

Odontogenic phlegmon, scientific views on their constitution (Literature review)

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Abstract. The article is of a review nature and considers issues related to the causes formation of odontogenic phlegmons from the point of view of scientific views. The opinions of different authors on the subject under study. Research recent years indicate that the leading direction in the study of odontogenic phlegmon in purulent maxillofacial surgery make up work aimed at studying the state of the body's immune reactivity with clarification of the state of non-specific and cellular immunity as the dominant factor in the development and course of odontogenic inflammatory diseases of the maxillofacial area and neck.

Key words: odontogenic phlegmons, maxillofacial surgery, acute odontogenic inflammatory diseases.

We have to admit the fact that at present one of the unresolved urgent problems of maxillofacial surgery remains (MFS) the problem of improving the early diagnosis and treatment of purulent-inflammatory diseases of the maxillofacial region, which is mainly due to the consistently high percentage of patients with this pathology. and its severe consequences [1, 2, 4, 7, 12, 13]. The results of recent studies indicate that the number of patients with odontogenic phlegmons (OP) of the maxillofacial region is about 70% of all patients with acute odontogenic pathology who were hospitalized in maxillofacial hospitals [1, 4, 7].

According to the data of a number of domestic researchers, the level of morbidity over the past decades c is protected. However, in a number of publications, the authors state that the number of patients with odontogenic phlegmon tends to increase somewhat [1, 2, 9, 10]. This circumstance may be due to the fact that at present the clinic of purulent-inflammatory processes in the maxillofacial area has changed somewhat with a tendency towards an increase in the number of patients with atypical forms of purulent-inflammatory infectious process. Thus, a number of authors argue that, along with sluggish forms of the inflammatory process, which tend to chronicize the existing process [9, 10], cases of a widespread course (from 5.5 to 29%) of odontogenic phlegmon of the maxillary fossa have now become more frequently diagnosed , especially with comorbidity [1].

In this case, it should be noted that the clinical manifestations of common odontogenic phlegmons of the maxillofacial area are in many cases characterized by a hyperergic variant of the inflammatory reaction [8, 11, 12, 13].

At the same time, it is important to note that recent publications indicate an increase in the number of patients with various complicated course of purulent -inflammatory disease of the maxillary tract, while secondary complications of OP form a violent reaction and are characterized by sharp pronounced clinical manifestations in the form of an intoxication syndrome, the rapid spread of the inflammatory process to nearby anatomical structures. areas, the so-called "neighborhood areas". In these cases, the lethal outcome in such forms of the inflammatory disease, according to some authors, reaches up to 8% [1, 3].

Most researchers, both here and abroad, have long associated the growth of severe forms of acute odontogenic inflammatory diseases (AOID), firstly, with the transformation of quantitative and species microbial parameters, and secondly, with the emergence of various antibiotic -resistant strains of microorganisms [5, 10] .

It is noteworthy that recent studies indicate that the nature of the microflora is not the dominant factor in the pathogenesis of the development of the inflammatory process. At present, the understanding that the nature and course of the purulent-infectious process of the MFS area is largely determined by the state of the immune system, with its interaction with the associated microflora, as well as the type of the ongoing inflammatory reaction [5,12,13] dominates convincingly.

The study of the authors [5] also indicates a weakening of the cellular defense mechanisms of the body in patients with odontogenic phlegmon and abscess, especially with actinomycotic etiology. Based on the study, the authors recommend that since a decrease in the CD22 population of B-lymphocytes with an immunoglobulin-producing function, indicating the formation of an immunodeficiency state, has been established on the part of the humoral link, clinicians should consider including immunocorrective drugs in the complex therapy of patients with odontogenic phlegmon and abscess.

Most researchers agree on the immunocomplex nature of odontogenic phlegmon, since acute inflammation develops against the background of a chronic productive process existing in the respective areas. The obtained results of the study demonstrated the polyvalent effect of acute odontogenic infection, which is manifested by disorders of various parts of the immune system (T-lymphocytes, immunoglobulin A, CEC, discomplementemia). Dynamic examination data indicated that in patients with odontogenic phlegmons of deep localization, the deficiency of cellular, humoral immunity and components of the complement system persists, despite the therapeutic measures taken. The obtained results of the study allow us to recommend the inclusion of immunocorrective drugs in the complex treatment of patients with odontogenic phlegmons of deep localization [6].

Aging is an important factor in the development of OP. Numerous studies confirm that aging of the body is accompanied by suppression of both nonspecific resistance and cellular and humoral immunity [10]. Immunity disorders play a decisive role in the development of pyoinflammatory processes and the formation of the clinical picture of the disease [14, 15, 16, 18, 20].

Literature analysis indicates that the leading direction of research in purulent maxillofacial surgery is research aimed at studying the state of the body's immune reactivity, with clarification of the state of nonspecific and cellular immunity, as the dominant factor in the development and course of AOID of the maxillofacial region and neck.

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