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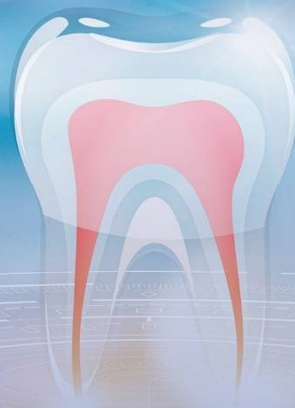
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ЗНАЧЕНИЕ УЛЬТРАЗВУКОВОЙ ДОПЛЕРОГРАФИИ В ДИНАМИКЕ ЛЕЧЕНИЯ ВОСПАЛИТЕЛЬНЫХ ЗАБОЛЕВАНИЕ ПАРОДОНТА В ПОДРОСТКОВОМ ВОЗРАСТЕ

 <http://dx.doi.org/10.5281/zenodo.12600539>

АННОТАЦИЯ

Воспалительные заболеваний пародонта занимают одно из ведущих мест среди заболеваний полости рта. В нынешнее время сложно определить этиопатогенез развитие заболевание пародонта. Ухудшение микроциркуляции является важным звеном в цепи патогенеза воспалительных заболеваний пародонта. Факторы обеспечивающие постоянство гемодинамики являются одними из предопределяющих возникновение и течение патологических процессов. Основными методами исследования состояния гемодинамики сосудов тканей пародонта являются функциональные.

Ключевые слова: ультразвуковая доплерография, гингивит, пародонтит.

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THE VALUE OF ULTRASOUND DOPPLER ULTRASONOGRAPHY IN THE DYNAMICS OF TREATMENT OF INFLAMMATORY PERIODONTAL DISEASE IN ADOLESCENCE

ANNOTATION

Inflammatory periodontal diseases occupy one of the leading positions among oral diseases. Nowadays, it is difficult to determine the etiology and pathogenesis of periodontal disease development.

Deterioration of microcirculation is an important link in the chain of pathogenesis of inflammatory periodontal diseases. Factors providing constancy of haemodynamics are one of the factors predetermining the occurrence and course of pathological processes. The main methods of studying the state of haemodynamics of periodontal tissue vessels are functional.

Keywords: Microcirculation, Laser Doppler flowmetry, Gingival blood flow.

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O'SMIRLIK DAVRIDA PERIODONTAL YALLIG'LANISH KASALLIKLARINI DAVOLASH DINAMIKASIDA DOPPLER ULTRATOVUSHINING AHAMIYATI

ANNOTATSIYA

Periodontal yallig'lanish kasalliklari og'iz kasalliklari orasida etakchi o'rinlardan birini egallaydi. Hozirgi vaqtda etiopatogenezni aniqlash qiyin periodontal kasalliklarning rivojlanishi. Mikrosirkulyatsiyaning yomonlashishi periodontal yallig'lanish kasalliklarining patogenezi zanjirining muhim bo'g'inidir. Gemodinamikaning barqarorligini ta'minlaydigan omillar patologik jarayonlarning paydo bo'lishi va borishini oldindan belgilab beradi. Periodontal to'qimalarning qon tomirlari gemodinamikasining holatini tekshirishning asosiy usullari funktsionaldir.

Kalit so'zlar: Doppler ultratovush, gингивит, пародонтит.

Relevance. Gingival inflammation results in increased number of capillary loops, enlargement of the vessel size and slowing of blood flow, and limitation of the afferent blood

vessels. Laser flowmetry and ultrasound high-frequency Doppler ultrasonography are based on the Doppler effect and use quite similar wavelengths: 550 nm in laser and 660 Nm in

ultrasound. These wavelengths allow to work in the zone of microcirculatory blood flow, at the same time, the physical basis of the light wave in laser and mechanical in ultrasound implies a number of significant differences.

Laser flowmeters measure the level of blood flow in 1 mm³ of the examined tissue, as a result of which there are no direct indicators of blood flow parameters. Ultrasonic flowmeters determine such characteristics as linear and volumetric blood flow velocity along the slice of the sounded tissue.

Measurement of microcirculation readings using Laser Doppler Flowmetry (LDF) is one of the non-invasive methods for assessing the effect of intermittent pneumatic compression (IPC) on hemodynamics in human limb vessels. External rhythmic compression of the limbs can increase the probability of improving the result of treatment of patients with peripheral vascular diseases. This fact has been statistically recognized for many decades.

Methods of Research. The study used an ultrasound device “Edan U50” (China) with a linear sensor model L15-7b with frequencies 10.0/12.0/14.0 MHz, 128 elements, in pulse Doppler mode (PW) 7.2 MHz. Mode B was used to visualize the arteries,

and color coding mode CD was used to find arterial blood flow. Pulse-wave Doppler mode was used to measure arterial blood flow dopplerograms. The screen resolution of the ultrasound device was 1024 × 768 pixels. Grayscale 256 was used when capturing the image.

Microcirculation readings were measured using a portable LDF device “LAZMA PF” (Russia). The “LAZMA PF” device uses a single-frequency laser with a radiation power of 0.7 mW and a wavelength of 850 nm, the depth of penetration into the skin of which is about 1–1.2 mm. With the help of laser Doppler flowmetry, fluctuations in blood volume caused by the activity of vascular smooth muscles are recorded.

The control group consisted of 40 patients, 19 (40,4%) girls and 28 (59,5%) boys, 17 patients had partial adentia with pronounced gingivitis, 15 patients had orthognathic bite with light pink gingiva, 8 patients had prognathic bite with signs of periodontitis, 7 had dysocclusion with marked signs of periodontal inflammation, during the examination of these patients the depth of periodontal pockets was determined with a periodontal probe and X-rays were evaluated, namely 3 D X-rays where a clear outline of the periodontal border was visible.

Fig.1 LDF-gram after pressotherapy .

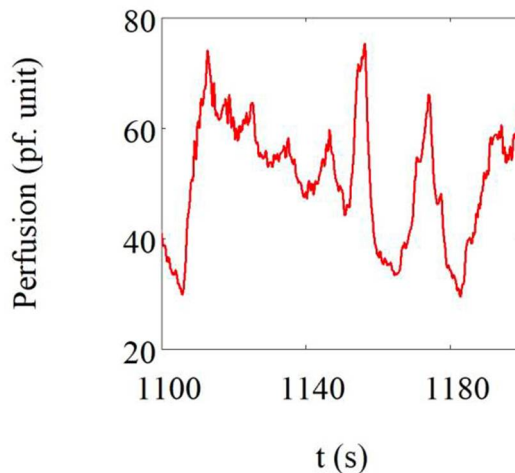


Fig. 2 The wavelet spectrum of the LDF-gram before the pressotherapy (a), the wavelet spectrum of the LDF-gram after the pressotherapy (b).

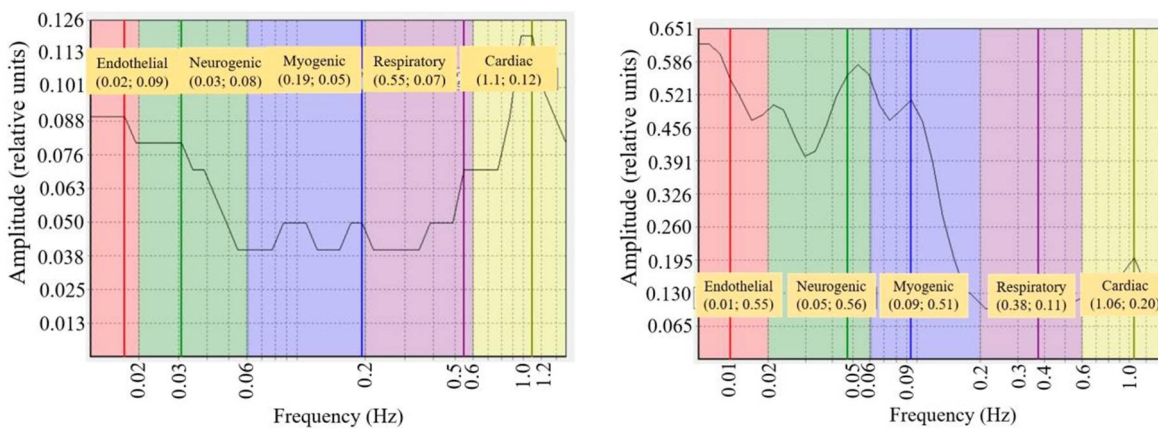
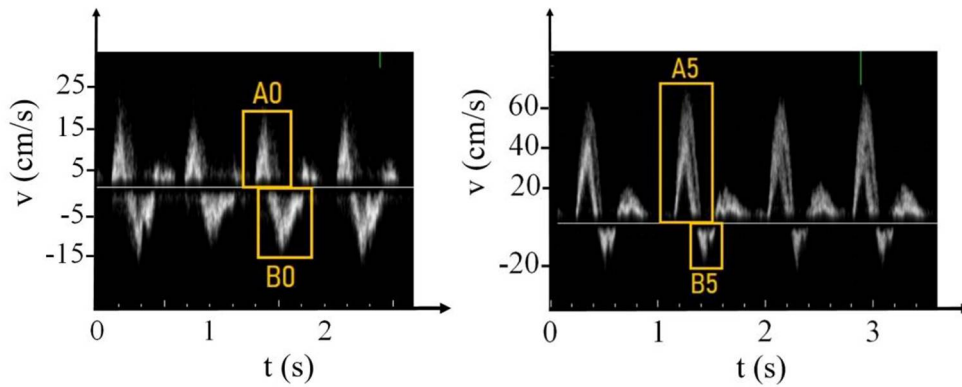


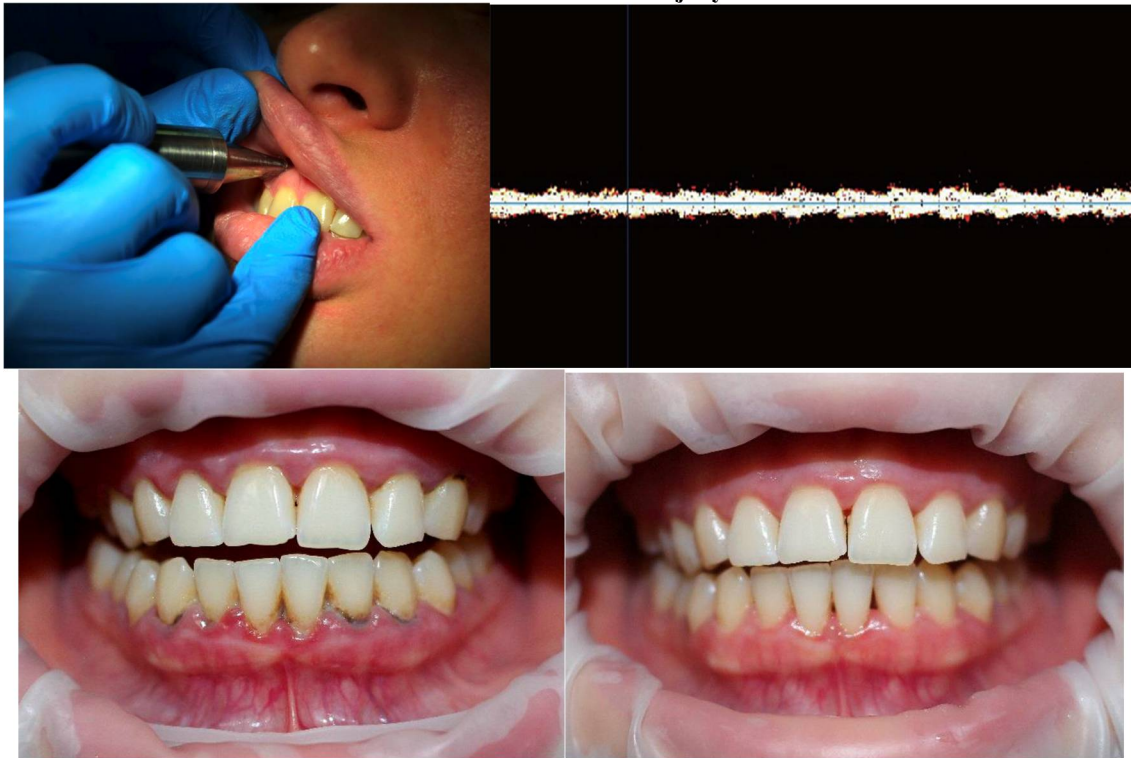
Fig. 3 Dopplerogram before pressotherapy with selected areas of interest (a), Dopplerogram after pressotherapy with selected areas of interest (b). Areas “A0” and “A5” – direct blood flow, “B0” and “B5” – reverse blood flow.



Figs. 3(a) and 3(b) show ultrasound Dopplerograms corresponding to LDF-grams before and after the IPC procedure, respectively. There was an increase in the maximum rate of direct blood flow from 17 to 51 cm/s. The maximum rate of reverse blood flow increased after the procedure from -15 to -20 cm/s. Before IPC, there is a large reverse blood flow, shown

in Fig. 3(a), the amplitude of which is almost equal in magnitude to the direct blood flow. According to the Dopplerogram in Fig. 3(b), it can be seen that after the pressotherapy procedure, the amplitude of the direct blood flow increased noticeably, the reverse one decreased.

Fig. 1. In case 1, discoloration of tooth 12 was observed at 2 weeks after the injury; The result of an ultrasound Doppler test at 6 weeks after the injury



Discussion. Pink discoloration, which may occur within 2 - 3 days after a traumatic injury, is caused by the rupture of capillaries and the release of red blood cells into the pulp chamber. Hemolysis leads to the diffusion of hemoglobin into the dentinal tubules, which shift the tooth color from pinkish to grayish-blue. Some fading of the grey-blue tint can occur when the blood supply to the pulp is maintained and the pulp survives.

Suppression of sensitivity to blood flow leads to vasoconstriction and an increase in blood pressure. Nitric oxide (NO) is the main endothelial relaxation factor, relaxing the smooth muscles of the vessels that maintain the tone of the vascular wall. Activation of endothelial cells in the body can occur both under the action of NO and of vasoactive substances and under the action of mechanical stimuli, for example,

stretching or squeezing of the vessel during the IPC procedure. Under physiologically normal conditions, the activation of vasodilatory mechanisms is associated with the influence of shear stress.

Measurement of microcirculatory perfusion parameters with a laser Doppler flowmeter and blood flow velocity in arterial vessels with an ultrasound device performed on a group of healthy subjects aged 23 to 42 years showed an ambiguous change in these parameters after the pressotherapy procedure. Perhaps this is due to the high adaptation of blood vessels at a young age and the physical fitness of the vascular system in some of the test subjects.

Conclusions: According to the data of comparative analysis of LDF and USDG parameters it has been established that at

catarrhal gingivitis microcirculation parameters in periodontal tissues increase by 5-22% and correlate with the parameters of tissue blood flow haemodynamics, which increase by 3-13% that is connected with strengthening of mechanisms of tissue blood flow regulation in response to inflammation.

Positive correlations of linear (Vas) and volumetric blood flow velocities (Qas, Qam) with the mean square deviation of erythrocyte flow fluctuation (o), vasomotor activity of microvessels (Kv) and vasomotion level (AmaxLF) were determined in periodontitis of medium, severe degree and periodontosis, which indicates a direct dependence of blood flow

velocity on the mechanism of active modulation of tissue blood flow.

According to the data of correlation analysis of LDF and USDG indices in norm and in periodontal diseases, expressed correlations of linear blood flow velocity with neurogenic (HT) and myogenic tone (MT) of microvessels, as well as with the shunting index (SI) of tissue blood flow were revealed, which indicates a direct dependence of tissue blood flow velocity in periodontium on the state of microvascular tone, which determines the level of nutritive and shunting blood flow (Kp=0.83; Kp=0.69 and Kp=0.7, respectively)

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