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**ТИББИЁТДА ЯНГИ КУН
НОВЫЙ ДЕНЬ В МЕДИЦИНЕ
NEW DAY IN MEDICINE**

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PREVALENCE, INTENSITY AND FEATURES OF THE CLINICAL COURSE OF PERIODONTAL DISEASES IN YOUNG AGE.

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✓ Resume

However, a rather high negative background of local irritating factors, such as poor oral hygiene, lack of treatment of periodontal tissue diseases, did not allow us to differentiate the cause of the increase in the incidence of generalized periodontitis.

It should also be noted that the process of development of more severe forms of both gingivitis and generalized periodontitis, with an unfavorable dental status, proceeds much faster than the increase in the number of new individuals with periodontal diseases.

Key words: periodontitis, localized, generalized periodontitis. hygiene index.

РАСПРОСТРАНЕННОСТЬ, ИНТЕНСИВНОСТЬ И ОСОБЕННОСТИ КЛИНИЧЕСКОГО ТЕЧЕНИЯ ЗАБОЛЕВАНИЙ ПАРОДОНТА У ЛИЦ МОЛОДОГО ВОЗРАСТА.

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✓ Резюме

Однако довольно высокий негативный фон местных раздражающих факторов, таких как плохая гигиена полости рта, отсутствие лечения заболеваний тканей пародонта, не позволил дифференцированно определить причину роста заболеваемости генерализованным пародонтизом.

Следует так же отметить, что процесс развития более тяжелых форм как гингивита, так и генерализованного пародонтита, при неблагоприятном стоматологическом статусе протекает значительно быстрее, чем прирост количества новых лиц с заболеваниями пародонта.

Ключевые слова: пародонтит, локализованный, генерализованный пародонтит, гигиенический индекс.

БАЛОҒАТ ЁШИДА ПАРОДОНТ КАСАЛЛИКЛАРИНИНГ КЛИНИК КЕЧИШИ, ТАРҚАЛИШИ, ИНТЕНСИВЛИГИ ВА ХУСУСИЯТЛАРИ

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✓ Резюме

Оғиз бўйлигининг ёмон гигиенаси, периодонт тўқималари касалликларини вақтида даволамаслик каби маҳаллий салбий хусусиятлари омиларнинг жуда юқори салбий таъсири умумий пародонт билан касалланишнинг кўпайиши сабабларини фарқлашга имкон бермади. Оғиз бўйлигининг нотўғри гигиенаси, пародонтал тўқималар касалликларини даволамаслик каби маҳаллий таъсир қилувчи омилар умумий пародонтит билан касалланишнинг кўпайиши сабабларини фарқлашга имкон бермади.

Калит сўзлар: пародонтит, маҳаллий, умумий пародонтит, гигиеник индекс

Actuality problems

Relevance of the problem. The prevalence of periodontal disease is steadily increasing. Over the past decade, there has been a significant increase in periodontal disease in children and young adults. Generalized forms of gingivitis and periodontitis are diagnosed in 10-15% of 13- to 16-year-olds. The widespread prevalence of inflammatory and destructive periodontal lesions among young people requires the development of preventive measures. These measures are based on data from large-scale epidemiological studies.

Study objective: to study the prevalence and severity of inflammatory and destructive periodontal diseases in individuals aged 17 to 25 years.

Study materials and methods

Mass screenings were conducted at the clinic of the Department of Therapeutic Dentistry of the Abu Ali ibn Sina Bukhara State Medical Institute using WHO methods. Eight hundred apparently healthy males (pre-conscripts and conscripts) aged 17-25 were examined. The majority of those surveyed were 17-20 years old (70%), 20% were 21-22 years old, and only 10% were 23-25 years old. The sample was considered representative, as each age group included over 100 people. The state of oral hygiene was determined using the Fedorov-Volodkina index as modified by Fedorov (1982), and the state of the periodontium was determined using the periodontal index (PI) according to Russell (1967).

Study results

The prevalence of periodontal disease in the male population studied is high—over 50%, averaging 520 out of 1,000 subjects, including 230 with periodontitis and 290 with gingivitis. The prevalence of gingivitis is 10% higher than that of periodontitis. However, this difference is due to the higher number of patients with localized forms of gingivitis. Among generalized forms of periodontal disease, the prevalence of periodontitis was 54%, which is 8% higher than the prevalence of generalized catarrhal gingivitis. Thus, young people already have severe forms of periodontal disease. Among patients with periodontitis, the prevalence of stage I and II severity is almost four times higher than that of patients with early stage disease. Thus, the average periodontal index for the group of patients with generalized periodontitis is 1.70 ± 0.03 points. The value of this indicator according to the interpretation scale proposed by the author of the index is in the critical zone between the intervals of the onset of destructive periodontal damage (0.7-1.9 points – upper limit) and pronounced destructive damage (1.6-5.0 points – lower limit). The periodontal index value we obtained allows us to characterize periodontal damage as “moderate” with a pronounced tendency to worsen. The prevalence of generalized catarrhal gingivitis among all forms of periodontal disease was: mild degree in 6.9% of people, moderate degree in 22.4, and severe degree was diagnosed in 3.7% of those examined.

The average value of the gingivitis index for this group of subjects was 1.5 ± 0.04 , which corresponds to moderate gingivitis.

The results of the study of the hygienic condition of the oral cavity showed that “poor” hygienic condition was noted in 68% of those examined (22% - “unsatisfactory”, 20% - “poor”, 26% - “very poor”) and only 32% were diagnosed with “satisfactory” hygienic condition of the oral cavity. The average value of the Fedorov-Volodkina index (modified by Fedorov) is 2.8 ± 0.07 points, which can be considered “poor oral hygiene.” No significant differences in the oral hygiene index scores were found among different age groups ($P > 0.09$).

Thus, the hygiene index is independent of the age of the subjects and reflects the constant irritant effect on periodontal tissue. Clearly, older age groups are characterized by a longer-term impact of poor oral hygiene. The dynamics of the development of inflammatory periodontal diseases were studied depending on the age of the subjects.

For this purpose, the subjects were divided into three age groups: Group I – 19-20 years old, Group II – 21-22 years old, and Group III – 23-24 years old.

In the formed groups, both the frequency of occurrence of new diseases and the rate of deterioration of the periodontal condition in those with the disease were studied. As can be seen from the data provided, the number of people with generalized periodontal diseases increases with age; the

increase in new diseases in the first two years was 80 people per 1000 people examined, and in subsequent periods – 75 people.

Thus, for 4 years the number of patients with generalized periodontal disease increased by 155 people. The number of patients with generalized gingivitis at the beginning increased by 50 people (from 165 to 215), and then decreased by 55 people and amounted to 160 patients. A different picture was observed in the analysis of the increase in patients with generalized periodontitis. Over a two-year period, the number of patients with generalized periodontitis increased by 30 people, and over the next two years by 130 people, which is 1.7 times higher than the increase in patients with generalized periodontal diseases. Thus, in four years the number of patients with generalized periodontitis increased by 160 people. Considering the revealed dependence of the increase in the number of patients with generalized periodontitis and the decrease in the number of patients with gingivitis, it should be recognized that in the presence of a rather high negative background of local irritating factors, the development of generalized periodontitis in a significant proportion of individuals was a consequence. However, we cannot state with sufficient probability that the growth and development of periodontitis in the examined group is entirely the result of long-term catarrhal gingivitis, for the following reason: all the subjects were conscripts or conscripts in the army. Undoubtedly, a change in living conditions and nutrition cannot but cause stressful situations in a significant number of persons subjected to examination, which in turn could have an impact on the development of a dystrophic-inflammatory process in periodontal tissues in the course of long-term generalized gingivitis.

Conclusions

However, a rather high negative background of local irritating factors, such as poor oral hygiene, lack of treatment of periodontal tissue diseases, did not allow us to differentiate the cause of the increase in the incidence of generalized periodontitis.

It should also be noted that the process of development of more severe forms of both gingivitis and generalized periodontitis, with an unfavorable dental status, proceeds much faster than the increase in the number of new individuals with periodontal diseases.

The peak of development of more severe forms of gingivitis is at the age of 20-21 years, and periodontitis at 22-23 years. This is very important for planning therapeutic and preventive measures for young people, especially in organized groups.

1. Generalized periodontitis against the background of obesity is characterized by the intensity of clinical signs of periodontal pathology. Violation of microcirculation is caused by dysfunction of lipid metabolism, rheological properties of blood and hemostasis, which are accompanied by inflammatory and destructive changes in the periodontium. The overall severity of periodontal disease (IOT index) exceeds that of patients without background pathology by 24.36% ($P<0.05$).
2. In patients with obesity, the contents of the periodontal pocket showed an increase in the number of leukocytes up to 19-20, monocytes 5-7 in the field of view. Yeast-like fungi were found (in 70% of cases - mycelium, in 15.6% - spores). The epithelium of the oral cavity in 32.8% had signs of dystrophy and irritation, cells with signs of destruction (holonuclear) and layers of epithelium.
3. A significant increase in IL-8 (8 times, equal to 26.4 ± 2.13 pg/ml, $P<0.05$), increased synthesis of lactoferrin, alpha-2-macroglobulin in neutrophils (by 2.5 times - 4.4 ± 0.51 mg/ml, $P<0.05$), a decrease in the level of plasminogen (by 2 times - 6.0 ± 0.56 µg/ml, $P<0.05$), which leads to tissue hypoxia and destructive processes in periodontal tissues.
4. CGP against the background of obesity is marked by an imbalance in the blood lipid status and the hormonal status of mixed saliva, which is accompanied by a significant increase in the level of the obesity hormone leptin in the blood by 18 times (68.2 ± 7.11 ng/ml, $P<0.05$); a decrease in the level of free testosterone in saliva by 2 times (20.3 ± 1.96 pg/ml, $P<0.05$), progesterone - by 1.3 times (0.07 ± 0.001 , $P<0.05$) and an increase estradiol content by 1.8 times (9.36 ± 0.83 , $P<0.05$). These changes contribute to the violation of trophism, intensification of the inflammatory process and destruction of the periodontium.
5. In CGP aggravated by obesity in blood plasma, there is a significant increase in cholesterol levels by 1.7 times (7.89 ± 0.53 mmol/l, $P<0.05$), triglycerides by 3.5 times (2.89 ± 0.09 mmol/l, $P<0.05$), as well as a significant 1.9-fold decrease in the content of phospholipids (1.44 ± 0.07 mmol/l, $P<0.05$), which leads to increased desquamation of wall endothelial cells vessels by 2 times

($4.68 \pm 0.31 \cdot 10^4/l$, $P < 0.05$); there was a 2.3-fold increase in the amount of active forms of platelets ($28.4 \pm 1.61\%$, $P < 0.05$); All these changes make a significant contribution to periodontal microcirculation disorders.

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