ISSN NO: 2770-2936
December 2024

Treatment And Prevention Of Periodontitis In The Early Stages Of The Disease

Muidinova Barno Askarovna
Department of Therapeutic Dentistry
Andijan State Medical Institute

Abstract. An analysis of the results of a dental examination in Andijan region (2017–2019) showed a high prevalence of signs of periodontal tissue damage. In these conditions, emphasis is needed on the active introduction of prevention at the individual level and the establishment of new forms of organization of specialized periodontic care.

Key words: periodontal disease, clinical observation

At present, a direct relationship has been established between the use of inadequate approaches to periodontal tissue rehabilitation and the number of negative results of dental implantation [4]. In our previous studies, the analysis of randomly selected 40 orthopantomograms of persons with dental implants showed that in 95% of cases, treatment was carried out against the background of stabilization of the pathological process in the periodontal tissues or recovery with residual effects. The results of complex treatment of patients with mild chronic generalized periodontitis three years after implantation are summarized. A total of 227 implants were placed, of which 34 (14.9%) were removed. The effectiveness of implastruction in patients with dentition defects against the background of chronic generalized periodontitis of moderate severity is even lower [2]. Features of the morphofunctional structure of peri-implant tissues, such as the absence of bundles of collagen fibers-ligaments, physical gingival pocket, gingival fluid, inferiority of trophic function, make them susceptible to adverse local factors [5]. The preliminary examination of patients, the analysis of publications of recent years on the organization, treatment and prevention of PID determined the need to develop new organizational and methodological aspects of the detection, treatment and follow-up of persons prone to periodontal disease.

Purpose. Individual prevention and treatment of the initial stages of inflammatory periodontal diseases within the framework of dispensary observation.

Materials and methods of research. In our work, we carried out medical examination of persons at risk of developing and progressing inflammatory periodontal diseases according to the 3-stage principle: stage 1 – dispensary selection, which provides for the identification of patients with factors subject to dispensary accounting; stage 2 – dispensary registration – registration of patients subject to dispensary observation; stage 3 – dispensary observation, which implies individual therapeutic and preventive measures and dynamic monitoring of them Efficiency. A feature of the medical examination of the contingent at risk of development and progression, as mentioned earlier, is the connection with the presence of systemic diseases, the chronic course of inflammatory periodontal disease (PID), which requires long-term observation and correction, an interdisciplinary integrated approach. Thus, medical examination for the purpose of individual prevention of periodontal pathology will be a more advanced form of work of dentists, since it provides for the identification of periodontal pathogenic factors that predict the occurrence of pathology, and preclinical forms of the disease, the implementation of a set of therapeutic and prophylactic and socio-hygienic measures, taking into account the individual characteristics of the general health and dental status of patients of all age groups. After the interview and initial diagnosis in the process of dispensary selection, patients divided into the following study groups should be registered: - —patients with intact periodontium (with a genetic predisposition); - patients with intact periodontium with periodontal pathogenic and predisposing risk factors in the oral cavity (supra- and subgingival soft and hard dental plaque, impaired functional load on the periodontium, pathological changes in the organs and tissues of the oral cavity, retention factors, poor hygienic condition of the oral cavity, bad habits, etc.); - patients with localized forms of gingivitis and periodontitis; - persons with generalized catarrhal gingivitis, and periodontitis. Taking into account the characteristics of the morbidity and the presence of risk factors, we formed the following groups of

ISSN NO: 2770-2936
December 2024

dispensary observation: 1) those in need of active prevention or treatment of VZP; 2) receiving secondary prophylaxis or supportive treatment; 3) a rehabilitation group undergoing follow-up examinations. In order to timely carry out targeted personalized therapeutic and preventive measures, a diagnostic complex was formed, in which the individual mechanisms of the development of the pathological process in the periodontium and its external clinical manifestations were integrally displayed. The identification of the 15 most significant methods for assessing the condition of the periodontium was carried out using the method of non-strict a priori ranking. This list includes the most indicative, simple to perform, reflecting the dental status of the patient, allowing objective monitoring of the periodontal condition (Table 1).

Table 1

List of the main methods for predicting and early diagnosis of inflammatory periodontal diseases

№ p/n	Method name	Field of research
1	Inspection	Oral cavity
2	Analysis of anamnestic data	Organism
3	Determining the degree of bleeding gums	Periodontal soft tissues
4	Assessment of the severity of inflammatory phenomena in the gingiva using the Schiller-Pisarev test, gingivoscopy method	Periodontal soft tissues
5	Indication and quantification soft and hard "dental" deposits	Plaque, enamel and tooth cement
6	Evaluation of X-ray data (computed tomography)	Bone tissue of the alveolar processes of the jaws
7	Determination of the depth of the gingival sulcus or periodontal pockets	Periodontal soft tissues
8	Determination of tooth mobility	Dental support apparatus
9	Palpation of the gums	Periodontal soft tissues and alveolar process
10	Determination of the PMA Index	Gingiva (interdental papilla, marginal and alveolar part)
11	Determination of the periodontal index (PI)	Periodontium
12	Bacterioscopy of the gingival sulcus, plaque, periodontal pocket	Periodontal soft tissues, plaque, gingival fluid
13	Cytological examination	Periodontal soft tissues, gingival fluid
14	Assessment of the condition of the hard tissues of the teeth	Enamel and dentin of teeth
15	Determination of pH of oral and (or) gingival fluid	Oral fluid

A three-stage system of medical examination of patients with VZP or predisposing factors to them provides for the assessment of the condition of the periodontium using a formed set of diagnostic methods in each group: - at the initial visit to the dentist; - in the process of carrying out medical and (or) preventive measures; - during dynamic observation after the course of treatment and prevention. The developed standards of diagnostic studies and the amount of care at the stages of medical examination, on the one hand, are unified, taking into account the characteristics of our region and are aimed at better performance of LPM, on the other hand, they provide for an individual approach with the justification of the frequency of observation and examinations by specialists. At the stage of dispensary observation, patients were prescribed primary, specific secondary prophylaxis measures or treatment aimed at eliminating or minimizing general and local periodontal pathogenic factors, as well as follow-up examinations. Appointments were made in accordance with the list and sequence of application of the selected diagnostic methods. In case of detection of disorders in the condition of certain organs and systems that have a pathogenetic connection with

ISSN NO: 2770-2936
December 2024

pathological processes in the periodontium (according to the history and examination of the oral cavity), the examined persons were recommended to consult with medical specialists, a balanced diet, and measures to improve the body. The assessment of such local factors as pathology of the architectonics of the vestibule of the oral cavity, disorders of the attachment of the frenulum of the lips and tongue, malocclusion, destruction of caries in the occlusal, proximal and cervical areas, poor-quality prostheses and restorations, as the cause of the appearance and progression of inflammation in the periodontal tissues, served as a reason for planning measures to eliminate or minimize them. Such patients were referred to related specialists for orthodontic and orthopedic treatment, oral cavity sanitation by dental therapists and surgeons. One of the key points in the therapy and prevention of periodontal pathology was professional oral hygiene. Therefore, patients at risk of developing VZP were removed from supra- and subgingival dental plaques, trained in rational oral hygiene, in case of unsatisfactory condition of the oral cavity, and recommended therapeutic and prophylactic toothpastes that prevent the formation of plaque and its transformation into tartar due to enzyme-containing components. A comprehensive personalized approach was applied to persons with localized forms of gingivitis and periodontitis, taking into account both etiological factors and local dental status in the affected area. To stop the local inflammatory process, antiseptic treatment was carried out, periodontal tissues were isolated from traumatic factors. Elimination of filling defects, full restoration of contact points between teeth, modern orthopedic treatment contributed to the creation of conditions for the subsequent regeneration of periodontal structures. In the presence of pronounced symptoms of VZP pathology, we recommended patients to use special drugs adapted to a specific clinical situation, containing components of plant and natural origin, which have a complex effect on various links in the pathogenesis of periodontal diseases. Control over the implementation of all individual therapeutic and preventive measures (LPM) was carried out during periodic examinations, if necessary, prescriptions were adjusted. We recommend assessing the effectiveness of medical examination according to the following qualitative and quantitative indicators of this stage: - the planning and activity of dispensary observation (the ratio of the number of patient visits to the total number of prescribed) was 85.4%; - completeness of the implementation of the planned personalized medical and preventive measures (the ratio of the number of performed personalized medications to the total number of planned) is 86.6%, which characterizes the high quality of medical examination. The overall effectiveness of individual prevention of PID (determined no earlier than 2 years of dispensary follow-up at the end of primary, secondary, and tertiary movement) was 100%.

Findings. The implementation of personalized measures within the framework of dispensary observation is more effective than the independent implementation of traditional prescriptions recommended by dentists.

References:

1. Antonova M. V., Sushchenko A. V., Svirina M. S. Kompleksnyy podkhod v lechenii khronicheskogo generalizovavannogo periodontita s primeniem fitoterapii [Complex approach in the treatment of chronic generalized periodontitis with the use of phytotherapy]. — 2012. — T.11, No 3. — S. 622–625
2. Vinogradova T.F. Atlas on dental diseases in children. Tutorial. - Moscow: Medpress-inform, 2010. - 168 p.
3. Zykeeva S.K., Urgenishbaeva Zh.R. Prevention and treatment of periodontal diseases in children and adolescents. 2010. №3 2016. st.4-9. 4.Oleynik O. I. Development of methods and assessment of the effectiveness of the results of individual prevention of inflammatory periodontal diseases: Avtoref. dis. Dr. honey. Sciences. — Voronezh, 2014. — 46 p. 5. 5. Oleynik O. I., Vusataya E. V., Popova V. S. Kompleksnyi podkhod k lecheniyu ranniye formov inflammatory zabolevaniy periodonta [Comprehensive approach to the treatment of early forms of inflammatory periodontal diseases]. — 2015. — № 5 (85). — S. 75–78
6. Sirak S.V., Avanesyan R.A., Kopylova I.A., Kazieva I.E. Organization of medical examination of patients after dental implantation and prevention of periimplantitis in the early pre-functional period. – 2013. – № 9-3. – P. 481-485;