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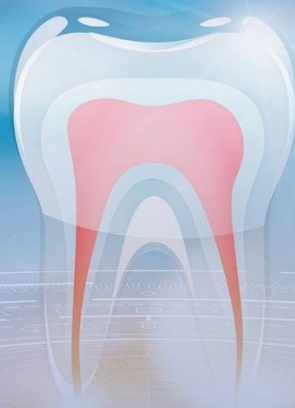
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## MODERN STRATEGIES FOR THE PREVENTION AND TREATMENT OF ODONTOGENIC INFLAMMATORY LESIONS OF JAW BONE TISSUE: RATIONALE FOR INTERDISCIPLINARY INTERACTION



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### ANNOTATION

Odontogenic inflammatory lesions of jaw bone tissue represent one of the most complex problems in modern maxillofacial surgery and dentistry. According to domestic and foreign researchers, the incidence of odontogenic osteomyelitis ranges from 2.3% to 18.7% among all inflammatory diseases of the maxillofacial region, with a trend towards an increase in severe and complicated cases. The etiopathogenesis of odontogenic inflammatory lesions of jaw bone tissue is characterized by multiple factors, including local and general risk factors. Local factors include carious lesions, pulpitis, periodontitis, traumatic dental interventions, and disturbances in local blood circulation and immunity. General factors include immunodeficiency conditions, endocrine disorders, systemic connective tissue diseases, oncological diseases, and their treatment.

**Keywords:** Odontogenic osteitis, jaw osteomyelitis, prevention, treatment, antibacterial therapy, surgical treatment, microbiological diagnostics

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## СОВРЕМЕННЫЕ СТРАТЕГИИ ПРОФИЛАКТИКИ И ЛЕЧЕНИЯ ОДОНТОГЕННЫХ ВОСПАЛИТЕЛЬНЫХ ПОРАЖЕНИЙ КОСТНОЙ ТКАНИ ЧЕЛЮСТЕЙ: ОБОСНОВАНИЕ МЕЖДИСЦИПЛИНАРНОГО ВЗАИМОДЕЙСТВИЯ

### АННОТАЦИЯ

Одонтогенные воспалительные поражения костной ткани челюстей представляют собой одну из наиболее сложных проблем современной челюстно-лицевой хирургии и стоматологии. По данным отечественных и зарубежных исследователей, частота развития одонтогенных остеомиелитов составляет от 2,3% до 18,7% среди всех воспалительных заболеваний челюстно-лицевой области, при этом отмечается тенденция к увеличению числа случаев с тяжелым и осложненным течением. Этиопатогенез одонтогенных воспалительных поражений костной ткани челюстей характеризуется многофакторностью, включающей местные и общие факторы риска. К местным факторам относятся кариозные поражения, пульпиты, периодонтиты, травматичные стоматологические вмешательства, нарушения местного кровообращения и иммунитета. Общие факторы включают иммунодефицитные состояния, эндокринные нарушения, системные заболевания соединительной ткани, онкологические заболевания и их лечение.

**Ключевые слова:** Одонтогенные оститы, остеомиелит челюстей, профилактика, лечение, антибактериальная терапия, хирургическое лечение, микробиологическая диагностика

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## JAG' SUYAK TO'QIMASINING ODONTOGEN YALLIG'LANISH ZARARLANISHLARINI OLDINI OLISH VA DAVOLASHNING ZAMONAVIY STRATEGIYALARI: FANLARARO O'ZARO HAMKORLIKNI ASOSLASH

## ANNOTATSIYA

Jagʻ suyak toʻqimasining odontogen yalligʻlanish kasalliklari zamonaviy yuz-jagʻ jarrohligi va stomatologiyaning eng murakkab muammolaridan biridir. Mahalliy va xorijiy tadqiqotchilarning maʼlumotlariga koʻra, odontogen osteomieliitlarning rivojlanish chastotasi yuz-jagʻ sohasining barcha yalligʻlanish kasalliklari orasida 2,3% dan 18,7% gachani tashkil qiladi, shu bilan birga ogʻir va asoratlangan holatlar sonining koʻpayish tendensiyasi kuzatilmoqda. Jagʻ suyak toʻqimasining odontogen yalligʻlanish kasalliklari etiopatogenezi mahalliy va umumiy xavf omillarini oʻz ichiga olgan koʻp omilliligi bilan tavsiflanadi. Mahalliy omillarga karioz shikastlanishlar, pulpitlar, periodontitlar, travmatik stomatologik aralashuvlar, mahalliy qon aylanishi va immunitetning buzilishi kiradi. Umumiy omillarga immunitet tanqisligi holatlari, endokrin buzilishlar, biriktiruvchi toʻqimaning tizimli kasalliklari, onkologik kasalliklar va ularni davolash kiradi.

**Kalit soʻzlar:** Odontogen ostitlar, jagʻ osteomieliiti, profilaktika, davolash, antibakterial terapiya, jarrohlik davolash, mikrobiologik diagnostika

**Introduction.** The modern understanding of the etiopathogenesis of odontogenic osteitis of the jaw bones has undergone significant changes in recent decades. If previously these diseases were considered mainly through the prism of classical infectious-inflammatory processes, now they are recognized as pathological conditions of a complex multifactorial nature, including microbiological, immunological, genetic, and anatomical-physiological components[1].

Odontogenic osteomyelitis of the jaw bones is a serious problem of modern dentistry and maxillofacial surgery, characterized by inflammatory-destructive damage of the bone tissue of the alveolar processes of the upper and lower jaws of an infectious nature. This pathology can develop as a complication of odontogenic infectious processes, leading to the formation of large-scale bone defects, dysfunction of the dentofacial system, and a significant decrease in the quality of life of patients [2].

Epidemiological data indicate a steady increase in the spread of odontogenic osteitis. This is associated with an increase in the frequency of complicated forms of caries, periodontitis, an unsatisfactory state of oral hygiene in a large part of the population, as well as an increase in the number of invasive dental interventions. The frequency of jaw osteomyelitis development is 2.8-5.2% of the total number of inflammatory diseases in the maxillofacial region, with odontogenic origin being detected in 80-95% of cases[3].

The pathogenesis of odontogenic osteitis is a complex multifactorial process that includes primary infection of bone tissue with pathogenic microorganisms in the odontogenic focus, disruption of microcirculation and nutrition of bone tissue, activation of inflammatory mediators and cytokines, disproportionate processes of bone formation and bone absorption. Anaerobic and facultative-anaerobic microorganisms play a leading role in the development of the disease, which form polymicrobial compounds with high resistance to antibacterial therapy[4].

Traditional approaches to the treatment of odontogenic osteitis are based on the principles of surgical cleaning of the focus of infection, appropriate antibacterial therapy, and symptomatic treatment. However, a one-way approach does not always provide the best treatment results, especially in the presence of widespread destructive processes, recurrent forms of the disease, or concomitant pathology[5].

Modern trends in medicine are increasingly favoring a personality-oriented multidisciplinary approach that combines the efforts of specialists from various fields to achieve the highest treatment effectiveness[6].

Odontogenic osteitis in adults and children is a heterogeneous group of inflammatory diseases of the jaw bone tissue, characterized by progressive damage to the cortical and spongy bones, which can have a significant impact on the quality of life, the chewing system, and social activity of patients. According to

epidemiological studies, the frequency of odontogenic osteomyelitis varies within the range of 0.8-2.1 per 100,000 population, while maxillary osteomyelitis accounts for up to 90% of all cases of osteomyelitis of the facial skeleton. In some cases, despite a "good-quality" course, the severity of symptoms, the frequent development of complications in the form of pathological fractures, the formation of drainage pathways, and the development of sepsis create a significant clinical and social burden [7].

Over the past twenty years, the understanding of the etiopathogenesis of odontogenic osteitis has significantly deepened and has largely transitioned from mechanical explanations to a multifactorial model, including the microbiological component, the characteristics of the local and systemic immune response, genetic predisposition to the development of inflammatory diseases, as well as the anatomical and physiological features of blood supply and innervation of the jaw bones. The results of molecular-biological and immunohistochemical studies confirm the role of the imbalance of pro- and anti-inflammatory cytokines, disorders of the complement system, and innate immunity in the pathogenesis of bone destruction. At the same time, there is growing interest in studying the role of biofilm-forming microorganisms, including resistant strains of staphylococci, streptococci, and anaerobic flora, which indicates the need to revise approaches to antibacterial therapy. The concept of persistent inflammation, supported by disruptions in the processes of restoring microbial films and bone tissue, explains the chronicity of the process and the tolerance of some patients to standard therapy[8].

The clinical heterogeneity of odontogenic osteitis (variability of debut age, localization of the process, dynamics of symptoms, spectrum of complications) determines urgent tasks for early differentiation of risk and prognosis, as well as the development of personalized treatment strategies. In this regard, the role of combining clinical, laboratory, microbiological, and visualization biomarkers for more accurate phenotyping of patients, predicting the course of the disease, selecting optimal therapy, and monitoring the effectiveness of treatment is increasing.

The purpose of the study is to comprehensively analyze modern methods of prevention and treatment of odontogenic osteitis of the jaw bones and to substantiate the need for a multidisciplinary approach to optimize treatment outcomes and improve the prognosis of the disease.

**Materials and methods:** A retrospective analysis of 247 cases of odontogenic osteitis of the jaw bones in patients treated in the departments of maxillofacial surgery and dental clinics for the period from 2023 to 2025 was conducted.

Modern data confirm the complex etiopathogenesis of odontogenic osteitis of the jaw bones, including microbiological factors, immunological disorders, and genetic predispositions,

which requires a comprehensive multidisciplinary approach to diagnosis and treatment. Odontogenic osteitis is characterized by significant microbiological heterogeneity with the participation of many pathogens, which affects the processes of film formation, antibiotic resistance, and immune modulation. Determination of specific microbial markers has prognostic significance for the choice of therapy. In a significant number of patients with odontogenic osteitis, signs of immune response disorders are observed, including an increase in the level of pro-inflammatory cytokines and autoantibodies, which supports the concept of immune-mediated inflammation and justifies the use of immunomodulatory approaches in selected patients. Combining clinical data (age of onset of the disease, nature of the course, concomitant diseases) with microbiological markers and immunological indicators can improve the prognosis of the course of the disease and improve treatment strategies.

Pharmacogenetic findings reveal the prospects for individual antibacterial treatment of odontogenic otitis, which can increase the effectiveness of treatment and reduce the frequency of side effects. Further research is needed to confirm microbiological and immunological biomarkers, develop standardized diagnostic and treatment protocols for various subtypes of osteitis, and assess the long-term effectiveness of personalized therapeutic approaches. Patients aged 18 to 75 years with a confirmed diagnosis of odontogenic osteitis. Availability of a complete set of clinical documentation. Possibility of catamnestic observation for at least 12 months. All patients were divided into two groups. The first group consisted of patients receiving traditional treatment. The second group (n=120): patients treated using a multidisciplinary approach.

Research methods included: clinical examination and anamnesis collection, radiological studies (orthopantomography, CLCT), microbiological studies, laboratory studies (general and biochemical blood tests, markers of inflammation), histological examination of biopsies. A statistical analysis of the treatment results was conducted. The multidisciplinary team included: maxillofacial surgeons, dental therapists, microbiologists, laboratory physicians, physiotherapists, and rehabilitation specialists.

**Results:** Clinical and demographic characteristics of patients: The average age of patients was  $45.3 \pm 12.7$  years, the ratio of men to women was 1.4:1. The most frequent lesions were observed in the lower jaw (72.9% of cases). The main etiological factors were complicated caries (41.7%), periodontitis (35.2%), and traumatic tooth extraction (18.9%). In the pathogen composition, anaerobic microorganisms prevailed: *Peptostreptococcus* spp. (28.3%), *Bacteroides* spp. (24.1%), *Fusobacterium* spp. (19.7%). Polymicrobial associations were detected in 84.6% of cases.

Effectiveness of the multidisciplinary approach. Reduction of the diagnostic period by 40%. Reduction of the number of repeated surgical interventions by 2.7 times. Reduction of the duration of antibacterial therapy by 35%. The quality of life of patients on the OHIP-14 scale improved by 1.8 times.

**Conclusions:** The multidisciplinary approach to the treatment of odontogenic osteitis of the jaw bones shows a statistically significant advantage over traditional treatment methods in all main criteria of effectiveness. The integration of specialists of various profiles allows achieving complete clinical recovery in 89.2% of cases compared to 67.7% in the traditional approach, reducing the duration of treatment by 30% and reducing the frequency of relapses by 2.7 times. The main advantages of the multidisciplinary approach are: personalization of treatment, early diagnosis of complications, optimization of antibacterial therapy, timely application of methods of regenerative medicine, and comprehensive rehabilitation. The economic efficiency of the multidisciplinary approach is confirmed by a 23% reduction in direct medical costs by reducing the number of repeated hospitalizations and the duration of treatment. The implementation of a multidisciplinary approach requires organizational changes in the healthcare system, including the creation of specialized centers, the development of standardized protocols for personnel training and patient management. The prospects for the development of a multidisciplinary approach are associated with the integration of personalized medicine, telemedicine technologies, and artificial intelligence methods for optimizing diagnostic and treatment algorithms.

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