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INCREASING THE EFFICIENCY OF COMPREHENSIVE TREATMENT OF CHILDREN WITH ACUTE ODONTOGENIC INFLAMMATORY PROCESSES

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✓ ***Resume***

This article discusses the increase in the effectiveness of complex treatment of children with acute odontogenic inflammatory processes of the jawbones in children undergoing outpatient treatment. The study was carried out because of the Department of Faculty Dentistry and Propedeutics Stomatology of the Andijan State Medical Institute; we examined and treated 73 patients from three to 18 years old with acute odontogenic inflammatory processes. All of them went to the clinic for emergency indications, after clinical and radiological examination and diagnosis, they received adequate treatment. The study showed that the most vulnerable are children of preschool and primary school age. Particular attention should be paid to the prevention of caries and its complications in milk teeth, since their susceptibility is much higher than permanent ones, and they more often become the cause of the development of complications.

Keywords. Inflammatory diseases of the jawbones, periostitis, dental caries.

ПОВЫШЕНИЕ ЭФФЕКТИВНОСТИ КОМПЛЕКСНОГО ЛЕЧЕНИЯ ДЕТЕЙ С ОСТРЫМИ ОДОНТОГЕННЫМИ ВОСПАЛИТЕЛЬНЫМИ ПРОЦЕССАМИ

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✓ ***Резюме***

В данной статье обсуждается повышение эффективности комплексного лечения детей с острыми одонтогенными воспалительными процессами челюстных костей у детей, находящихся на амбулаторном лечении. Исследование проводилось на базе кафедры пропедевтической стоматологии Андижанского государственного медицинского института нами было проведено обследование и лечение 73 пациентов от 3 до 18 лет с острыми одонтогенными воспалительными процессами. Все они обращались в клинику по экстренным показаниям, после клинико-рентгенологического обследования и постановки диагноза получали адекватное лечение. Проведенное исследование показало, что наиболее уязвимыми являются дети дошкольного и младшего школьного возрастов. Особое внимание следует уделять профилактике кариеса и его осложнений в молочных зубах, так как их поражаемость значительно выше постоянных, и они чаще становятся причиной развития осложнений.

Ключевые слова. Воспалительные заболевания челюстных костей, периостит, кариес зубов.

ЎТКИР ОДОНТОГЕН ЯЛЛИҒЛАНИШ ЖАРАЁНЛАРИ БЎЛГАН БОЛАЛАРНИ КОМПЛЕКС ДАВОЛАШ САМАРАДОРЛИГИНИ ОШИРИШ

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Ушбу мақолада амбулатор даволанаётган болаларда жағ суякларининг ўткир одонтоген яллиғланиш жараёнлари бўлган болаларни комплекс даволаш самарадорлигини ошириш муҳокама қилинади. Тадқиқот Андижон давлат тиббиёт институти пропедевтик стоматология кафедрасида олиб борилди, ўткир одонтоген яллиғланиш жараёнлари билан оғриган 3 ёшдан 18 ёшгача бўлган 73 нафар беморни кўрикдан ўтказдик ва даво муолажа ўтказдик. Уларнинг барчаси шошилинч кўрсаткичлар бўйича поликлиникага бориб, клиник-радиологик текширув ва ташхисдан сўнг тегишли даволанишни олди. Тадқиқот шуни кўрсатдики, энг заиф болалар мактабгача ва бошланғич мактаб ёшидаги болалардир. Сут тишларида кариес ва унинг асоратларининг олдини олишга алоҳида эътибор берилиши керак, чунки уларнинг сезувчанлиги доимий тишларга қараганда анча юқори ва улар кўпинча асоратларнинг ривожланишига сабаб бўлади.

Калит сўзлар: Жағ суякларининг яллиғланиш касалликлари, периостит, тиш кариеслари.

The urgency of the problem

Inflammatory diseases of the jaw bones in children are one of the most common types of pathology in the practice of pediatric maxillofacial surgery [1,2]. The urgency of the problem is determined by the increase in the number of patients with this pathology, unfavorable outcomes. Possible reasons for the development of this situation include: imperfection of the immune system, hormonal changes in different age periods, an increase in the number of allergic diseases, a decrease in the general level of health of children with this pathology [5,7]. A certain role in the increase in the prevalence of odontogenic inflammatory diseases of the maxillofacial region is played by such factors as a decrease in the volume and quality of therapeutic and prophylactic work in dental school rooms, the difficulty of examining and treating children of early and preschool age, the shortcomings of the medical examination system, an incorrect methodological approach to the treatment of caries teeth and its complications in childhood [9,10]. At the same time, timely and correct diagnosis of an inflammatory disease, choice of place and treatment tactics in many ways prevent the development of serious complications that threaten the child's life [6,8].

Objective of the study: increasing the effectiveness of complex treatment of children with acute odontogenic inflammatory processes of the jaw bones in children undergoing outpatient treatment.

Material and methods

On the basis of the Department of Faculty Dentistry and Propedeutics of Dental Diseases of the Andijan State Medical Institute, we examined and treated 73 patients from 3 to 18 years old with acute odontogenic inflammatory processes. All of them went to the clinic for emergency indications, after clinical and radiological examination and diagnosis, they received adequate treatment.

We consider it reasonable to single out all forms of inflammatory diseases of bone tissue in children (periostitis, osteitis, acute and chronic osteomyelitis), taking into account the possibility of torpid flow and rapid transition from one form to another.

The clinical effectiveness of treatment was determined by the dynamics of subjective and objective symptoms of the disease.

Taking into account the morphological and functional changes occurring in the child's body at various stages of its development, the children were divided into the following age periods: from 1 to 3 years; 4-6 years old; 7-10 years old, 11-14 years old, 15-18 years old.

Result and discussion

Among the children who applied to the children's dental clinic for acute periostitis of the jawbones, boys predominated 65.5% (38), girls accounted for 34.5% (20).

The study made it possible to establish that, most often, children aged 4–6 and 7–10 years old were referred for periostitis (31% and 32.7% of cases, respectively). Less often, periostitis developed in children aged 1–3 years (3.5%), 11–14 years old (13.8%) and 15–17 years old (19.0%).

Among children who applied for periostitis, rural residents prevailed over city residents (55.2% and 44.8%), the differences were most pronounced among children under 7 years of age (80% and 20%, respectively). In children of early and preschool age, only milk teeth were the causative teeth of the development of periostitis (molars 84%, incisors - 16% of cases). In schoolchildren aged 7–10 years, primary molars were causal teeth in 89.5% of cases, permanent first molars - in 10.5% of cases. In schoolchildren 11-14 years old, milk teeth were the cause of periostitis in 25% of cases, permanent - in 75% of cases. At the age of 15–17 years, only permanent teeth (mainly molars, less often premolars and incisors) were the cause of periostitis. The tooth of the lower jaw caused periostitis 2.2 times more often than the teeth of the upper jaw (69% and 31% of cases). This pattern was observed both for milk teeth (66.6% and 33.3%) and for permanent teeth (73.7% and 26.3%, respectively).

The majority (72.4%) of the teeth that caused the development of periostitis were not previously treated.

Thus, the most susceptible to the development of periostitis are children of preschool and primary school age. Living in rural areas of children increases the likelihood of a lack of dental treatment and the development of acute inflammatory processes in the maxillofacial region.

More than half of the parents noted that they were not engaged in routine rehabilitation of their children, but sought help only in the event of an acute toothache.

Based on the study, it was found that the most severe and prolonged course of the disease was observed in children with aggravated premorbid background. The parents of these children noted: general allergy of the body, frequent

inflammatory processes, diseases of the upper respiratory tract (more than 4 times a year), concomitant diseases.

Conclusion

Thus, the study showed that the most vulnerable are children of preschool and primary school age. Particular attention should be paid to the prevention of caries and its complications in milk teeth, since their susceptibility is much higher than permanent ones, and they more often become the cause of the development of complications.

To improve the quality of differential diagnosis, prognosis of the clinical course and adequate treatment of acute odontogenic inflammatory processes of the jaw bones in children, it is necessary to take into account the totality of clinical manifestations, premorbid background, and X-ray data. Based on the foregoing, it seems appropriate to include the following measures in the prevention of odontogenic inflammatory diseases of the maxillofacial region in children: to include in the plan of clinical examination of children compulsory annual dental examinations and caries prophylactic procedures; to fully restore the planned rehabilitation of the oral cavity in organized children's groups. To strengthen the promotion of a healthy lifestyle in society aimed at maintaining and strengthening dental health, especially among parents of young and preschool children, among schoolchildren.

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