Dental periodontitis

Saidmurodova Jamila Botirovna

SamMI is an assistant teacher at the Department of Pediatric Dentistry **Zubaidullaeva Maftuna Alisher Qizi**SamMI is an assistant teacher at the Department of Pediatric Dentistry

Razzokova Shokhista Bakhtiyor Qizi

SamMI is an assistant teacher at the Department of Pediatric Dentistry

Annotation: Periodontitis is an inflammation of the tissues surrounding the tooth (periodontium) with the subsequent destruction of the ligaments of the tooth with the bone tissue of the jaw. It is manifested by bleeding and inflammation of the gums, pain when pressing, unpleasant odor from the mouth, tooth mobility. Further development of periodontitis leads to the formation of periodontal pockets, suppuration, loosening and loss of teeth. It can be complicated by abscesses and fistulas on the gums, periostitis and lymphadenitis. The following article looks into the illnes named pariadontisis and its causes and symptoms.

Key words: Dental pariadontisis, tissue, hereditary predisposition, bleeding, oral cavity.

Treatment of periodontitis consists in a complete sanitation of the oral cavity and cleaning of the gum pockets, if necessary, their instrumental curettage is performed. Periodontitis is a dental disease resulting in the destruction of the periodontal connection. Gingivitis, that is, inflammation of the gums, is an early stage of periodontitis, later the inflammatory process spreads to other periodontal tissues, which leads to the destruction of the periodontium and bone tissue of the alveolar process. Loss of teeth at an older age is in most cases due to generalized periodontitis.

Causes of periodontitis

The main cause is the accumulation of plaque, which hardens and forms tartar. Smoking and chewing tobacco can contribute to periodontitis for many reasons. So, tobacco reduces the reactivity of the immune system, as a result of which the risk of periodontal infection with pathogenic microflora increases. The substances contained in tobacco, interacting with saliva, create favorable conditions for the vital activity of pathogenic microflora. Also, smoking significantly reduces the process of cell regeneration, which affects the course of periodontitis.

Hereditary predisposition is rare, but becomes the main cause of development. In this case, despite the fact that the patient carefully cares for the oral cavity, gingivitis develops, and then periodontitis.

Decreased saliva production can increase the formation of plaque and tartar by interfering with the natural cleaning process of the oral cavity. Antidepressants, anti-inflammatory drugs, especially with prolonged use, significantly reduce the production of saliva. Anticonvulsants, immunosuppressants, calcium channel blockers can cause gingival hyperplasia, which makes oral care difficult. As a result, tartar forms much faster, which becomes the cause of periodontitis.

In patients with diabetes mellitus, periodontitis is diagnosed several times more often, while treatment is practically ineffective. Changes in hormonal levels due to pregnancy, lactation, menopause cause a change in the immune system, which affects the development of periodontitis, and if a woman had gingivitis before pregnancy, the inflammatory process begins to progress. Deficiency of vitamins C and B due to impaired digestibility or poor nutrition is one of the factors that can become the main pathogenetic link in the development of periodontitis. Lack of calcium negatively affects the entire skeletal system, including the dentoalveolar, since calcium is important for bones, especially those that support the teeth. People who do not receive vitamin C are at risk of developing periodontitis due to a decrease in the strength of the connective tissue. In smokers, vitamin C deficiency is more pronounced.

The constant consumption of excessively soft food does not provide the necessary load on the teeth during the chewing process, which reduces the quality of self-cleaning of the teeth. The development of periodontitis is also facilitated by the bad habit of chewing on one side, since in this case the functional load

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is distributed unevenly. In people with an irregular bite and an irregularly shaped teeth, periodontitis is diagnosed more often. With periodontitis, pain is rarely observed. Inflammation of the gums is manifested by

swelling, redness, local fever, and bleeding of the gums. That is, gingivitis is the first stage. If untreated, the process progresses and periodontitis affects the soft and bone tissues, which can result in tooth loss.

It is possible to diagnose periodontitis in the early stages only during the examination by a dentist, since there are practically no clinical manifestations. And the main symptom after which patients seek medical help is bleeding gums while brushing their teeth or while eating.

In the future, the swelling of the gums and their increased sensitivity in response to irritation join. If at this stage periodontitis is not treated, the gums begin to separate from the teeth, as a result of which the teeth look longer, and gaps appear between the teeth. Subsequently, with periodontitis, purulent discharge and bad breath appear. Bad taste in the mouth and tooth loss are common in late stages of periodontitis.

Any inflammatory process in the gum area, including periodontitis, is painless, regardless of the depth of the lesion and the stage of destruction of periodontal tissues. Therefore, even painless bleeding of the gums is the first clinical manifestation of developing periodontitis. At this stage, the process is still reversible, since the periodontal ligament is not involved in the inflammatory process and the tooth is connected with adjacent teeth, which provides a uniform load throughout the entire dentition, as a result of overload in the periodontal tissues does not yet arise.

In the absence of treatment for periodontitis, the inflammatory process penetrates deeper, the destruction of the periodontal ligament begins, and a periodontal pocket appears. It is in this pocket with periodontitis that plaque and tartar are deposited, which contributes to the progression of the process. Further, periodontal tissues (gums and bone tissue) are destroyed, the tooth begins to loosen, bone support in the jaw is lost. At this stage of periodontitis, the position of the teeth in the dentition changes, and gaps appear between them.

Depending on the characteristics of the patient, periodontitis proceeds in different ways. Thus, the aggressive course of periodontitis is characterized by rapid, almost rapid destruction of teeth and gums. In another part of patients, periodontitis proceeds sporadically, with prolonged remissions and periods of exacerbation of the process.

The presence of one or more symptoms is a reason for seeking dental care as soon as possible in order to determine how deep the lesions are. Measuring the depth of the gap between the tooth and the gum is the main diagnostic procedure, which, despite its simplicity, allows you to accurately determine the depth of the lesion. For the study, a periodontal test is used, which is placed between the tooth and the gum, and thereby the depth of the gap is measured. The results of the examination of each tooth are recorded and a periodontogram is obtained.

If the depth of the gap is not more than 3 mm, then there are no signs of gingivitis and periodontitis and the gum is healthy, while the depth of the gap more than 5 mm indicates the presence of periodontitis. Plaque accumulations and the presence of tartar are also taken into account in the diagnosis of periodontitis. For a comprehensive assessment of the state of the jaw bone tissue, it is shown to perform an orthopantomogram.

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