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TO STUDY THE FEATURES OF MARKERS IN PATIENTS AFTER KIDNEY TRANSPLANTATION WITH COMBINED CHRONIC PERIODONTAL DISEASE

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ABSTRACT

The purpose of this work was to study the features of the dental status in patients with CRF, develop and put into practice scientifically-based recommendations for the management, prevention of dental diseases and dispensary supervision by dentists of ballroom patients with CRF who are on hemodialysis and with a transplanted kidney, as well as outpatient patients with various forms of nephritis.

Key words: kidney transplantation, chronic generalized periodontitis, hyperoxaluria, uraturia.

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ИЗУЧЕНИЕ ОСОБЕННОСТИ МАРКЕРОВ У БОЛЬНЫХ ПОСЛЕ ТРАНСПЛАНТАЦИИ ПОЧЕК СОЧЕТАННОЙ ХРОНИЧЕСКОЙ ЗАБОЛЕВАНИЕМ ПАРОДОНТА

АННОТАЦИЯ

Настоящей работы явилось изучение особенностей стоматологического статуса у больных с ХПН, разработка и внедрение в практику научно-обоснованных рекомендаций по ведению, профилактике стоматологических заболеваний и диспансерному наблюдению стоматологами больных с ХПН, находящихся на гемодиализе и с трансплантированной почкой, а также амбулаторных больных с различными формами нефритов.

Ключевые слова: трансплантации почек, хронический генерализованный пародонтит, гипероксалурия, уратурия.

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SURUNKALI PARODONTA KASALLIK BILAN BUYRAK TRANSPLANTATSIYASIDAN KEYIN BEMORLARDA MARKERLARNING XUSUSIYATLARINI O'RGANISH

ANNOTATSIYA

Ushbu ish SGP bilan og'riqan bemorlarda tish holatining xususiyatlarini o'rganish, gemodializ va transplantatsiya qilingan buyrak bilan kasallangan SGP bilan kasallangan bal zalining stomatologlari tomonidan stomatologik kasalliklarni boshqarish, oldini olish va dispanser nazorati bo'yicha ilmiy asoslangan tavsiyalarni ishlab chiqish va amalga oshirish, shuningdek, turli xil nefrit shakllari bo'lgan ambulatoriya bemorlari.

Kalit so'zlar: buyrak transplantatsiyasi, surunkali generallashgan parodontit, giperoksaluriya, uraturiya.

Kidney transplantation has long been recognized as the best method of treating patients with chronic renal failure (CRF) in the terminal stage. As the number of such patients around the world is continuously increasing, the demand for kidney transplantation is constantly growing, but continues to be much higher than the supply. In related transplants, it was observed that the volume of the kidney is an independent determinant determining the results of transplantation of this organ, and that transplants from male donors have a larger size than kidneys from female donors. Moreover, there are publications stating that when a kidney is transplanted from male donors, female recipients are more likely to develop a rejection reaction than male recipients when they are transplanted from male donors. Survival was lower in the group of recipients who received a kidney from a female donor, although most publications show that male recipients with a kidney from a female donor had higher blood creatinine 1 year after transplantation. 2 years after the related transplant, this difference was not observed. Thus, the influence of gender on the results of transplantation of related kidneys was not found. Other opinions are expressed about the influence of gender on the results of kidney transplantation. "The survival rate of a kidney from a man or a woman in the body of a female recipient is almost the same" "Women do not care whether they receive a kidney from a man or from a woman. On the contrary, male recipients have significantly better survival with a male donor kidney than with a kidney transplant from a female donor." In addition, there is still an opinion that female recipients are more likely to reject male donor organs, and male recipients are more likely to develop a "graft versus host" reaction. Since opinions on the influence of the gender of the donor and recipient are contradictory, we decided to analyze our own clinical material. Our Center has the opportunity to monitor recipients of transplanted kidneys for life, so that we can analyze the results in the long term after allotransplantation.

However, the literature data on the prevalence of dental diseases in patients with chronic renal failure are quite contradictory and are presented only for some individual forms. In the literature available to us, we found her works, the characteristics of diseases of the oral cavity in patients with CRF, who are on hemodialysis and with a transplanted kidney.

The aim of the study is to evaluate medical and dental care for patients after kidney transplantation, to develop criteria for early diagnosis and prediction of its course.

Material and methods. To solve the tasks, the study of the conditions of the oral cavity organs in patients with chronic nephritis when they were admitted to inpatient treatment, in patients with CRF who are on inpatient hemodialysis and patients with a transplanted kidney was carried out. To characterize the general status of patients, a number of indicators were taken from the medical history and anamnestic data, statistical data (anamnestic questionnaire), the main methods of clinical examination, subjective indicators were used to characterize the dental status and diagnose diseases of the hard tissues of teeth of non-carious origin and caries. In the diagnosis of periodontal tissue diseases /gingivitis, periodontitis, periodontal disease, in addition to the main diagnostic methods, periodontal indices and functional methods were used. In addition, X-ray changes in the bone tissue of the jaws, the function of the dental pulp, the immunological status and the function of the salivary glands were studied.

A total of 210 patients aged 20 to 45 years were examined, 60 of them were on outpatient treatment with chronic kidney diseases and 150 were on inpatient treatment.

The results of clinical trials were recorded in a specially designed card, which noted the passport data of the patient, the main indicators characterizing the general and local status, data from laboratory research methods. Results of examination of outpatient patients with various kidney diseases.

We studied the CPU, GI, SHA, RI indices, EDI indicators. To detect latent inflammation, a Schiller-Pisarev test was performed. To determine the functional state of the parococcus, a Kulazhenko test, rheoparodontography / RPG/, the intensity of mucosal coloration, radiography, volume, secretion rate of mixed saliva, saliva pH, calcium concentration, saliva immunoglobulins and blood serum were performed. The control group consisted of 40 people with almost intact periodontal disease and a healthy general status of the appropriate age. The intensity of caries, non-carious lesions, periodontal tissue diseases were also studied. With intact) the method of decoding rheograms was used.

Research results and their discussion: According to our study, a fairly high prevalence of dental diseases was revealed in patients with CRF, which amounted to 36.6%.

So, among the diseases of the cecary origin, the greatest interest, in our opinion, is enamel hyperesthesia, which has a systemic character in sonoen. In patients with compensated forms of nephritis, hyperesthesia was detected in

Comparing the studied indicators of caries in patients with CRF with the control group, it should be noted that the prevalence and intensity of caries in the studied groups have certain differences. Thus, the prevalence of caries in the group of ballroom in the pre-treatment period was 92.4 ± 2.9 , in / CPU - 5.40 ± 0.13 ; e group of patients undergoing hemodialysis - 91.2 ± 2.9 / CPU - 5.33 ± 0.15 . In patients after kidney transplantation, the prevalence rates approach the control group: 89.8 ± 3.2 %, the intensity - CPU - 5.3 ± 0.15 . / Control group - 89.8 ± 3.2 ^; the intensity of CPU - 4.60 ± 0.12 /. The high incidence of caries in patients with ZHN is explained by a violation of the function of the salivary glands, metabolism and a decrease in the immunological status. The results of our studies of the functions of the salivary glands and their susceptibility to caries in patients with dental pathology have shown that the volume, secretion rate and pH of saliva are subject to significant changes. Thus, the volume of mixed saliva for the period was 1.80 ± 0.3 ; in patients receiving hemodialysis - 1.5 ± 0.35 ; in the group of patients with a transplanted kidney - 2.7 ± 0.25 / control group - 2.50 ± 0.02 /. The secretion rate is also impaired, respectively: 0.16 ± 0.02 ; 0.15 ± 0.03 ; 0.27 ± 0.02 . The pH of saliva tends to deviate to the right and only after kidney transplantation does the pH approach neutral values, although hemodialysis contributes to a certain decrease in pH. In patients during the predialysis period, the pH was - 7.80 ± 0.03 ; the dialysis period - 7.40 ± 0.2 ; after kidney transplantation - 7.10 ± 0.1 . When studying mineral metabolism in 6 patients with CRF, in our opinion, the calcium content in saliva and blood serum is of the greatest interest, because Ca is part of the dialysis fluid, and in patients with CRF, the assimilation of dietary Ca is disrupted.

Thus, according to the results of our studies, in patients during the predialysis period with subcompensated forms of nephritis, the concentration of - Ca - in mixed saliva and serum of the crown is extremely low, which corresponds to the highest incidence of caries in this group of patients - 32.4 ± 2 compared with other groups. In the group of patients receiving hemodialysis, when mineral metabolism is regulated and corrected, the concentration of - Ca - in saliva immediately after the dialysis procedure increases when hypocalcemia is observed in the cro due to diffusing - Ca - from the cro into saliva, other secretions, organs and tissues. In this group of patients, caries indicators were reduced, albeit slightly ($E1,2 \pm 2.92$ /. During the mekdialysis period, 2-3 days after the hemodialysis procedure, the concentration of - Ca - in saliva extinguishes the tendency to decrease.

As can be seen from the presented research results, the content of IL-1 in the oral fluid of patients with combined CGP type increases by 22% relative to healthy individuals. At the same time, the level of IL-1 in urine also increases by an average of 69% when compared with the results of the comparison group. As is known, the main source of IL-1 production are phagocytic mononuclears of various tissue localization:

macrophages and monocytes of peripheral blood and peritoneal exudate, Kupfer liver cells, Langerhans cells, microglia cells of nervous tissue.

Table 1

The content of biochemical parameters of oral fluid and urine in patients with CGP combined CKD

Indicators	The object of the study is healthy	faces n=18	Patients with TIPP n=58
	oral fluid	11.71±1.07	14.35±1.21*
IL-1, pg/ml	Urine	11.88±0.25	20.13±0.23*
	oral fluid	17.48±1.71	24.53±1.69*
	Urine	9.54±0.11	10.52±0.09
IL-6, pg/ml	oral fluid	10.61±0.97	15.78±1.98*
	Urine	14.28±0.48	20.89±0.46*
	oral fluid	816.43±11.54	951.43±14.67
TNF-a, pg/ml	Urine	11.45± 0.32	20.92±0.35*

Note: * - the reliability of differences P 0.05 relative to the comparison groups.

It should be noted that IL-6 induces the synthesis of acute phase proteins, and therefore, as well as IL-1 and TNF-a, it can be attributed to inflammatory cytokines. The analysis of the presented research results showed that the concentration of IL-6 in the oral fluid and in the urine was also increased in the group of patients with TIPP combined CGP. The active synthesis of IL-6 begins immediately after exposure to the cells of bacteria, viruses, mitogens, and various mediators.

Conclusions

1. In patients with CRF, the prevalence of dental diseases was 6.6. Their pathogenesis is influenced by the underlying disease, its stages, duration of the process, hemodialysis procedure and kidney transplantation treatment. The largest percentage of dental diseases falls

on the group of studied patients undergoing hemodialysis, which corresponds to the most severe course of the underlying disease and the intensity of therapy.

2. In patients with CRF, among non-carious lesions, the largest percentage is occupied by enamel hyperesthesia, which is predominantly systemic in nature. In the pathogenesis of hyperesthesia, an important role is played by a violation of mineral, water-salt metabolism, microcirculation and trophic disorders, as well as the accumulation of nitrogen metabolism products in the body. This provision confirms the condition after hemodialysis and kidney transplantation. In patients undergoing hemodialysis, enamel hyperesthesia was 46.4 + 0.4. With normalization.

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ЖУРНАЛ РЕПРОДУКТИВНОГО ЗДОРОВЬЯ И УРО-НЕФРОЛОГИЧЕСКИХ ИССЛЕДОВАНИЙ

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