontitis are asymptomatic and are detected during X-ray examination or during exacerbation.

Signs of acute periodontitis and exacerbation of its chronic form:

- toothache (and most often you can specify exactly which tooth hurts) — at the beginning of the disease, the pain is mild, aching, but later it becomes more

intense, tearing and throbbing;

- pain when chewing and touching the tooth;
- the feeling of a "grown tooth" is the feeling that the tooth has become longer than the others and is the first to close with antagonistic teeth.;
- the presence of a large carious cavity in a diseased tooth or its previous treatment for deep caries or pulpitis;
- sometimes there is swelling of the soft tissues in the area of the affected tooth — due to the release of inflammatory exudate (fluid) from the focus located in the periodontium into the subcostal space or soft tissues;
- opening of the fistulous passage, most often located on the gum in the projection of the root of the affected tooth (may occur with exacerbation of chronic periodontitis);
- the absence of a reaction of the diseased tooth to cold, hot, sweet or sour;
- possible tooth mobility associated with periodontal infiltration.



Opening of the fistula passage

Pathogenesis of periodontitis

Acute apical periodontitis

After periodontal injury, for one of the above reasons, a short-term intense tissue response occurs. This process is accompanied by clinical symptoms of acute periodontitis.[7]

The tissue response is usually limited to the periodontal ligament. It leads to typical neurovascular inflammatory reactions, which are manifested by hyperemia (overflow of blood), vascular congestion, edema of the periodontal ligament and extravasation (leakage into the tissue) of neutrophils. Since the integrity of the bone, cement, and dentin has not yet been disrupted, periapical changes at this stage are not detected by X-ray examination.

If the inflammation was caused by non-infectious stimuli, the lesion may disappear, and the structure of

the apical periodontium is restored.

When infection occurs, neutrophils not only fight against microorganisms, but also release leukotrienes and prostaglandins. The former attract more neutrophils and macrophages to the affected area, while the latter activate osteoclasts— cells involved in the destruction of bone tissue. So, after a few days, the bone surrounding the periodontium can be resorbed (dissolved), then an expansion of the periodontal fissure is radiographically detected in the area of the root tip.



Periodontal fissure enlargement

Neutrophils die at the site of inflammation and release enzymes from their granules that cause the destruction of extracellular matrices and cells. This "splitting" of tissues prevents the spread of infection to other parts of the body and provides space for the penetration of protective cells.

Tissue response after periodontal injury

During the acute phase, macrophages also appear in the periodontium. They produce pro-inflammatory and chemotactic (allergic) cytokines. These molecules enhance the local vascular response, bone destruction and extracellular matrix degradation, and can also cause hepatocytes to increase the production of acute phase proteins.

Acute primary periodontitis has several possible

outcomes:

- spontaneous healing;
- further strengthening and spreading to the bone (alveolar abscess);
- exit to the outside (formation of fistulas or sinus tract);
- Chronicling the process.

Chronic periodontitis

The prolonged presence of microbial stimuli leads to a shift towards macrophages, lymphocytes (T cells), and plasma cells that are encapsulated in collagen connective tissue.

Pro-inflammatory cytokines (cells of the immune system) are powerful stimulators of lymphocytes. Activated T cells produce a variety of cytokines that reduce the production of pro-inflammatory cytokines,

which leads to suppression of the process of bone destruction. On the contrary, cytokines obtained from T cells can simultaneously enhance the production of connective tissue growth factors, which has a stimulating and proliferative effect on fibroblasts and the microcirculatory system.

The possibility of suppressing the destructive process explains the absence or delayed bone resorption and restoration of collagen connective tissue during the chronic phase of the disease. Consequently, chronic lesions can remain asymptomatic for a long time without significant changes on the X-ray.

The equilibrium existing in the periodontium can be disrupted by one or more factors, for example, microorganisms "located" inside the root canal. They progress into the periodontium, and the lesion spontaneously becomes acute with the recurrence of symptoms.

As a result, during these acute episodes, microorganisms can be detected in the bone tissue surrounding the periodontium, with a rapid increase in radiological manifestations. This radiographic pattern is due to the destruction of the apical bone, which occurs rapidly during the acute phases and is relatively inactive during the chronic period. Consequently, the progression of the disease is not continuous, but occurs in intermittent jumps after periods of "stability".

Cytological studies show that about 45% of all chronic periodontitis are epithelialized. When epithelial cells begin to grow, they can do so in all directions randomly, forming an irregular epithelial mass into which vascular and infiltrated connective tissue enter. In some lesions, the epithelium may grow into the entrance of the root canal, forming a filling-like seal on the apical opening.

Classification and stages of periodontitis development

The classification of periodontitis mainly reflects the cause of inflammation, and what exactly happens in periodontal tissues. The most common classification used in practice is I.G. Lukomsky's classification.:

1. Acute apical periodontitis:
2. serous;
3. Purulent.
4. Chronic apical periodontitis:
5. Fibrous;
6. Granulating;
7. granulomatous.
8. Exacerbation of chronic periodontitis.

The ICD-10 classification is also used for diagnosis:

K04.4 Acute apical periodontitis of pulpar origin.:

- acute apical periodontitis BDU.

K04.5 Chronic apical periodontitis:

- apical or periapical granuloma;
- apical periodontitis BDU.

K04.6 Periapical abscess with cavity:

- dental abscess with a cavity;
- dentoalveolar abscess with a cavity.

K04.7 Periapical abscess without cavity:

- dental abscess of BDU;
- dentoalveolar abscess of BDU;
- periapical abscess BDU.

K04.8 Root cyst:

- apical (periodontal) cyst;
- periapical cyst;
- residual root cyst.

Complications of periodontitis

Complications of periodontitis depend on the causal tooth, the location of the inflammatory focus, the form and stage of the disease. Conditionally, all complications can be divided into several groups.

Complications caused by the spread of infection from the periodontal focus:

- Odontogenic periostitis is the spread of the inflammatory process to the periosteum of the alveolar process and the body of the jaw from the periodontal (odontogenic) focus.
- Odontogenic abscess is the formation of a limited abdominal purulent focus resulting from purulent melting of submucosa, subcutaneous, intermuscular, interfascial tissue, lymph nodes, muscle tissue or bone. The formation of abscesses mainly occurs in the maxillary soft tissues.
- Odontogenic phlegmon is the formation of diffuse purulent inflammation of the fiber located under the skin, mucous membrane, between muscles and fascia.
- Odontogenic sinusitis is the formation of inflammation in the maxillary sinus caused by the spread of infection from the periodontal (odontogenic) focus.
- Odontogenic lymphadenitis is the formation of inflammation in the regional lymph nodes caused by the spread of infection from the periodontal (odontogenic) focus.
- Odontogenic osteomyelitis is a purulent inflammation of the jawbone (simultaneously of all its structural components) with the development of osteonecrosis sites.

A complication caused by destructive changes in the periradicular bone:

- Secondary adentia is the loss of one or more teeth, which is caused by the destruction of the bone tissue surrounding the root of the tooth, preventing the further functioning of such a tooth.



Electro-dental diagnostics

Diagnostic signs of acute periodontitis:

- Medical history: tooth pain that occurred earlier, previous treatment or tooth injury, the presence of periodontal diseases.
- General condition: rarely there are signs of general intoxication of the body (fever, weakness, loss of appetite, etc.).
- Examination of the head and neck: no asymmetry of the face and neck, skin color is not changed, possibly an increase in local lymph nodes.
- Examination of the oral cavity: there are no pathological changes, there may be a deep periodontal pocket.
- Dental examination: the presence of a deep carious cavity, extensive filling or orthopedic structure is determined in the tooth, however, there are situations when the tooth may be without all of the above. Sometimes it is possible to change the color of the tooth towards a gray shade. Tooth mobility is possible.
- Probing and thermal testing: the manipulations are painless, sometimes when probing the carious cavity, a painless point of communication with the tooth cavity is determined.
- Percussion (tapping on the tooth in different directions): there are sharply painful sensations.
- Electro-dental diagnostics: 45-80 μ A.
- Radiography: visualizes a deep carious cavity connecting to the tooth cavity or an extensive filling, orthopedic construction, signs of previous endodontic treatment or the presence of a periodontal pocket. No changes in the periodontal fissure or periradicular bone are detected.

Diagnostic signs of chronic periodontitis:

- Complaints: there are no complaints, there may be a fistula on the skin or mucous membrane in the oral

A complication caused by the formation of a fistula:

Cutaneous fistula is the formation of a fistulous passage opening onto the surface of the skin.



cavity (typical only for granulating periodontitis).

- Medical history: tooth pain that occurred earlier, previous treatment or tooth injury, the presence of periodontal diseases.
- General condition: does not suffer.
- Examination of the head and neck: there is no asymmetry of the face and neck, the skin color has not changed, there may be skin fistula passages.
- Examination of the oral cavity: there are no pathological changes, there may be a deep periodontal pocket or a fistulous passage on the oral mucosa.
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- Radiography: Deep carious cavity connecting to the tooth cavity, extensive filling, orthopedic construction, signs of previous endodontic treatment, or the presence of a periodontal pocket. Depending on the form of chronic periodontitis, there will be a different X-ray picture.:
 1. Fibrous periodontitis — periodontal fissure enlargement;
 2. Granulomatous periodontitis is the destruction of bone tissue in the area of the root tip with clear contours.
 3. Granulating periodontitis is the destruction of bone tissue in the area of the root tip with indistinct contours.

Diagnostic signs of exacerbation of chronic periodontitis

Most often, the clinical picture corresponds to acute periodontitis, except that changes in periodontal tissues characteristic of a particular form of periodontitis are always radiologically detected.

Treatment of periodontitis

Treatment of periodontitis is aimed at eliminating the causes, mechanisms and manifestations of the disease. Treatment methods can be therapeutic, surgical, or combined.

Therapeutic treatment

This treatment method is aimed at eliminating pathogenic microflora located in the endodontium, a complex of affected tissues that includes pulp and dentin, which are morphologically and functionally interconnected. Therefore, otherwise such treatment is called endodontic.

Stages of endodontic treatment:

- Adequate pain relief;
- isolation of a tooth or several teeth in which manipulation will be performed from the oral cavity;
- creation of endodontic access (excision of hard tooth tissues or filling material that block access to the root canal system);
- passage and determination of the length of the root canal (this is the length from the mouth to the tip of the root);
- creation of a root canal of a certain diameter and shape;
- introduction of medicines into the root canal;
- root canal filling;
- restoration of the anatomy and function of the tooth using a filling material or orthopedic construction.



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Stages of endodontic treatment

Surgical treatment

Surgical treatment is resorted to only in cases of ineffectiveness or impossibility of therapeutic treatment.

Surgical methods of treatment include:

- removal of a part of the root of the tooth (resection) — allows you to preserve the tooth, even if there is a cyst at the tip of the root;

Removal of a part of the tooth root (resection)

- removing the entire root;

Removing the entire root

- removal of the entire tooth, followed by replacement of the lost tooth.

Removal of the entire tooth

Forecast. Prevention

The course and prognosis of periodontitis, of course, depend on the timeliness of treatment to the dentist and the quality of his treatment. With effective canal treatment, the area of the destroyed bone is restored,

and the tooth retains its functional properties. If the patient does not receive timely treatment or treatment is unsuccessful, the probability of tooth loss is high, and complications of chronic periodontitis can pose a serious threat to health and life.

To prevent periodontitis, it is necessary to carefully care for the oral cavity, regularly check up with a dentist and promptly treat odontogenic foci of infection, such as caries and pulpitis.

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