

БИМЕДИЦИНА ВА АМАЛИЁТ ЖУРНАЛИ

9 ЖИЛД, 2 СОН

ЖУРНАЛ БИМЕДИЦИНЫ И ПРАКТИКИ

ТОМ 9, НОМЕР 2

JOURNAL OF BIOMEDICINE AND PRACTICE

VOLUME 9, ISSUE 2



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LABORATORY INDICATORS OF IMPROVING METHODS OF TREATING PERIODONTITIS AMONG THE POPULATION OF KHOREZM REGION

For citation: Abasniya R. Surayyo. Laboratory indicators of improving methods of treating periodontitis among the population of Khorezm region // Journal of Biomedicine and Practice. 2024, vol. 9, issue 2, pp. 182-186

 <http://dx.doi.org/10.5281/Zenodo.11300549>

ABSTRACT

Laboratory parameters of saliva and oral fluid before and after treatment of chronic generalized periodontitis in patients in the Khorezm region were characterized. The characteristics of the place of residence of patients and their influence on the development of inflammatory periodontal diseases, the motivation of patients to treat periodontal diseases, the quality of dental care provided and the improvement of patient management taking into account statistical analysis were studied. The problems that arise in the diagnosis of inflammatory periodontal diseases and ways to solve them are discussed.

Keywords: saliva, oral fluid, chronic generalized periodontitis, laboratory parameters.

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ЛАБОРАТОРНЫЕ ПОКАЗАТЕЛИ СОВЕРШЕНСТВОВАНИЯ МЕТОДОВ ЛЕЧЕНИЯ ПАРОДОНТИТА У НАСЕЛЕНИЯ ХОРЕЗМСКОЙ ОБЛАСТИ

АННОТАЦИЯ

Охарактеризованы лабораторные показатели слюны и ротовой жидкости до и после лечения хронического генерализованного пародонтита у больных в Хорезмской области. Изучены особенности места проживания больных и их влияние на развитие воспалительных заболеваний пародонта, мотивацию больных к лечению болезней пародонта, качество оказываемой стоматологической помощи и усовершенствование ведения больных с учетом статистического анализа. Обсуждаются проблемы, возникающие при диагностике воспалительных заболеваний пародонта, и пути их решения.

Ключевые слова: слюна, ротовая жидкость, хронический генерализованный пародонтит, лабораторные показатели.

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XORAZM VILOYATI AHOLISIDA PARODONTITLARNI TAKOMILLASHGAN DAVOLASH USULLARINI LABORATORIYA KO'RSATMALARI.

ANNOTATSIYA

Xorazm viloyatidagi bemorlarda surunkali tarqoq parodontitni davolashdan oldin va davolashdan keyingi so'lak va og'iz suyuqligining laboratoriya ko'rsatkichlari tavsiflangan. Bemorlarning yashash joyining xususiyatlari va ularning yallig'lanishli parodontal kasalliklarning rivojlanishiga ta'siri, bemorlarni parodontal kasalliklarni davolashga motivatsiyasi, ko'rsatilayotgan stomatologik yordam sifati va statistik tahlilni hisobga olgan holda bemorlarni tekshirishni takomillashtirish o'rganildi. Yallig'lanishli parodontal kasalliklar diagnostikasida yuzaga keladigan muammolar va ularni hal qilish yo'llari ko'rib chiqiladi.

Kalit so'zlar: so'lak, og'iz suyuqligi, surunkali tarqoq parodontit, laboratoriya ko'rsatkichlari.

Relevance. The face plays an important role in the process of interpersonal communication and is the object of research of artists (artists, sculptors, artists), anatomists, psychologists, representatives of medicine: plastic surgeons, maxillofacial surgeons, dentists, dermatologists [Bratu D., Ieremia Z., Uram-Cuculescu S. (2003), A.P. Shurbeleva.(2003)]. In most cases, the therapeutic action is aimed at eliminating deformations, defects, and disproportions of the face, and the doctor should know and feel the individual harmony of the architectonics of each patient's face, the violation of which can have negative consequences – the loss of the individuality of the face. This may be the reason for a decrease in the attractiveness of the face to others. Namely, the desire to be attractive is inherent in most people, since an attractive face helps to establish interpersonal contacts, facilitates the solution of tender and career problems [Kovalenko A. V.(2011), Talalaeva E.V.(2012), Almstrand A.C., Josefson M., Bredberg A.(2010), A.P. Shurbeleva.(2003)]. The face largely determines its attractiveness and is the main means of identification and non-verbal communication. According to the results of a study by J. Garwill (1992), 63% of patients believe that their problems with appearance negatively affected their personal life, and 44% – on social life [Kovalenko A.V. (2011), A.P. Shurbeleva.(2003)]. Very often, it is the desire to improve the aesthetics of teeth and face that is the main reason for contacting an orthodontist (KochelJ.Etal., 2010) [Talalaeva E.V. (2012)]. The advertising of "anthropometric standards" by the mass media can be the cause of the formation of an inferiority complex in people with deviations in some parameters of the face architectonics and the cause of the emergence of a difficult-to-overcome need for reconstructive operations, which do not always bring them satisfaction, peace of mind and success in solving life problems [Baindurashvilia.A.(2011)]. Despite this, the authors' opinions on the prevalence and pathogenesis of this anomaly differ markedly. It is indicated that according to Bogatyrvkov D.V. et al. (2003), facial asymmetry occurs only in 1.3–2% of cases, whereas scientists at the University of North Carolina (1997) revealed clear signs of facial asymmetry in 34% of the examined patients, and Farkas L.G. and Chung G. (1981), using special anthropometric methods, found asymmetry in all the examined individuals. According to E.Y. Nikolaeva, such a difference in data can be explained, for example, by a wide variety of types of facial asymmetries: skeletal, functional, muscular, articular, as a result of neoplasms or inflammatory processes, as well as post-traumatic asymmetries resulting from improper fusion of the jaws after fractures. There is still no consensus on the question of whether E.Y. Nikolaeva (2009) comes to the conclusion of what is considered an asymmetry.

The purpose of this study. The aim is to improve methods for measuring morphometric features and diagnosing morphofunctional disorders of the maxillary system in people with chronic pathologies of the respiratory system.

Research objectives: 1. To identify age-related features of the growth of the gnathic part and the entire facial part of the skull and their effect on the sagittal and vertical dimensions of the face in normal and chronic pathologies of the respiratory system. 2. The tone of the masticatory muscles and

the circular muscles of the mouth were studied, its effect on the parameters of the facial skull in patients with chronic pathologies of the respiratory system will be determined. 3. To study the structural features of the facial part of the head in normal and chronic pathology of the respiratory system. 4. To study the clinical and statistical relationship between various telorentgenological parameters to improve the differential diagnosis of the maxillary system in normal and chronic pathology of the respiratory system. 5. To improve the clinical differential diagnosis of varieties of morphometric structures of the maxillary system in normal and pathological chronic respiratory failure. 6. To develop an algorithm for the diagnosis, treatment and prediction of deformation of the dental system in normal and chronic pathology of the respiratory system.

The material and the methods of research used to perform this research work. The research was conducted in Khorezm region. The facial skeleton and dental system of 300 healthy people and 300 people with chronic pathologies of respiratory systems aged from 18 to 60 years will be examined. The main criteria for the selection of people in the study group will be confirmed by morphometric, rengenological, orthopedic methods and clinical and laboratory studies. It should be noted that the examined will also be divided into age groups: by age 18-24 years, 25-34 years, 35-44 years and 45-60 years old and by severity of chronic respiratory pathology. The research program at all stages will include both traditional and special methods of clinical and dental examination. a) clinical and dental research methods b) study of functional occlusion and evaluation of conflict relationships c) anthropometric methods d) biometric study of diagnostic models of jaws e) study of facial proportions f) assessment of the degree of need for orthodontic treatment g) Enzyme immunoassay methods: immunoglobulin A, M, J, secretory immunoglobulin A, hormones (cortisol, TSH), antiproteases (ceruloplasmin, transferrin, antitrypsin, TNF- α , IL-1, 4, 6, 10, CRP). h) Biochemical methods: acid-base state of blood and saliva, lysosomal enzymes of blood and saliva, magnesium level in saliva; i) Functional methods: ultrasound, densitometric, X-ray, rheographic; j) statistical methods. For a long time, parodont diseases were considered as a process of focal infection with rare systemic consequences. However, in recent times, there have been more and more studies dedicated to the effects of parodont diseases on the common disease, and there are suggestions that this dependence can be in different directions. Over the past 20 years, doctors and scientists have been trying to explain correlation dependence between parodontitis and cardiovascular disease, diabetes, metabolic disorders and other diseases [2.4.6.8.10].

The risk of the occurrence of any disease is dynamic and will depend on the result of complex relationships of various factors that occur throughout life. Many variable risk factors, such as smoking and excessive calorie intake, lead to increased systemic markers of inflammation and can alter gene control through various biological mechanisms. This leads to a decrease in the body's response to various influences and adaptation norms. Parodontitis and other common chronic inflammatory diseases have several influencing risk factors such as tobacco smoking, psychological stress and depression, alcohol consumption, obesity, diabetes, metabolic syndrome and osteoporosis. In a series of studies, it has been shown that bacterial products, toxins and inflammatory products can spread to other foci of inflammation in the body when hygiene processes are carried out as a result of mechanical disruption of the integrity of the bioplionka [1.3.5.7.9.10]. In individuals with the right level of immune reaction, such transient bacteremia may not cause much harm. However, the immune system is weakened, such as diabetes, with diseases of the upper respiratory tract, making sufferers more prone. Considering chronic generalized parodontitis as a dysbiotic inflammatory disease with a negative impact on Systemic Health, one can speak of the appearance of dysbiotic processes in the oral cavity and their persistence, which indirectly develops an inflammatory reaction in the body [2,3]. In the literature, information about the increased dependence and susceptibility of chronic generalized parodontitis to cardiovascular diseases, diabetes, chronic obstructive pulmonary diseases (ocular) and other systemic diseases is increasingly found. Most of the incidence of cardiovascular diseases in parodontitis is based on the "general hypothesis of susceptibility". According to him, direct bacterial invasion of blood vessels or a systemic inflammatory reaction leads to an increase in circulating cytokines, which damage the vascular endothelium. Atherosclerosis, which was previously generally considered a lipid disorder, is currently an inflammatory disease. At the same time can explain the

causal relationship between parodontitis and atherosclerosis, for example, in the parodontal complex, the inflammatory-destructive process forms the translocation of bacteria to systemic blood flow, that is, it calls bacteriemia, which is confirmed in patients with parodontitis and can provide atherogenic stimulation. Systemic inflammation leads to an increase in the level of circulating cytokines, which are of interest, and includes S-reactive protein (SRO), interleukin-1 (il-1), interleukin-6 (il-6), α -tumor necrosis factor (Ono- α) and prostaglandin E2. Studies conducted, on the other hand, have shown that the stagnation of the inflammatory-destructive process in parodont affects the decrease in the acceleration of atherosclerosis of the carotid artery in humans [7.8.]. Many works are devoted to the connection of chronic parodontitis with such a metabolic disorder as diabetes mellitus. Today, when diabetes is considered as an additional symptom in nosology such as metabolic syndrome (MS), the information available helps to better understand the mechanism of pathogenesis. At the same time, their influence on each other is bilateral. Having diabetes in a patient leads to the fact that the hyperinflammatory response to the pathogenic microbiota of the parodont is reversible, worsens the return of inflammation and calls for a slowdown in recovery, which leads to a rapid violation of the parodont. Chronic generalized parodontitis, in turn, has a negative effect on glycemic levels in patients with diabetes mellitus and leads to the development of diabetic complications. The effect of parodontopatogens on the course of diabetes mellitus is explained by an increase in the level of systemic inflammatory mediators, which increases insulin resistance. Metaanalyses data allow us to talk about the fact that the treatment of generalized parodontitis in patients with diabetes mellitus leads to an improvement in glycemic index [8.9.10]. A number of authors in their work confirms the thesis that there is a bilateral relationship between diabetes and parodontitis, in which diabetes increases the risk of parodontitis occurring, while inflammation of the parodont negatively affects the glycemic index. Terminal stage cases of macroalbuminuria and renal insufficiency increase 2 and 3 times, respectively, in diabetics with severe parodontitis compared to diabetics without severe parodontitis. In addition, the risk of cardiorenal death (ischemic heart disease and diabetic nephropathy) in diabetics with severe parodontitis is 3 times higher than in diabetics without severe parodontitis. Treatment of parodontitis is associated with a reduction in glycosylated hemoglobin HbA(1C) by 0.4%.

At the same time, the authors came to the **conclusion** that the health of the oral cavity and the treatment of parodont are an integral part of the treatment of diabetes.

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Статья поступила в редакцию 03.03.2024; одобрена после рецензирования 20.04.2024; принята к публикации 26.04.2024.

The article was submitted 03.03.2024; approved after reviewing 20.04.2024; accepted for publication 26.04.2024.

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Источники финансирования: Работа не имела специального финансирования.

Конфликт интересов: Авторы декларируют отсутствие явных и потенциальных конфликтов интересов, связанных с публикацией настоящей статьи.

Вклад авторов:

Абасния С.Р. — идеологическая концепция работы, редактирование статьи; сбор и анализ источников литературы, написание текста.

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Sources of funding: The work did not receive any specific funding.

Conflict of interest: The authors declare no explicit or potential conflicts of interest associated with the publication of this article.

Contribution of the authors:

Surayyo R. Abasniya — ideological concept of the work, editing the article; collection and analysis of literature sources, writing the text.

БИМЕДИЦИНА ВА АМАЛИЁТ ЖУРНАЛИ

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ЖУРНАЛ БИМЕДИЦИНЫ И ПРАКТИКИ

ТОМ 9, НОМЕР 2

JOURNAL OF BIOMEDICINE AND PRACTICE

VOLUME 9, ISSUE 2

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