



New Day in Medicine
Новый День в Медицине

NDM



TIBBIYOTDA YANGI KUN

Ilmiy referativ, marifiy-ma'naviy jurnal



AVICENNA-MED.UZ



ISSN 2181-712X.
EISSN 2181-2187

8 (94) 2026

Сопредседатели редакционной коллегии:

**Ш. Ж. ТЕШАЕВ,
А. Ш. РЕВИШВИЛИ**

Ред. коллегия:
М.И. АБДУЛЛАЕВ
А.А. АБДУМАЖИДОВ
Р.Б. АБДУЛЛАЕВ
Л.М. АБДУЛЛАЕВА
А.Ш. АБДУМАЖИДОВ
М.А. АБДУЛЛАЕВА
Х.А. АБДУМАДЖИДОВ
Б.З. АБДУСАМАТОВ
У.О. АБИДОВ
М.М. АКБАРОВ
Х.А. АКИЛОВ
М.М. АЛИЕВ
С.Ж. АМИНОВ
Ш.Э. АМОМОВ
Ш.М. АХМЕДОВ
Ю.М. АХМЕДОВ
С.М. АХМЕДОВА
Т.А. АСКАРОВ
М.А. АРТИКОВА
Д.Т. АШУРОВА
Ж.Б. БЕКНАЗАРОВ (главный редактор)
Е.А. БЕРДИЕВ
Б.Т. БУЗРУКОВ
Р.К. ДАДАБАЕВА
М.Н. ДАМИНОВА
К.А. ДЕХКОНОВ
Э.С. ДЖУМАБАЕВ
А.А. ДЖАЛИЛОВ
Н.Н. ЗОЛотова
А.Ш. ИНОЯТОВ
С. ИНДАМИНОВ
А.И. ИСКАНДАРОВ
А.С. ИЛЪЯСОВ
Э.Э. КОБИЛОВ
А.М. МАННАНОВ
Д.М. МУСАЕВА
Т.С. МУСАЕВ
М.Р. МИРЗОЕВА
Ф.Г. НАЗИРОВ
Н.А. НУРАЛИЕВА
Ф.С. ОРИПОВ
Б.Т. РАХИМОВ
Х.А. РАСУЛОВ
Ш.И. РУЗИЕВ
С.А. РУЗИБОВЕВ
С.А. ГАФФОРОВ
С.Т. ШАТМАНОВ (Кыргызстан)
Ж.Б. САТТАРОВ
Б.Б. САФОВЕВ (отв. редактор)
И.А. САТИВАЛДИЕВА
Ш.Т. САЛИМОВ
Д.И. ТУКСАНОВА
М.М. ТАДЖИЕВ
А.Ж. ХАМРАЕВ
Б.Б. ХАСАНОВ
Д.А. ХАСАНОВА
Б.З. ХАМДАМОВ
Э.Б. ХАККУЛОВ
Г.С. ХОДЖИЕВА
Г.У. НУРОВА
А.М. ШАМСИЕВ
А.К. ШАДМАНОВ
Н.Ж. ЭРМАТОВ
Б.Б. ЕРГАШЕВ
Н.Ш. ЕРГАШЕВ
И.Р. ЮЛДАШЕВ
Д.Х. ЮЛДАШЕВА
А.С. ЮСУПОВ
Ш.Ш. ЯРИКУЛОВ
М.Ш. ХАКИМОВ
Д.О. ИВАНОВ (Россия)
К.А. ЕГЕЗАРЯН (Россия)
DONG JINCHENG (Китай)
КУЗАКОВ В.Е. (Россия)
Я. МЕЙЕРНИК (Словакия)
В.А. МИТИШ (Россия)
В.И. ПРИМАКОВ (Беларусь)
О.В. ПЕШИКОВ (Россия)
А.А. ПОТАПОВ (Россия)
А.А. ТЕПЛОВ (Россия)
Т.Ш. ШАРМАНОВ (Казахстан)
А.А. ЩЕГОЛОВ (Россия)
С.Н. ГУСЕЙНОВА (Азербайджан)
Prof. Dr. KURBANHAN MUSLUMOV (Azerbaijan)
Prof. Dr. DENIZ UYAK (Germany)

ТИББИЁТДА ЯНГИ КУН НОВЫЙ ДЕНЬ В МЕДИЦИНЕ NEW DAY IN MEDICINE

*Илмий-рефератив, маънавий-маърифий журнал
Научно-реферативный,
духовно-просветительский журнал*

УЧРЕДИТЕЛИ:

**БУХАРСКИЙ ГОСУДАРСТВЕННЫЙ
МЕДИЦИНСКИЙ ИНСТИТУТ
ООО «ТИББИЁТДА ЯНГИ КУН»**

Национальный медицинский
исследовательский центр хирургии имени
А.В. Вишневского является генеральным
научно-практическим
консультантом редакции

Журнал был включен в список журнальных
изданий, рецензируемых Высшей
Аттестационной Комиссией
Республики Узбекистан
(Протокол № 201/03 от 30.12.2013 г.)

РЕДАКЦИОННЫЙ СОВЕТ:

М.М. АБДУРАХМАНОВ (Бухара)
Г.Ж. ЖАРЫЛКАСЫНОВА (Бухара)
А.Ш. ИНОЯТОВ (Ташкент)
Г.А. ИХТИЁРОВА (Бухара)
Ш.И. КАРИМОВ (Ташкент)
У.К. КАЮМОВ (Тошкент)
Ш.И. НАВРУЗОВА (Бухара)
А.А. НОСИРОВ (Ташкент)
А.Р. ОБЛОКУЛОВ (Бухара)
Б.Т. ОДИЛОВА (Ташкент)
Ш.Т. УРАКОВ (Бухара)

8 (94)

2026

Август

www.bsmi.uz
https://newdaymedicine.com
E: ndmuz@mail.ru
Тел: +99890 8061882

Received: 20.07.2026, Accepted: 06.08.2026, Published: 10.08.2026

UDK 616.31-036.22-055.26

MODERN FEATURES OF THE SPREAD OF DENTAL DISEASES AMONG PREGNANT WOMEN

Ro'ziboyeva Dilobar Ilhomjon qizi <https://orcid.org/0009-0001-8892-2047>

e-mail: dilobar_ro'ziboyeva@bsmi.uz

Bukhara State Medical Institute named after Abu Ali ibn Sina, Uzbekistan, Bukhara, st. A. Navoi.

1 Tel: +998 (65) 223-00-50 e-mail: info@bsmi.uz

✓ Resume

The differences in the prevalence of dental diseases among pregnant women are due to differences in the regions of residence, socio-cultural characteristics, medical activity of the women themselves, and methodological aspects of the examination of patients. The study of current epidemiological trends in the prevalence of dental diseases among pregnant women in various territorial regions is extremely important, as it helps to scientifically plan the intensity and focus of dental care for women during such a crucial period of life as pregnancy.

Keywords. indications for distribution in pregnant women, the state of dental examination, dental status, dental diseases.

СОВРЕМЕННЫЕ ОСОБЕННОСТИ РАСПРОСТРАНЕНИЯ СТОМАТОЛОГИЧЕСКИХ ЗАБОЛЕВАНИЙ СРЕДИ БЕРЕМЕННЫХ ЖЕНЩИН

Рўзибоева Дилобар Илҳомжон қизи <https://orcid.org/0009-0001-8892-2047>

e-mail: dilobar_ro'ziboyeva@bsmi.uz

Бухарский государственный медицинский институт имени Абу Али ибн Сины, Узбекистан,

г. Бухара, ул. А. Навои. 1 Тел: +998 (65) 223-00-50 e-mail: info@bsmi.uz

✓ Резюме

Различия в распространенности стоматологических заболеваний среди беременных женщин обусловлены различием регионов проживания, социально-культурными особенностями, медицинской активностью самих женщин, методическими аспектами обследования пациенток. Изучение современных эпидемиологических тенденций распространенности стоматологических заболеваний среди беременных женщин в различных территориальных регионах имеет крайне важное значение, поскольку помогает научно планировать интенсивность и направленность стоматологической помощи женщинам в такой ответственный период жизни как беременность.

Ключевые слова. показания к распространению у беременных женщин, состояние стоматологического осмотра, стоматологический статус, стоматологические заболевания.

ҲОМИЛАДОР АЁЛЛАР ОРАСИДА СТОМАТОЛОГИК КАСАЛЛИКЛАРИ ТАРҚАЛИШИНИНГ ЗАМОНАВИЙ ХУСУСИЯТЛАРИ

Рўзибоева Дилобар Илҳомжон қизи <https://orcid.org/0009-0001-8892-2047>

e-mail: dilobar_ro'ziboyeva@bsmi.uz

Абу али ибн Сино номидаги Бухоро давлат тиббиёт институти Ўзбекистон, Бухоро ш.,

А.Навоий кўчаси. 1 Тел: +998 (65) 223-00-50 e-mail: info@bsmi.uz

✓ Резюме

Ҳомиладор аёллар орасида стоматологик касалликларининг тарқалишидаги фарқлар яшаш жойларидаги фарқлар, ижтимоий-маданий хусусиятлар, аёлларнинг тиббий фаоллиги ва беморларни тегишлигининг услубий жиҳатлари билан боғлиқ. Турли ҳудудий ҳудудларда ҳомиладор аёллар орасида стоматологик касалликларининг тарқалишининг ҳозирги эпидемиологик тенденцияларини ўрганиш жуда муҳимдир, чунки у ҳомиладорлик каби ҳаётнинг муҳим даврида аёлларга стоматологик ёрдамнинг интенсивлиги ва йўналишини илмий жиҳатдан режалаштиришга ёрдам беради.

Калит сўзлар. ҳомиладор аёллар, стоматологик тегиштурув ҳолати, стоматологик статус, стоматологик касалликларнинг тарқалиш кўрсаткичлари.

Relevance

Pregnant women have one of the highest risks of dental diseases. According to a number of authors, during the physiological course of pregnancy, the prevalence of dental caries is 91.4%, periodontal tissue diseases occur in 90% of cases, and damage to previously intact teeth with a predominant acute course of the carious process occurs in 38% of pregnant patients. Secondary caries, progression of the carious process, and enamel hyperesthesia occur in 79% of pregnant women. At the same time, the intensity of dental caries growth in terms of the absolute increase in the caries-filling-removal index during the gestational period is 0.83. In 50% of pregnant women and women in labor, the so-called gingivitis of pregnant women is observed during the normal course of the gestational period already at 2-3 months of pregnancy. From the second half of pregnancy, the pathological process becomes more pronounced and more often proceeds according to the type of generalized catarrhal or hypertrophic gingivitis, pyogenic granuloma often develops. As pregnancy progresses, periodontal diseases continuously progress, and only in the postpartum period does the clinical picture improve. In the long term, gingivitis that occurs during pregnancy becomes chronic. In a pregnant woman, against the background of altered reactivity and reduced body resistance, hidden odontogenic foci of infection can lead to serious complications as a result of an exacerbation of the inflammatory process. Inflammatory phenomena in periodontal tissues occur in the second trimester of pregnancy, and a critical increase in the cariogenic situation in the oral cavity occurs in the third trimester, which not only determines the optimal timing of dental examinations during pregnancy and the postpartum period, but also a differentiated approach to prevention and treatment programs for the most significant oral diseases for this period of pregnancy.

The purpose of the study. Which consists in studying the prevalence rates of dental diseases in pregnant women

The object of the study

There are dental diseases in pregnant women 126 patients between the ages of 19 and 49 were taken.

Results and analyses

Hormonal substances (somatomammotropin, progesterone, gonadotropin) produced by the placenta, changes in mineral and protein metabolism, immunological status, and oral microflora are crucial in the development of caries and periodontitis in pregnant women. The timing of an increased risk of periodontal disease and progression, as well as an increase in the intensity of dental caries in pregnant women, is not enough to establish, it is necessary to identify the etiopathogenetic causes of critical periods of dental diseases and, based on new patterns, to build a conceptual approach to the tactics of dental monitoring of pregnant women. This does not negate the importance of already established factors influencing the occurrence and development of dental caries and periodontal diseases during pregnancy, but is aimed at the competent integration of diagnostically important known and newly identified criteria into a system of practical recommendations for identifying risk groups among pregnant women for dental health and special monitoring. Immunoprotective peptides of biological media, including oral fluid, are markers of the intensity of local inflammation and are responsible for the implementation of innate antimicrobial immunity. A whole complex of immunoprotective peptides is isolated in the oral fluid, among which lactoferrin, cathelicidin LL-37, and α -defensin are isolated. Inclusion of immunoprotective peptides in algorithms and models for ranking the risk of dental caries progression during pregnancy.

The prevalence of dental caries in pregnant women, according to the results of a study by many authors, is 91.4%, increasing to 94% with gestosis. In 38% of patients, previously intact teeth are affected by an acute carious process during the gestational period. According to Russian authors, inflammatory periodontal diseases occur in 60-93% of cases during pregnancy, and their incidence is 100% before childbirth. The prevalence of periodontal pathology, ranging from gingivitis to periodontitis, is 10-60%. Pregnant women during the gestational period suffer from gingivitis in 30-100%, periodontitis in 5-20%. In pregnant women with periodontitis, it was found that the depth of the periodontal pockets was mainly 4-6 mm (39.8%). Complications of dental caries with its progression, secondary caries are observed in 79% of pregnant patients, the increase in dental caries during the gestational period is 0.83%. A feature of the course of caries in pregnant women is the defeat of an increasing number of teeth, as well as the spread of caries into the depth of hard tissues with the involvement of the dental pulp in the inflammatory process. In pregnant women, 79% have enamel hyperesthesia, hypersensitivity to mechanical, thermal and chemical stimuli of intact teeth, wedge-shaped dental defects, and vertical pathological tooth erosion are common. Of the total number of pregnant women, 94.7% of women need therapeutic dental care, 56.1% have orthopedic care, and 2.2% of patients have emergency surgical procedures. The intensity of dental caries increased by the end of pregnancy compared with the first trimester. So, the authors found that at the gestation period of 8-12 weeks, the KPUz and KPUy indices averaged 10.8 ± 0.9 and 23.3 ± 0.8 , and at the time of 32-36 weeks they had higher values - 13.6 ± 1.1 and 25.9 ± 0.8 , respectively. An index assessment of the hygienic status in the same contingent of patients indicated an unsatisfactory condition and the correspondence of the average values of the gingivitis index to gum inflammation of moderate severity. In addition, the authors found that with increasing gestation period, the area of enamel demineralization foci increases, which was associated with a decrease in calcium and phosphorus in the oral fluid and the release of total calcium into the acid biopsy. The authors conclude that professional hygiene measures and remineralizing therapy are necessary during pregnancy. In pregnant women in the 2nd and 3rd trimesters, it was found that with gestosis, chronic catarrhal gingivitis worsens the dental status in almost all pregnant women examined. Thus, the prevalence of chronic catarrhal gingivitis was 96.58%. With increasing gestation, the severity of bleeding and swelling of the gums, soft tissue hyperemia in the gingival groove increased, which led to an increase in the quantitative parameters of gingival indices and an increase in the severity of gingivitis. Providing dental care to pregnant women based on early treatment of pregnant women to the dentist, overcoming the fear of dental caries treatment during the gestational period through individual dental and sanitary education, increasing women's motivation for treatment, and implementing the AIT method as an alternative to dental caries treatment in women with dentophobia. The developed model of dental care for pregnant women was tested by the authors for five years from 2003 to 2007, which proved its success due to an increase in the proportion of sanitized patients during pregnancy from 77.59% to 90.15%. There are recommendations on the timing of a dental examination at 6-8, 16-18, 26-28, 36-38 weeks of pregnancy. When planning pregnancy, patients are strongly advised to undergo dental treatment with the removal of decayed teeth. If dental treatment has not occurred, then they try to carry out treatment in the 2nd trimester of pregnancy - for 3-6 months of the gestational period.

Dental care for pregnant women is the period between 13 and 32 weeks. During this period, fetal organogenesis is completed, the placenta is formed as the main organ of protection, fetoplacental hemodynamics occurs, secondary maternal immunodeficiency is observed, reducing its severity. When examining pregnant women to assess the hygienic condition of the oral cavity, it is recommended to use the hygienic index (GI) of the oral cavity, which analyzes the thickness of plaque in the gingival region. To determine the intensity of dental caries, the KPU index (the total number of teeth with caries, sealed and removed teeth) is used as standard. In addition, focal enamel demineralization and non-carious lesions are noted. To monitor inflammatory periodontal diseases during pregnancy, it is recommended to determine the complex periodontal index according to Leus, the bleeding index according to the Cowell method and the papillary marginal-alveolar index of the RMA. Their definition is accompanied by information content, simplicity of technical execution and low workload in terms of the patient's time in the chair.

Conclusion

The differences in the prevalence of dental diseases among pregnant women are due to differences in the regions of residence, socio-cultural characteristics, medical activity of the women themselves, and methodological aspects of the examination of patients. The study of current epidemiological trends in the prevalence of dental diseases among pregnant women in various territorial regions is extremely important, as it helps to scientifically plan the intensity and focus of dental care for women during such a crucial period of life as pregnancy.

LIST OF REFERENCES:

1. Astolfi CM, Shinohara AL, da Silva RA, Santos MCLG, Line SRP, de Souza AP. Genetic polymorphisms in the MMP-1 and MMP-3 gene may contribute to chronic periodontitis in a Brazilian population. *J Clin Periodontol.* 2006;33(10):699-703. doi:10.1111/j.1600-051X.2006.00979.x.
2. Barak S, Oettinger-Barak O, Oettinger M, Machtei EE, Peled M, Ohel G. Common oral manifestations during pregnancy: a review. *Obstet Gynecol Surv.* 2003;58(9):624-628. doi:10.1097/01.OGX.0000083542.14439.CF.
3. Caccaro R, D'Inca R, Pathak S, Sturniolo GC. Clinical utility of calprotectin and lactoferrin in patients with inflammatory bowel disease: is there something new from the literature? *Expert Rev Clin Immunol.* 2012;8(6):579-585. doi:10.1586/eci.12.50.
4. Davenport ES, Williams CECS, Sterne JAC, Murad S, Sivapathasundram V, Curtis MA. Maternal periodontal disease and preterm low birthweight: case-control study. *J Dent Res.* 2002;81(5):313-318. doi:10.1177/154405910208100505.
5. Emingil G, Kuula H, Sorsa T, Atilla G. Gingival crevicular fluid matrix metalloproteinase-25 and -26 levels in periodontal disease. *J Periodontol.* 2006;77(4):664-671. doi:10.1902/jop.2006.050288.
6. Garlet TP, Fukada SY, Saconato IF, Avila-Campos MJ, Silva TAD, Garlet GP. CCR2 deficiency results in increased osteolysis in experimental periapical lesions in mice. *J Endod.* 2010;36(2):244-250. doi:10.1016/j.joen.2009.09.004.
7. Han X, Kawai T, Taubman MA. Interference with immune-cell-mediated bone resorption in periodontal disease. *Periodontol 2000.* 2007;45(1):76-94. doi:10.1111/j.1600-0757.2007.00215.x.
8. Ide M, Papapanou PN. Epidemiology of association between maternal periodontal disease and adverse pregnancy outcomes: systematic review. *J Clin Periodontol.* 2013;40(Suppl 14):S181-S194. doi:10.1111/jcpe.12063.
9. Jansson H, Lindholm E, Lindh C, Groop L, Bratthall G. Type 2 diabetes and risk for periodontal disease: a role for dental health awareness. *J Clin Periodontol.* 2006;33(6):408-414. doi:10.1111/j.1600-051X.2006.00929.x.
10. Kawashima N, Suzuki N, Yang G, Ohi C, Okuhara S, Nakano-Kawanishi H, et al. Kinetics of RANKL, RANK and OPG expressions in experimentally induced rat periapical lesions. *Oral Surg Oral Med Oral Pathol Oral Radiol Endod.* 2007;103(5):707-711. doi:10.1016/j.tripleo.2006.11.036.
11. Langhorst J, Elsenbruch S, Koelzer J, Rueffer A, Michalsen A, Dobos GJ. Noninvasive markers in the assessment of intestinal inflammation in inflammatory bowel diseases: performance of fecal lactoferrin, calprotectin, and PMN-elastase, CRP, and clinical indices. *Am J Gastroenterol.* 2008;103(1):162-169. doi:10.1111/j.1572-0241.2007.01556.x.
12. Madianos PN, Lieff S, Murtha AP, Boggess KA, Auten RL Jr, Beck JD, Offenbacher S. Maternal periodontitis and prematurity. Part II: maternal infection and fetal exposure. *Ann Periodontol.* 2001;6(1):175-182. doi:10.1902/annals.2001.6.1.175.
13. Novak KF, Taylor GW, Dawson DR, Ferguson JE 2nd, Novak MJ. Periodontitis and gestational diabetes mellitus: exploring the link in NHANES III. *J Public Health Dent.* 2006;66(3):163-168. doi:10.1111/j.1752-7325.2006.tb02574.x.
14. Offenbacher S, Beck JD. Has periodontal treatment failed to reduce adverse pregnancy outcomes? The answer may be premature. *J Periodontol.* 2007;78(2):195-197. doi:10.1902/jop.2007.060506.
15. Pirhan D, Atilla G, Emingil G, Sorsa T, Tervahartiala T, Berdeli A. Effect of MMP-1 promoter polymorphisms on GCF MMP-1 levels and outcome of periodontal therapy in patients with severe chronic periodontitis. *J Clin Periodontol.* 2008;35(10):862-870. doi:10.1111/j.1600-051X.2008.01302.x.
16. Reichert S, Machulla HKG, Klapproth J, Zimmermann U, Reichert Y, Gläser C, et al. Interferon-gamma and interleukin-12 gene polymorphisms and their relation to aggressive and chronic periodontitis and key periodontal pathogens. *J Periodontol.* 2008;79(8):1434-1443. doi:10.1902/jop.2008.070637.
17. Scarel-Caminaga RM, Trevilatto PC, Souza AP, Brito RB Jr, Line SRP. Investigation of an IL-2 polymorphism in patients with different levels of chronic periodontitis. *J Clin Periodontol.* 2002;29(7):587-591. doi:10.1034/j.1600-051X.2002.290701.x.
18. Silk H, Douglass AB, Douglass JM, Silk L. Oral health during pregnancy. *Am Fam Physician.* 2008;77(8):1139-1144.
19. Taani DQ, Habashneh R, Hammad MM, Batieha A. The periodontal status of pregnant women and its relationship with socio-demographic and clinical variables. *J Oral Rehabil.* 2003;30(4):440-445. doi:10.1046/j.1365-2842.2003.01058.x.

Entered 20.07.2026