

Tooth pulpitis

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Annotation: Pulpitis is an inflammatory process in the pulp (neurovascular bundle) and root canals of the tooth. The dental crown contains a cavity pulp chamber, where the plexus of blood vessels, connective tissue and nerve endings is located. All this together makes up the pulp, the main function of which is to nourish the coronal and root parts. The following article looks into the tooth pulpitis, its forms and symptoms.

Key words: Tooth pulpitis, caries, blood infection, bleeding, tooth mobility, fibrous, enamel.

Under the influence of provoking factors, pulp hyperemia occurs. Most often, this is caused by caries in an advanced stage. Due to the defeat of the crown, soft tissues are exposed and primary serous inflammation (the so-called initial type) occurs. In the absence of timely treatment, the disease becomes more severe and can lead to irreversible consequences.

Pulpitis of primary and permanent teeth has many similarities with other pathologies, therefore, self-diagnosis in most cases is ineffective. However, there are a number of signs that are characteristic exclusively of pulp inflammation.

Causes

Therapy of the disease primarily depends on the causes of its occurrence. Factors that often lead to inflammation:

Untreated caries in a timely manner. In a mild form, the disease does not affect the pulp in any way, since the carious lesion extends only to the surface tissues. As the crown decays, caries affects all cellular structures and gets to the roots.

Chronic periodontitis (with the exception of a mild form). Deep periodontal pockets, which are formed in this pathology, reach the root plexus. Pathogenic microorganisms that multiply in these cavities spread throughout the tooth and reach the pulp.

Injury. A blow, bruise and other external influences contribute to the disruption of the well-established process of blood supply and lead to a pathological process.

Poor quality dental treatment. If the dentist has poorly cleaned the tooth cavity before placing the filling, leaving carious particles, they will spread into deeper layers and reach the neurovascular bundle. Also, through the fault of the doctor, the patient may receive a thermal burn of the pulp if the specialist, while drilling the crown, neglected the rules and did not cool it enough with water. The disease is also provoked by the overdrying of the dentinal tubules with a stream of air.

Exposure to acids, alkalis, medicines, toxic filling compounds and other chemicals.

Blood infection. The infection can penetrate into the pulp not only through carious holes, but also with sepsis.

Individual patient's predisposition to tooth abrasion and the formation of mineral deposits in the pulp chamber.

Varieties of pathology There are 2 main forms of the disease: acute and chronic. In the first case, a person suddenly develops a sharp paroxysmal pain (most often at night), which does not depend on external factors and does not go away when the stimuli are eliminated. At first, a dark hole appears on the enamel, which grows over time and affects deep tissues, including reaching the canals.

If the inflammation persists after 3 weeks, the disease becomes chronic. Dull aching pains appear at regular intervals and disturb not only at night.

Varieties of acute pulpitis:

Focal. It has been observed for only a few days. The pains last up to 20 minutes, with the intervals between attacks being about 2-3 hours. There is swelling of the gums.

Diffuse. It spreads to the coronal part, nerve endings and root. There is a violation of the blood supply to the tissues. The pain becomes pulsating and lasts much longer than in the focal form.

Purulent. The cavity of the affected unit fills with pus. Painful throbbing is felt. The patient's condition is constantly deteriorating.

Serous. Most often, this type is observed in children (pulpitis of deciduous teeth). This is a pathology of infectious etiology, which is accompanied by short bouts of pain.

Classification of chronic dental pulpitis:

Fibrous. It is a consequence of the acute. It can be latent for several months with periodic periods of exacerbation. The gums are not swollen, the pain is aching in nature and occurs infrequently.

Gangrenous. This is a complication of acute fibrotic disease, in which the pulp tissue dies and the coronal part is destroyed.

Hypertrophic. In the carious cavity, tissues of a bright red hue are clearly visible, which constantly bleed, especially when pressed. Despite the fact that each of the varieties of the disease has its own distinctive features, there is a list of symptoms characteristic of all forms of pathology. At the initial stage of the disease, the tooth begins to react painfully to cold and hot, as well as to other stimuli. Then a sharp throbbing pain appears, which intensifies at night and when lying down. Soreness occurs spontaneously or under the influence of irritating factors.

External manifestations of the disease, regardless of its type:

darkening of the enamel;

tooth mobility;

bleeding;

redness of the gums;

swelling of the tissues around the diseased tooth;

The chronic form of pulpitis may be asymptomatic. It is characterized by putrid breath and aching pain.

Very often the patient cannot understand which tooth hurts. The pain can radiate to the neck or ears. To determine the localization of inflammation, a doctor's examination and additional diagnostic tests are required.

Pulpitis requires qualified medical attention and cannot be treated on its own. Home remedies for pain relief and inflammation can only provide temporary relief. Severe complications are possible without timely conservative or surgical treatment.

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