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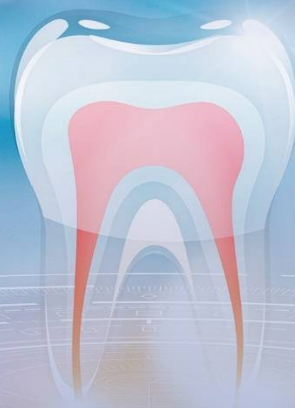
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Turayeva Firuza Abdurashidovna
Bukhara State Medical InstituteTHERAPEUTIC AND PREVENTIVE MEASURES IN PATIENTS WITH CHRONIC GENERALIZED PERIODONTITIS IN
MENOPAUSAL WOMEN <http://dx.doi.org/10.5281/zenodo.6737374>

ANNOTATION

In connection with the above, the relevance of in-depth study of clinical, pathogenetic features and optimization of treatment of chronic periodontitis against the background of postmenopausal osteoporosis is obvious. Currently, periodontology researchers are showing great interest in the use of platelet autoplasm in the treatment of periodontal tissue lesions. Platelet autologous plasma has a number of useful properties: accelerates tissue regeneration, has an anti-inflammatory effect. The above-mentioned problems are also relevant in the Republic of Uzbekistan, there are few scientific papers devoted to this problem in the literature. In connection with these arguments, the solution of the above problems through the implementation of the planned research work is timely and relevant.

Keywords: dental system, women, periodontal disease, menopause

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ПАРОДОНТИТОМ У ЖЕНЩИН В ПЕРИОД МЕНОПАУЗЫ

АННОТАЦИЯ

В связи с вышеизложенным очевидна актуальность углубленного изучения клинических, патогенетических особенностей и оптимизации лечения хронического пародонтита на фоне постменопаузального остеопороза. В настоящее время исследователи-пародонтологи проявляют большой интерес к использованию тромбоцитарной аутоплазмы при лечении поражений тканей пародонта. Тромбоцитарная аутологичная плазма обладает рядом полезных свойств: ускоряет регенерацию тканей, обладает противовоспалительным эффектом. Вышеупомянутые проблемы являются актуальными и в Республике Узбекистан, в литературе мало встречаются научных работ, посвященных этой проблеме. В связи с указанными доводами решение вышеуказанных проблем посредством выполнения запланированной научно-исследовательской работы является своевременным и актуальным.

Ключевые слова: зубочелюстная система, женщины, пародонт, менопауза

Turayeva Firuza Abdurashidovna
Buxoro davlat tibbiyot instituteMENOPAUZA PAYTIDA AYOLLARDA SURUNKALI UMUMLASHTIRILGAN PERIODONTIT BILAN OG'RIGAN
BEMORLARDA DAVOLASH VA PROFILAKTIKA CHORALARI

ANNOTATSIIYA

Yuqoridagilardan kelib chiqqan holda, postmenopozal osteoporoz fonida klinik, patogenetik xususiyatlarni chuqur o'rganish va surunkali periodontitni davolashni optimallashtirishning dolzarbligi aniq. Hozirgi vaqtda periodontal tadqiqotchilar periodontal to'qimalarning shikastlanishini davolashda trombositlar otoplazmasidan foydalanishga katta qiziqish bildirmoqda. Trombositlar otolog plazma bir qator foydali xususiyatlarga ega: to'qimalarning yangilanishini tezlashtiradi, yallig'lanishga qarshi ta'sirga ega. Yuqorida keltirilgan muammolar O'zbekiston Respublikasida ham dolzarb bo'lib, adabiyotda ushbu masalaga bag'ishlangan ilmiy ishlar kam uchraydi. Ushbu dalillar munosabati bilan rejalashtirilgan ilmiy-tadqiqot ishlarini bajarish orqali yuqoridagi muammolarni hal qilish o'z vaqtida va dolzarbdir.

Kalit so'zlar: tish-jag' tizimi, ayollar, periodontal, menopauza

Relevance. A special place in the structure of dental morbidity is occupied by the pathology of the periodontal complex, in particular - chronic generalized periodontitis, which, according to WHO, is in second place in frequency of spread among all dental diseases, second only to caries. The first signs of periodontal inflammation begin to appear already in young years, and by the elderly period, the prevalence of periodontal diseases reaches values tending to 100% (Karlash A.E., 2017; Avetisyan A.A., 2018, Ibragimova L.K., 2019,

Sokolova I.I., Savelyeva N.N., 2013; Locker D. et al., 2000). As the literature data show, in 78.7% of cases, women are seeking dental care for periodontal diseases (Gorbacheva AND A, et al., 2017), and their highest prevalence is observed in estrogen-deficient conditions, in particular during postmenopause (Redionova T L, Leontieva E Yu, 2014). In recent years, it has been proven that estrogen deficiency in postmenopausal women has a significant impact on the condition of periodontal tissues (Oreshaka O V, et al., 2018). Among those seeking

dental care for periodontal diseases, more than half are women, the disease most often occurs and progresses during the postmenopause (Dodd D.Z., Rowe D.J., 2019). Among the causes of the development and progression of periodontal pathology in postmenopause, the authors point to an increase in microbial contamination in conditions of acquired immunodeficiency, a violation of neurotrophic regulation, but most researchers associate the progression of periodontitis with a decrease in bone mineral density of the axial skeleton, postmenopausal osteoporosis and alveolar bone resorption (Varshavsky B.Ya. et al., 2016; Baelum V., Lopez R., 2018). Osteoporotic changes that occur in various parts of the skeleton in postmenopause affect the bone tissue of the maxillary system, contributing to the development and progression of periodontal diseases. The search for methods of regulating bone metabolism in periodontitis drew the attention of dentists to antiresorptive agents. Considering the effects of bisphosphonates, it is possible to use these drugs for the treatment and prevention of bone resorption in patients with periodontitis. (Rocha M.L. et al., 2014). It has been shown that the use of these drugs can achieve effective results in the treatment of patients with generalized periodontitis, stop the progressive loss of the alveolar ridge and stimulate the processes of reparative regeneration (Palomo L. et al., 2017).

The issues of etiology and pathogenesis of chronic generalized periodontitis are interpreted from the point of view of the total impact of local and general factors, which include hormonal changes, especially pronounced in the postmenopausal period (Grudyanov A.I., 2019). It is proved that the deficiency of estrogen levels in the postmenopausal period contributes to the imbalance between resorption and bone formation, which leads to accelerated bone loss, the development of osteoporosis and its complications. At the present stage, the relationship between the bone mineral density of various parts of the skeleton and the height of the alveolar ridge in the interproximal sections has been revealed (Belokopytova V.V. 2017, Kuryakina N.V., Kutepova T.F. 2014). Systemic metabolic shifts caused by hypoestrogenemia directly affect the pulp of the tooth, periodontal tissue, contribute to the development of osteoporosis throughout the skeleton, including in the bone tissue of the jaws. Moreover, with hypoestrogenemia, the loss of the spongy substance of the jaw bone occurs faster, and then a slower loss of cortical bone tissue develops, which is more characteristic of age-related changes (Melenberg T. In 2017, Novaes A.B.Jr., Novaes A.B. 2015). Estrogens affect cellular proliferation, differentiation, keratinization of the gingival epithelium. Fluctuations in the level of sex hormones during menopause are considered factors of both inflammatory changes in the gum and dystrophy, hypertrophy and atrophy (Orwall E.S., et al., 2013).

Thus, sex hormones have a serious impact on the occurrence, course and progression of periodontal diseases. It should be noted that the negative effect of reducing the concentration of sex hormones on periodontal diseases can be minimized by a high level of oral hygiene and hormone replacement therapy.

Despite a fairly large number of studies devoted to this topic, the true mechanism of the effect of sex hormones on the course of chronic generalized periodontitis has yet to be clarified. The relevance and insufficient degree of elaboration of these problematic areas predetermined the choice of goals and objectives of this study

The purpose of the study: to study the risk factors for the development of chronic generalized periodontitis in different phases of the menopausal period and to evaluate the possibilities of correcting the identified violations of complex treatment with alendronic acid, the use of estrogen replacement therapy and local use of platelet autoplasm.

Research objectives:

1. To study the frequency, features of chronic generalized periodontitis and risk factors for its development in women in different phases of the menopausal period.

2. To give an index assessment of the condition of periodontal tissues, laboratory blood parameters in women with varying degrees of severity of chronic generalized periodontitis in the postmenopausal period

3. To study instrumental indicators of bone mineral density, to identify significant risk factors for alveolar process resorption in patients with chronic generalized periodontitis in postmenopause by densitometry

4. To evaluate the effect of complex therapy of postmenopausal systemic osteoporosis with the use of alendronic acid, estrogen replacement therapy on the state of periodontal bone mineral density and the course of chronic generalized periodontitis.

5. To develop an algorithm for the use and practical recommendations for the use of platelet-rich autoplasm in the complex treatment of chronic generalized periodontitis against the background of the use of alendronic acid, hormone replacement therapy with estrogens.

6. To determine the clinical and economic effectiveness of a new treatment regimen for chronic generalized periodontitis in postmenopausal patients.

The object and subject of the study.

A clinical and X-ray examination of 48 women with chronic generalized periodontitis during menopause will be conducted, taking into account the bone mineral density. In postmenopausal women, indicators of hygienic indices that progress with increasing severity of chronic generalized periodontitis will be studied. The relationship between the values of the periodontal index and the values of bone mineral density will be studied. To assess the possibility of drug correction of mineral metabolism, patients with chronic generalized periodontitis on the background of postmenopausal osteoporosis will be divided into 2 groups;

1) 24 patients of group A will, in complex treatment, additionally take alendronic acid, hormone replacement therapy with estrogens.

2) 24 patients of group B - along with taking alendronic acid, hormone replacement therapy was used with the local use of platelet autoplasm.

Research methods.

For X-ray examination of the dental system, patients will undergo orthopantomography, which will assess the degree of resorption of the interalveolar septa relative to the length of the tooth root.

Densitometric monitoring will be performed to diagnose osteopenia and osteoporosis in patients.

Statistical processing of the results of the study was carried out using a standard package of statistical analysis applications SPSS 17, Statistica 6. To compare the average values, the Student's t-test, the Mann — Whitney criterion will be used with the calculation of a new critical significance level. The Pearson linear correlation coefficient (r) will be used as a criterion of statistical dependence between the studied parameters.

During the examination of patients, standard examination methods were used at a periodontal appointment. During the initial examination of patients, the following complaints prevailed: the presence of bad breath, bleeding gums when brushing teeth and eating solid food, discoloration of the gums, the presence of plaque (tartar), exposure of the necks of the teeth, the presence of periodontal pockets and detachable gums. Based on clinical data, a diagnosis of generalized periodontitis was made.

The main complaints of patients with generalized periodontitis were: bleeding gums (83.1%) and their soreness (26.2%), bad breath (23.1%), suppuration from periodontal pockets (16.9%), tooth mobility (13.8%), exposure of the necks of teeth (18.5%) and their hyperesthesia (20%).

The most common patients reported diseases of the gastrointestinal tract - 21.5%, ENT organs - 16.9% and diseases of the cardiovascular system - 12.3%. 23.1% of patients had an allergic history. The results of the medical history collection showed that 137 patients (85.6%) were diagnosed with periodontitis for the first time when they applied to a dental office. The remaining 23 patients (14.4%) knew about the presence of periodontitis, but they had not previously received specialized care from periodontists. They were treated sporadically by dental therapists, which consisted, as a rule, in a single removal of dental deposits. Hygiene training was carried out only to 15 patients (9.4%), who, despite this, did not know about the need to use intradental hygiene products. None of the patients were offered

courses of maintenance therapy, and the effectiveness of the treatment received was assessed by all patients as low.

During intraoral examination, special attention was paid to anatomical and functional disorders that have pathogenetic significance in the development of inflammatory periodontal diseases. In 25.4% of patients with periodontitis, the presence of gingival ischemia in the area of the lower frontal teeth was noted, in 22.4% - a small vestibule of the oral cavity, in 23.8% of patients - pathology of attachment of bridges, in 21% - traumatic effect of cords. Malocclusion was detected in 77.8% of patients, the presence of teeth - in 11.5%, partial defects of dentition - in 44.4%, gum recession - in 32.1%, lack of abrasion of enamel bumps - in 17.9%, orthopedic structures - in 41.8%, dental caries in 71.2% of patients.

Most patients, in addition to treatment with a periodontist, needed consultations with doctors of related dental specialties: a therapist (in the presence of dental caries and violations of the marginal fit on fillings), an orthopedist (with partial defects of the dentition), an orthodontist (with crowding of teeth and malocclusion).

When examining the periodontal status, 100% of patients had bleeding gums during probing, 95.6% had gum hyperemia, 51.2% had pronounced swelling, 47.1% had pain during palpation, 32.4% had purulent discharge from periodontal pockets, 74.1% had tooth mobility.

When probing periodontal pockets, it was revealed that in the area of 76.4% of teeth, the depth of periodontal pockets was up to 6 mm, however, foci of deep destruction up to 8 mm (14.9%) and up to 10 mm (6.9%) were detected in the area of individual teeth.

When determining the mobility of the teeth, it was revealed that 52% of the teeth had physiological mobility, and 44% - pathological, with I degree - 18.2% of the teeth, II degree - 16.3% and III - 9.5%.

In all patients, pronounced destructive changes in the bone tissue of the interalveolar septa were noted on orthopantomograms, including complete destruction of the cortical plates in the area of all teeth. Destruction of interdental septa up to 1/3 of the root length was noted in 5.6% of teeth, up to 1/2 - in 75.5%, more than 1/2 - in 16.9%. Subgingival dental deposits were detected on orthopantomograms in

all patients, bone pockets were found in 62.4% of patients, in the area of which, as a rule, the overhanging edges of fillings (54.7%) or crowns (25.2) were determined. In 69 patients with aggressive periodontitis, characteristic features of the molar structure were revealed: large crowns of teeth with relatively short roots.

Prior to the start of treatment, hygienic training was conducted with each patient individually, which consisted in the selection of hygiene products, including interdental, and training in the methodology of their use. Local anti-inflammatory therapy consisted in removing dental deposits, conducting antiseptic treatment of periodontal pockets and applying anti-inflammatory periodontal dressings under diplene films.

The number of sessions of local anti-inflammatory therapy necessary to relieve the inflammatory process in the periodontium varied from 2 to 5, depending on the severity of inflammation and the body's response to the treatment. Professional oral hygiene of the examined patients was carried out according to the standard procedure, using an ultrasound scaler. With severe inflammation, the treatment of patients began with drug treatment (application of medicinal dressings based on metronidazole and chlorhexidine under diplene films for 2 hours), which was carried out until the disappearance of pronounced symptoms of inflammation. Rinsing with a solution of 0.05-0.12% chlorhexidine for 10 days and the use of anti-inflammatory toothpastes were prescribed.

After the elimination of acute signs of inflammation in the periodontium, dental deposits were removed in several visits, the number of which depended on the severity of the inflammatory process and the body's response to the treatment. After removing dental deposits and eliminating inflammation in the periodontium, the necks of the teeth were polished with brushes with Septodont paste.

To obtain an autothrombocyte mass, we used the patient's own blood. At the initial stage of treatment, all patients of the two study groups were given an index assessment, which was performed before treatment, on the 3rd day, 7 days later, 1 month later, 6 months later and 1 year after treatment.

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