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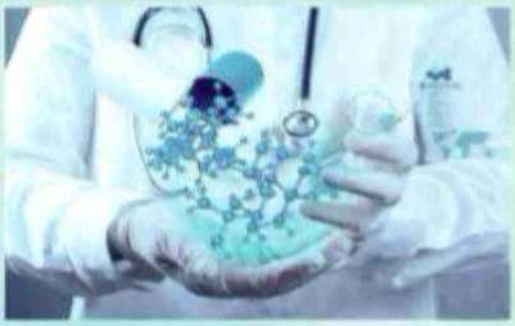

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NEW DAY IN MEDICINE

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CLINICAL EVALUATION OF THE RESULTS OF COMPLEX TREATMENT OF PATIENTS WITH ODONTOGENIC INFLAMMATORY DISEASES

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✓ ***Resume***

There is an aggressive course of the inflammatory process with damage to the deep cellular spaces, accompanied by pronounced endogenous intoxication. Despite the large number of studies conducted in this area and the introduction of modern methods, the treatment results of this category of patients do not significantly improve.

Keywords. clinical evaluation, results of complex treatment, odontogenic inflammatory diseases.

КЛИНИЧЕСКАЯ ОЦЕНКА РЕЗУЛЬТАТОВ КОМПЛЕКСНОГО ЛЕЧЕНИЯ ПАЦИЕНТОВ С ОДОНТОГЕННЫМИ ВОСПАЛИТЕЛЬНЫМИ ЗАБОЛЕВАНИЯМИ

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✓ ***Резюме***

Наблюдается агрессивное течение воспалительного процесса с поражением глубоких клеточных пространств, сопровождающееся выраженной эндогенной интоксикацией. Несмотря на большое количество исследований, проведенных в этой области, и внедрение современных методов, результаты лечения данной категории пациентов существенно не улучшаются.

Ключевые слова. клиническая оценка, результаты комплексного лечения, одонтогенные воспалительные заболевания.

ОДОНТОГЕН ЯЛЛИҒЛАНИШ КАСАЛЛИКЛАРИ БИЛАН ОҒРИГАН БЕМОРЛАРНИ КОМПЛЕКС ДАВОЛАШ НАТИЖАЛАРИНИ КЛИНИК БАҲОЛАШ

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✓ ***Резюме***

Яллиғланиш жараёнининг агрессив курси мавжуд бўлиб, чуқур ҳужайра бўшлиқларининг шикастланиши, улар эндоген интоксикация билан бирга келади. Ушбу соҳада олиб борилган кўплаб тадқиқотлар ва замонавий усулларнинг жорий этилишига қарамай, ушбу тоифадаги беморларни даволаш натижалари сезиларли даражада яхшиланмайди.

Калит сўзлар. клиник баҳолаш, комплекс даволаш натижалари, одонтоген яллиғланиш касалликлари.

Relevance

The relevance of this scientific study lies in the fact that acute odontogenic inflammatory diseases of the maxillofacial region are an important medical problem in the clinical practice of surgical dentistry, given that the frequency of inflammatory processes in the maxillofacial region ranges from 55-65%, and in the structure of acute purulent – inflammatory diseases, CHLO reaches 69.5% and currently tends to increase their share. There is an aggressive course of the inflammatory process with damage to the deep cellular spaces, accompanied by pronounced endogenous intoxication. Despite the large number of studies conducted in this area and the introduction of modern methods, the treatment results of this category of patients do not significantly improve [1.3.5.7]. An increase in the number and severity of inflammatory diseases of the maxillofacial region and neck lead to an increase in temporary disability, and in some cases, disability and death. Most authors see the reasons for this situation in constantly deteriorating environmental conditions, a decrease in the standard of living of the population, which leads to an increase in the number of patients with initially altered immune reactivity and the presence of background pathology [3].

The aim of the study was to improve the comprehensive treatment of patients with acute odontogenic purulent-inflammatory diseases of the maxillofacial region.

Material and methods

During 2021-2023, in the Department of Maxillofacial Surgery of the Bukhara Regional Children's Multidisciplinary Medical Center, we examined 55 patients aged 3 to 14 years who were inpatient treatment for acute purulent inflammatory diseases, 30 of them boys and 25 girls. Upon admission of all patients to the hospital, a detailed clinical examination was supplemented with microbiological and X-ray examination, if an odontogenic etiology of the disease was suspected. Orthopantomogram, X-ray X-ray in lateral and direct projections, panoramic or targeted intraoral X-ray were performed.

Results and analyses

This made it possible to change the diagnosis in many cases. With external signs of the inflammatory process only in soft tissues, changes in bones were often revealed, indicating osteitis, chronic osteomyelitis, suppurated cyst, etc. Therefore, X-ray examination, at the slightest suspicion of the odontogenic nature of the disease, has become the rule in the clinic. Clinical research methods: clarifying the patient's complaints, collecting anamnesis of life and the disease. Objective methods included general examination, examination of the maxillofacial region, palpation of soft tissues and bone structures, as well as instrumental methods consisting in percussion of causal and adjacent teeth. Of the auxiliary methods, radiological (radiography, fluoroscopy), ultrasound were used, and, if absolutely necessary, computed tomography and multispiral computed tomography were resorted to. All patients with inflammatory processes in the maxillofacial region were admitted to the clinic for emergency indications and, after diagnosis, received adequate comprehensive treatment in the first hours of hospitalization [2.4.6.8].

The surgical method of treatment included a wide opening of the lesion, all pockets and lumps, complete excision of necrotic tissues as much as possible; effective drainage of the purulent lesion; early closure of the wound in order to create favorable conditions for its healing. This principle remains unchanged even with the use of antibiotics and other modern medicines. Surgical drainage was performed as an urgent measure (removal of the tooth source of infection, intra– and extraoral incisions of the maxillary soft tissues for abscesses and phlegmon, osteoperforation and intraosseous washing of the inflammatory focus in odontogenic osteomyelitis, sequestration in chronic osteomyelitis). Results: The examination revealed that an increase in body temperature in acute odontogenic purulent-inflammatory diseases of the maxillofacial region was accompanied by an increase in the intensity of the pain symptom and a change in its nature. In the course of the study, we noted that the use of cold in periostitis increased the pain to a pronounced degree. As for osteomyelitis and phlegmon, hot irritants were the most powerful provoking factor in the appearance of the above symptoms. Swallowing was difficult in most patients and was mainly observed in patients with phlegmon of the pterygomandibular, near-pharyngeal, retromolar disorders, as well as with phlegmon of the floor of the oral cavity and Jones-Ludwig's sore throat. Difficulty swallowing and chewing in 85% (relative to patients) of cases with phlegmon and in 57.6% of patients with osteomyelitis of the jaws acted as a provoking factor, increasing

pain. Speech difficulties were noted in 12 (21.8%) patients with osteomyelitis and 68% of patients with phlegmon. These speech disorders were mainly associated with the appearance of a painful symptom in the temporomandibular joint, which was provoked by the pronunciation of difficult letters of the sound series, while the pain became unbearable.

In addition, in various clinical forms of acute odontogenic inflammatory diseases, the effect of various negative emotions on provocation and enhancement of local pain in the CHL in acute odontogenic inflammatory diseases was evaluated. For example, in 37.5% of patients with osteomyelitis, negative emotions significantly provoked pain, in 66.6% of patients with phlegmon and in 57.5% of cases in patients with periostitis. As for the time of pain symptom intensification, this was observed at night and in the morning in almost all patients, which can be explained by the increased influence of the vagus nerve on the intensity of pain. The main local symptoms upon admission of patients were signs of soft tissue hyperemia in the area of inflammation and the presence of edema, fluctuation and severe soreness of surrounding soft tissues, difficulty chewing food, and a significant proportion of patients had inflammatory contracture of the oral cavity and pain when swallowing.

Conclusion

When analyzing the data obtained from patients with acute odontogenic inflammatory diseases of CHLO, local and general signs characterizing the course of the pathological state of the body were revealed in all patients. The general reaction of the body was expressed in proportion to the spread and nature of the local purulent process. In all cases, the clinical picture of various variants of the course of acute odontogenic inflammatory diseases was accompanied by a general inflammatory reaction and intoxication with a sharp rise in temperature, diffuse headache, marked general weakness, impaired appetite and dissomnia, as well as inflammatory blood changes with the presence of leukocytosis with a shift to the left, high ESR, etc.

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