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Advantages of treatment of chronic generalized periodontitis with Bepanten ointment containing propolis

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ABSTRACT

This article discusses the benefits of including propolis-containing ointment in complex therapeutic measures when generalized periodontitis is combined with cardiovascular diseases.

Keywords:

Periodontitis, cardiovascular disease, bepanten, chronic inflammation, tartar, periodontal pocket.

Introduction

The prevalence of periodontal disease worldwide is still a problem [1,p.125-126]. Chronic inflammatory periodontal disease has been known for centuries. The acceleration of chronic inflammatory diseases is caused by various factors of local and general nature that provoke and support inflammatory processes in periodontal tissues for a long time. The first place in the structure of chronic inflammatory diseases in periodontitis belongs to chronic generalised periodontitis.[11,p.25-26].

The relevance of the problem is due to the prevalence of the disease, which is associated with an unstable standard of living, environmental degradation, resistance to various and uncontrolled antibacterial drugs, and a decrease in the general resistance of the body. In addition, poor oral hygiene is still common.

Based on various epidemiological studies and their data, we can say that in recent years there has been a sharp increase in the number of chronic inflammatory periodontal

diseases among the population of the Republic of Uzbekistan and many other countries. The increase in the prevalence of chronic generalised periodontitis occurs mainly between the ages of 35 and 55 and reaches 96% at the age of 40-45. Chronic generalised periodontitis in young adults aged between 16 and 25 years is detected in 55-75% of patients. Given the prevalence of chronic inflammatory periodontal disease and its negative impact on the entire body, there is a need to develop new diagnostic and treatment algorithms that will facilitate the doctor's work, identify the etiological and pathogenetic factors of the disease, and how to correct them at an early stage[9,p.1-4;22,p.22-23;82,p.23;92,p.29-32;105,p.231-234].

There are many theories of the development and course of chronic generalised periodontitis, some of which have only theoretical significance, while others have been supplemented by modern knowledge and have not lost their practical importance to this day [51,p.1-4].

Information Related To The Study

In view of the above, we carried out clinical studies to investigate the results of conservative treatment using Bepanten ointment to select the treatment of chronic generalised periodontitis in patients with cardiovascular disease. Clinical studies were conducted in the dental office of the Bukhara Regional Multidisciplinary Medical Centre.

The study examined 150 patients with cardiovascular disease (coronary heart disease, arterial hypertension, postinfarction condition). The comparison group included 70 people without cardiovascular disease. Exception and exclusion criteria similar to the follow-up group were adopted for the comparison group (patients with diabetes were not included in the comparison group).

A total of 160 (66.7%) patients with chronic generalized periodontitis aged 35 to 65 years were selected, including 78 (48.8%) men and 82 (51.2%) women (fig.2.1).

The mean age of the patients was 42.9 years. A control group of 20 people with periodontal tissue healthy regardless of gender was also isolated (only dental suction was studied).

The 160 patients selected for the study with chronic generalized periodontitis were divided into two groups.

First, the main group consisted of 80 patients, of whom 42 (52.5%) were male and 38 (47.5%) were female. Bepanten ointment was used in the complex treatment of the first group of patients.

Second, the control group consisted of 80 patients, 47 (58.8%) women and 33 (41.2%) men, who were treated with standard methods of treatment of generalized periodontitis in the complex treatment.

The clinical examination of the patients included analysis of life history and the development of chronic generalised periodontitis, examination of clinical and radiological data, assessment of individual oral hygiene and periodontal tissue condition.

Prior to the study, anamnestic findings in the periodontal tissues were determined, focusing on disease-causing, concomitant diseases. The history of the disease, its causes,

course of the process, hereditary predisposition and previous treatment were also identified. During communication with the patient, questions related to the implementation of previous preventive measures were clarified (when preventive measures were taken, when, what means and methods were used to achieve adequate oral hygiene).

Subsequent examinations revealed the dentition, the presence and position of teeth along the dentition, carious and non-carious dental diseases, the condition of fillings and existing dentures.

Examination of periodontal tissues focused on the colour, shape, swelling, bleeding and duration of the gums and gingival margin, as well as the presence of gingival pocket hypertrophy, caries and tartar, as well as the appearance of periodontal pockets and their delamination.

The oral examination focused on the anatomical and functional changes that have pathogenetic significance in the development of inflammatory periodontal disease.

Periodontal probing revealed periodontal pockets up to 6 mm deep in 76.4% of teeth, periodontal pockets up to 8 mm deep (14.9%) and 10 mm deep (6.9%) in selected areas of teeth.

Treatment: Clean the upper and lower gums, antiseptic treatment with 0.1% chlorophyllipt, selective rubbing, closed curettage, apply 5% Bepanten cream (ointment) containing natural propolis under a protective dressing. To improve oral hygiene, cleansers containing propolis were administered daily.

Result: At baseline, all patients in the two study groups were given an index score before treatment, 3 days after treatment and 7 days after treatment, which are shown in the tables below.

The mean index score in the group prior to treatment interventions was as follows:

In group 1, Green-Vermillion's OHI-S (Green J.C., Vermillion J.K., 1964) index of oral hygiene was 2.2; in group 2 2.2;

In group 1, the PHP (Podshadley, Haley, 1968) hygiene effectiveness index was 1.6; In group 2 - 1.6;

In group 1, the API (Lange, 1977) index of dental care on apoximal surfaces was 73.0%; In group 2 - 74.1%;

In group 1, the PMA (I. Schour, M. Massler, 1947, Parma modification, 1960) had a papillary-marginal-alveolar index of 56.5%; 55.9% in group 2;

In group 1, the CPITN index was 3.0; In group 2 - 3.1;

In group 1, the PBI Mulleman (H.R. Myhleman, 1971) bleeding index in the Cowell (Cowell I., 1975) modification was 1.7; -1.8 in group 2 (Table 1).

Table 1

Index score for treatment of periodontal disease

Hygienic indicators	Group 1	Group 2
Oral Hygiene Index (Simplified) of Green-Vermillon (Green J C, Vermillon J K, 1964) OHI-S	2,2±0,17*	2,2±0,10*
Hygiene efficiency index PHP(Podshadley, Haley, 1968)	1,6±0,15	1,5±0,15
Dental care index on apoximal surfaces API (Lange, 1977)	71,3%	73,3%
Periodontal indices		
Papillary-marginal-alveolar index RMA (I. Schour, M. Massler, 1947, Parmamodification, 1960)	58,5%*	57,5*
CPITN index (VOOZ, 1989)	2,66±0,25	2,7±0,16
In the modification of Cowell (Cowell I., 1975), Mulleman's (H.R. Myhleman, 1971) bleeding index PBI	1,9±0,6	1,6±0,15

Note: * - statistically significant differences between groups ($p < 0,05$).

The data in the table clearly show a decrease in performance in both groups, a statistically significant difference between the groups was observed for the CPITN ($r \leq 0.05$) index when the Student Criterion was used for the normative values. Changes in API and PMA mean index values in groups after 7 days of therapy compared with 3 days. A statistically significant difference between the groups was observed in the PMA ($r \leq 0.05$) index on day 7 of treatment.

Assessing the effectiveness of treatment after one year in both groups (dental caries and tartar formation), it can be concluded that the frequency of recurrences in the first group was 21.3% (20 people), in the second group - 68.75% (46 people).

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