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INDIVIDUALIZATION OF ART PROTOCOLS IN PATIENTS WITH DIFFERENT OVARIAN RESERVE

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ABSTRACT

Infertility remains one of the most important challenges in modern reproductive medicine and requires an individualized approach to improve the effectiveness of assisted reproductive technologies (ART). The aim of this study was to evaluate ART outcomes in patients with different ovarian reserve levels and to determine the role of personalized treatment protocols. This prospective study included 60 infertile women treated at the “Beshik” Reproductive Medicine Clinic (Samarkand, Uzbekistan) during 2025–2026. The participants were divided into two groups according to ovarian reserve: normal ovarian reserve (n=30) and diminished ovarian reserve (n=30). Ovarian reserve was assessed using anti-Müllerian hormone levels and antral follicle count, and all patients were additionally stratified according to the POSEIDON concept. Although patients with diminished ovarian reserve demonstrated lower numbers of retrieved oocytes and less favorable embryological outcomes, individualized ovarian stimulation protocols allowed satisfactory rates of oocyte maturation, fertilization, and blastocyst formation to be achieved. The findings indicate that personalization of ART protocols based on ovarian reserve assessment and POSEIDON stratification contributes to improved reproductive outcomes.

Keywords: infertility, assisted reproductive technologies, IVF, ICSI, ovarian reserve, AMH, POSEIDON, personalization

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ИНДИВИДУАЛИЗАЦИЯ ПРОТОКОЛОВ ВРТ У ПАЦИЕНТОК С РАЗЛИЧНЫМ ОВАРИАЛЬНЫМ РЕЗЕРВОМ

АННОТАЦИЯ

Бесплодие является одной из наиболее актуальных проблем современной репродуктивной медицины и требует индивидуализированного подхода для повышения эффективности вспомогательных репродуктивных технологий (ВРТ). Целью исследования явилась оценка результатов ВРТ у пациенток с различным овариальным резервом и определение значения

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INTEGRATED ASSESSMENT OF DENTAL RISK AND PATIENT LIFE QUALITY DURING DIFFERENTIATED ORTHOPEDIC TREATMENT OF ACID-DEPENDENT STOMACH DISEASES

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ABSTRACT

The aim of the study is to develop an integral dental risk index for patients with acid-dependent stomach diseases and to evaluate its relationship with life quality dynamics during personalized and standard orthopedic treatment. Based on a comprehensive examination of 180 patients with hyperacid and hypoacid stomach diseases and after bariatric surgeries, an integral index of acid-dependent dental risk (ICSR) was developed, combining 17 diagnostic criteria into six blocks (dental hard tissues, periodont, oral fluid, local immunity, mucous membrane, microcirculation, and bone tissue) with a three-level score (0-34 points) and stratification into three risk categories. Life quality assessment using the OHIP-14 questionnaire showed that personalized treatment ensures a more complete recovery of the indicator in all three groups (a decrease of 50-55% compared to 27-34% with standard treatment) and a statistically significant weakening of the correlation between quality of life and residual local symptoms.

Key words: integral index, dental risk, quality of life, OHIP-14, personalized treatment

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ИНТЕГРАЛЬНАЯ ОЦЕНКА СТОМАТОЛОГИЧЕСКОГО РИСКА И КАЧЕСТВА ЖИЗНИ ПАЦИЕНТОВ ПРИ ДИФФЕРЕНЦИРОВАННОМ ОРТОПЕДИЧЕСКОМ ЛЕЧЕНИИ КИСЛОТОЗАВИСИМЫХ ЗАБОЛЕВАНИЙ ЖЕЛУДКА

РЕЗЮМЕ

Цель. Разработать интегральный индекс стоматологического риска у пациентов с кислотозависимыми заболеваниями желудка и оценить его взаимосвязь с динамикой качества жизни при персонализированном и стандартном ортопедическом стоматологическом лечении.

Материал и методы. На основании комплексного обследования 180 пациентов с гиперацидными и гипоацидными заболеваниями желудка, а также пациентов после бариатрических операций разработан интегральный индекс кислотозависимого стоматологического риска (ICSR). Индекс объединяет 17 диагностических критериев в шесть диагностических блоков, характеризующих состояние твердых тканей зубов, пародонта, ротовой жидкости и местного иммунитета, слизистой оболочки полости рта, микроциркуляции и костной ткани. Использована трехуровневая система оценки (0–34 балла) со стратификацией пациентов на три категории стоматологического риска. Качество жизни оценивали с помощью опросника OHIP-14.

Результаты. Персонализированное ортопедическое стоматологическое лечение обеспечивало более выраженное улучшение качества жизни во всех трех исследуемых группах. Показатель OHIP-14 снизился на 50–55% при персонализированном лечении по сравнению с 27–34% при стандартном подходе. Кроме того, при персонализированном лечении отмечено статистически значимое ослабление взаимосвязи между снижением качества жизни и сохраняющимися локальными симптомами со стороны полости рта.

Заключение. Разработанный интегральный индекс стоматологического риска позволяет комплексно стратифицировать стоматологический риск у пациентов с кислотозависимыми заболеваниями желудка и может быть использован для индивидуализации ортопедического стоматологического лечения. Персонализированный подход обеспечивает более выраженное улучшение качества жизни, связанного со стоматологическим здоровьем, по сравнению со стандартным лечением.

Ключевые слова: интегральный индекс, стоматологический риск, качество жизни, OHIP-14, персонализированное лечение, ортопедическая стоматология, кислотозависимые заболевания желудка.

PREFACE. Isolated assessment of individual dental indices does not allow for an objective prediction of the outcome of orthopedic treatment in patients with acid-dependent gastric diseases: patients with similar values of standard caries and hygiene indices may differ significantly in the activity of the erosive process, the functional state of salivary glands, microcirculation, and bone tissue [1, 2]. This determines the need to transition from a scattered assessment of individual parameters to an integrated model for risk forecasting.

PURPOSE OF THE STUDY

Develop an integrated dental risk index for patients with acid-dependent stomach diseases and evaluate its clinical significance by comparing it with the dynamics of dental-related quality of life during personalized and standard orthopedic treatment.

MATERIAL AND METHODS

The study included 180 patients: three clinical and pathogenetic groups of 50 people each (hyperacid stomach diseases, hypoacid stomach diseases, post-bariatric surgical status), each randomized into a personalized (n=25) and standard (n=25) orthopedic treatment subgroup, as well as 30 practically healthy individuals from the control group. Based on the results of comprehensive clinical, laboratory, functional, and radiological examinations, an integral index of acid-dependent dental risk (ICSR) was developed. Clinical data collection was carried out using a standardized registration card, which provides a unified approach to documenting gastroenterological history, dental status, and dynamic observation results. Life quality was assessed using the OHIP-14 (Oral Health Impact Profile) questionnaire upon admission and after 3, 6, and 12 months, with subsequent correlation analysis of the relationship between the total score and clinical parameters of the prosthetic bed.

RESEARCH RESULTS AND THEIR DISCUSSION

The developed ICSR index includes 17 diagnostic criteria grouped into six blocks: dental hard tissues (ICDAS II, BEWE), periodontal (OHI-S, BOP, PD, CAL), oral fluid (un stimulated salivation rate, pH, buffer capacity, Xerostomia XI index), local immunity (sIgA, lysosime), mucous membrane (thickness of the mucous membrane of the prosthetic bed), microcirculation (perfusion index according to LDF data), and bone tissue (height, thickness, and density of the alveolar ridge according to CLCT data). Each criterion is evaluated on a three-level scale (0, 1 or 2 points) depending on the degree of deviation from the physiological norm, and the final value of the ICD represents the sum of points for all 17 criteria - from 0 (absence of clinically significant deviations) to the maximum score of 34 (a combination of pronounced disorders across all parameters).

All criteria included in the index have an equal share: the analysis conducted showed the absence of a single universal diagnostic indicator that determines the outcome of orthopedic treatment—the effectiveness of rehabilitation depends on the combined impact of changes in the hard tissues of the teeth, periodontal, functional state of oral fluid, local immunity, mucous membrane, microcirculation, and bone tissue. Based on the total score, patients are stratified into three risk categories, which allows for determining the volume of necessary pre-orthopedic preparation and justifying the choice of structural material in combination with the clinical-pathogenetic model of the disease.

In patients with hyperacid gastric diseases, the total OHIP-14 score decreased from 29.6-30.1 upon admission to 13.5 points after 12 months in the personalized treatment subgroup (level close to control - 10.8 points) against 19.8 points in the standard treatment subgroup - a decrease of 54% against 34%. In patients with hypoacidic diseases - from 30.4-31.0 to 15.1 points against 22.6 points (a decrease of 50% against 27%), which was the least complete recovery among the three groups and reflects a more inert nature of compensation for secretory insufficiency. In postbariatric patients, where the OHIP-14 score increased nearly 1.7 times immediately after surgery (from 18.4-18.8 to 31.8-32.4 points), personalized tactics ensured a reduction to 14.2 points compared to 21.9 points under standard management (a 55% decrease compared to 32%).

Table 1.

Total decrease in OHIP-14 score and weakening of correlation with local symptoms after 12 months.

Group	OHIP-14 reduction, personnel. (%)	Reduction of OHIP-14, traditional. (%)	r with local symptoms, staff.	r with local symptoms, traditions.
Hyperacid diseases	54%	34%	0.25-0.34	0.55-0.62
Hypoacid diseases	50%	27%	0.28-0.36	0.57-0.65
After bariatric surgeries	55%	32%	0.29-0.34	0.61-0.67

Note: r is the correlation coefficient of the total OHIP-14 score with the leading local symptoms of the group (hyperesthesia/BEWE for hyperacid patients; xerostomy/mucosal inflammation for hypoacid patients; hyperemia/pain/pressure zones for postbariatric patients).

In all three groups, personalized treatment statistically significantly weakened the correlation between OHIP-14 and residual local disease manifestations. In hyperacid patients, the association with hyperesthesia and the BEWE erosive index decreased from r=0.55-0.62 (standard treatment) to r=0.25-0.34 (personalized treatment). In hypoacid patients, the association with xerostomia and mucosal inflammation decreased from r=0.57-0.65 to r=0.28-0.36. In postbariatric patients, the association with mucosal hyperemia, the number of high-pressure zones, and VAS pain syndrome decreased from r=0.61-0.67 ($p<0.001$) to r=0.29-0.34 ($p>0.05$), while the negative correlation between OHIP-14 and the degree of functional adaptation to a prosthesis, conversely, persisted and was statistically significant in both subgroups (r=-0.52 in the personalized treatment subgroup versus r=-0.69 in the standard treatment subgroup).

The obtained pattern—weakening the dependence of quality of life on residual local pathology specifically in the subgroups of personalized treatment, while maintaining and even strengthening this dependence in the subgroups of standard treatment—indicates that a personalized approach not only accelerates the elimination of individual symptoms but also changes the pathogenetic

mechanism of dental discomfort formation itself, shifting it from dependence on residual local pathology toward general functional adaptation to the orthopedic design.

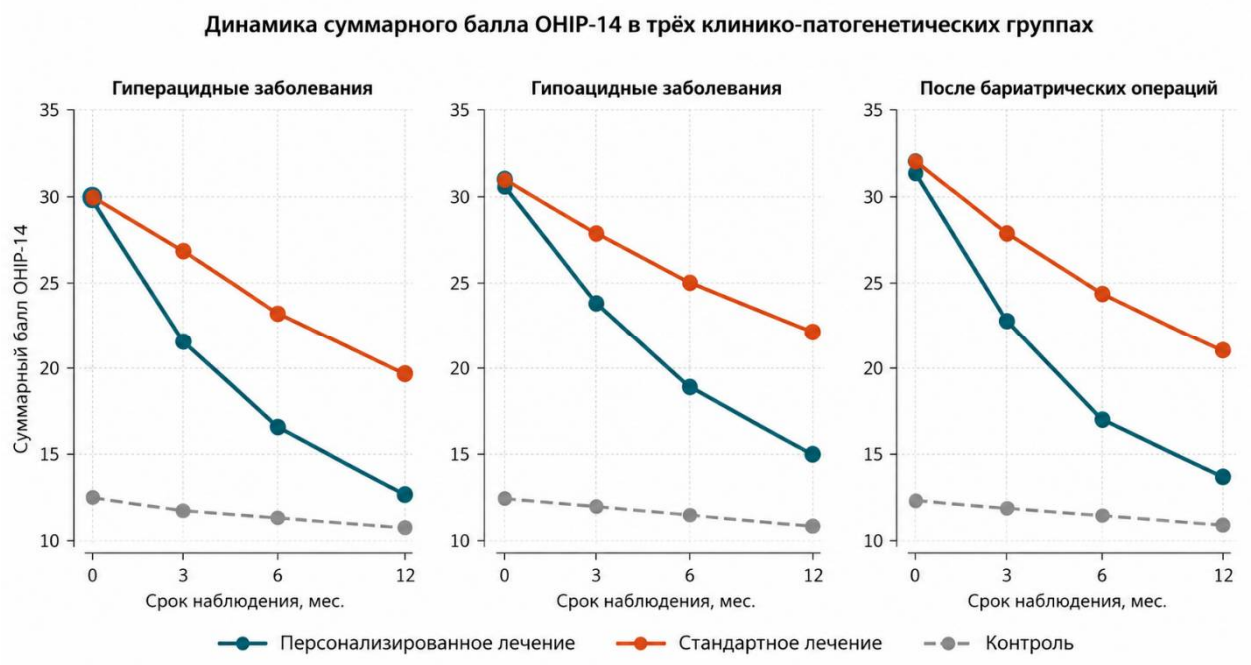

Figure 1. Dynamics of the total OHIP-14 score in three clinical and pathogenetic groups

CONCLUSION

The developed integrated index of acid-dependent dental risk (ICSR), combining 17 clinical, laboratory, functional, and radiological criteria into a unified three-level assessment system, ensures the objective stratification of patients with acid-dependent stomach diseases, regardless of the predominant pathogenetic mechanism. Comparing the dynamics of ICSR and dental-related quality of life confirms the clinical significance of the developed system: personalized treatment aimed at reducing dental risk in all three studied groups ensures not only a more complete restoration of quality of life but also a qualitative change in its formation mechanism—the transition from dependence on residual local symptoms to the determining role of functional adaptation to orthopedic structures.

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