Clinical And Radiological Evaluation of Effectiveness Comprehensive Treatment Generalized Periodontitis

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ABSTRACT

In the complex treatment of generalized periodontitis, special attention is paid to the correct combination of conservative and surgical treatment methods that reduce the activity of destructive processes in periodontal tissues and restore lost anatomy [1-9]. However, despite various additions and modifications, conservative and surgical intervention on the periodontal itself does not create sufficient conditions for effective relief of pathological processes and restoration of periodontal tissues [10-18]. In some cases, the use of new technologies, including occupational hygiene, the use of dental splints and other conservative methods of treatment, does not lead to stabilization of destructive processes in the alveolar process, and in some cases contributes to further destruction of periodontal tissues and surrounding bone tissue with the formation of defects of various sizes. The problem of dental preservation in patients with generalized periodontitis of II-III severity is still relevant. The organizational inconsistency of dentists of different specialties, the absence of an actual medical examination of patients with periodontal disease create prerequisites for the interruption of treatment at the level of conservative therapeutic agents and the active course of destruction of bone tissue of the alveolar processes.

Keywords: Generalized periodontitis, new technologies

The purpose of the work. Comparison of the effectiveness of conservative and surgical treatment of generalized periodontitis of objects and methods of research of II-III degrees. A clinical X-ray examination of 123 patients with generalized periodontitis aged 18-64 years was performed. All patients, depending on their age, were divided into 2 groups: the first age group included patients with generalized periodontitis of II-III degrees from 18 to 39 years old (n=58), and the second age group included patients with generalized periodontitis of II-III degrees from 40 to 64 years old (n=65). The analysis of clinical and radiological parameters was carried out depending on the comparative aspect between age groups and subgroups, that is, age and clinical features of the course of pathological processes in periodontitis. Comprehensive treatment of patients was planned and included, depending on the nature of the course of the disease: professional oral hygiene; local antibacterial therapy (0.05% chlorhexidine, etc.) and anti-inflammatory therapy of periodontal pockets. According to the indications, antibacterial therapy, anti-inflammatory treatment with nonsteroidal anti-inflammatory drugs, teeth grinding, splinting of movable teeth were carried out. Surgical treatment included vestibular plastic surgery, frenulotomy and flap surgery. The defects of the dentition were eliminated artificially. The results of the study and their discussion. During the study, the main complaints of patients in the

clinical group of 18-39 years old were gum pain, bleeding (sometimes spontaneous), independent of sanitary measures or food intake, swelling of the mucous membrane of the alveolar process, pronounced migration of the duration of the disease of patients in this group at the time of examination ranged from 3 to 10 years from the moment of the disease with drug treatment. It was established from the medical history that before seeking professional periodontal care, the patient was treated by a general dentist. At the same time, therapeutic means were limited to the removal of dental deposits, and sometimes to closed curettage. With dental mobility, some patients had a splint applied. None of the examined patients was under the supervision of the clinic until the moment of contacting a periodontist. Laboratory studies have revealed poor oral hygiene in all patients with grade II and III systemic periodontitis in this age group. The green-cinnabar index was 3.9 ±0.4, and abundant dental deposits were noted in patients with grade 3-4 dental mobility and open furcations. At the time of the examination, a high level of dental mobility was determined. The depth of the periodontal pocket ranged from 6 to 10 mm.Bone defects in laboratory studies usually reached the edge of the molars. The vertical bone loss in these areas ranged from 4 to 7 mm. During the clinical examination of the oral organs, most patients with generalized periodontitis noted the presence of non-disinfected carious foci, which are defects of a previously applied seal. In some cases, there is a decrease in the depth of the vestibule of the oral cavity (especially in the frontal region of the lower jaw), a significant decrease in the width of the mucosal chain in the premolaryngeal region of the upper and lower jaw, keratinization of the mucous membranes of the alveolar process. Clinical observations of patients with generalized periodontitis aged 40-64 years show that the main complaints of patients in this group are associated with the presence of an exposed root, bleeding gums, bad breath, mobility and loss of teeth, as well as dental defects. It was shown. The duration of the disease in this group at the time of seeking professional help ranged from 8 to 20 years. Objective studies of the oral organs have shown that in the group of elderly people, compared with young people, symptomatic gingivitis with pronounced signs of inflammation, atrophic gingivitis in combination with a significant retreat of soft tissues is observed. Elderly patients have abundant dental deposits with a large number of the latter in the frontal region of the lower jaw, periodontal pockets of lower depth with a higher rate of bone loss, pronounced tooth mobility . H). This figure shows a fairly typical clinical situation in which the condition is age-related or pathological (due to inflammatory processes in periodontal diseases), bone atrophy of the alveolar process is complicated by traumatic obstruction. The result of the latter in this case, apparently, is the formation of pathological alveolar bone pockets in the area of 21, 23 teeth. A distinctive feature of this group of patients was the absence of signs of proper orthopedic treatment. It follows from the medical history of the examined patients that orthopedic treatment is not considered at all at the previous stage of treatment, as an integral, and sometimes the main part of the planned therapeutic measures in 96% of patients. Such a high percentage of patients who are not provided with full-fledged orthopedic treatment helps the patient, conducting dental treatment of high incisors of the lower jaw, turns to a paladonologist about the mobility of the incisors of the lower jaw. The attempts of paradontologists in this situation are surprising, it can be assumed that the cause of the loss of the frontal group of teeth of the upper jaw is also not the inflammatory process of periodontitis, but traumatic obstruction. The examined 2 groups have a higher index of hygiene index, which indicates an insufficient level of oral hygiene in different age groups. Analysis of the value of the Greenvermillion index in young people revealed that the plaque index was significantly higher than the tartar index, but the inverse relationship was found in older patients. The Pma index was higher in the elderly group. At the same time, the bleeding index was high in the group of patients under the age of 39 years, as well as in terms of hyperemia and edema of the mucous membrane of the alveolar process. In elderly patients, the

gums are most often pale pink, with symptoms of atrophy and marked retreat of soft tissues. Obviously, this is due to the absence of deep vegetative disorders. The average depth of periodontal pockets is also lower in the elderly. The index of the Russell periodontal index in the group of elderly patients was significantly higher. Thus, based on the analysis of the results of clinical and X〜ray examination of patients with generalized periodontitis aged 40-64 years of the 1st and 2nd degree, it can be concluded that generalized periodontitis is characterized by a long-term chronic course in which the dystrophic process prevails over inflammatory periodontitis. During the comparison of indicators of the initial state of periodontal tissues in different age groups, it was revealed that oral hygiene worsens in patients with an older layer, but at the same time the intensity of the inflammatory reaction decreases. This is confirmed by the results of an X-ray examination. In patients of the younger age group, pronounced destruction of the alveolar bone, active foci of osteoporosis, resorption of the alveolar spaces in the range from 1/2 to 1/2 the length of the tooth root, vertical bone resorption, multiple bone pockets 3). X-ray examination of patients with generalized periodontitis in the elderly group, in addition to the described symptoms, reveals sclerotic bone reconstruction, and a mixed type of bone resorption is a combination of horizontal and vertical bone resorption of alveolar processes. After complex treatment, changes in indicators characterizing the condition of periodontal tissues were observed in all groups of patients 6 and 12 months after the end of treatment. The results of treatment with or without surgery were evaluated separately. After the end of conservative treatment, the depth of the periodontal pocket, the degree of tooth mobility and the presence of dental deposits were determined in the patient. Diagnostic indicators were used to study the periodontal condition: periodontal indicators (Russel, 1956), the Schiller-Pisarev test, PMA indicators (S.Parma, 1960), indicators of bleeding and suppuration of the gums. Oral hygiene was assessed according to the methodology of Yu.A.Fedorov and V.V.Volodkina (1970) and S. et al.Green, J.Vermillion (1964) (table). Since conservative treatment involved splinting on movable teeth, dental mobility was not studied after the end of treatment. Immediately after the end of conservative treatment in patients with generalized periodontitis of the P-Sh degree, an improvement in the parameters of the Schiller-Pisarev test was noted (1.97±0.15 in patients with grade II GP, 2.11±0.17 in patients with grade III GP). There has been an improvement in the level of oral hygiene (S.Green, J. "I do not know," he said. The PMA index and other periodontal indicators tended to decrease. At the same time, according to the results of X-ray examination, the depth of the bone pocket has not changed. The indicators of bleeding and suppuration have changed towards improvement. In general, the periodontal condition of patients with grade II-III GP immediately after the end of conservative treatment was characterized by remission of the underlying disease, mainly associated with a deterioration in oral hygiene.The condition of periodontal tissues 6 months after the end of conservative treatment was characterized by an increase in the Schiller-Pisarev test and gum hemorrhage. Clinically, in the long term after the end of conservative treatment, all indicators worsened. When analyzing the radiological parameters of the long-term periodontal condition after the end of conservative treatment, further significant loss of bone tissue in the area of pathological alveolar bone pockets was noted. In some cases, the formation of defects in the bone tissue of the alveolar process was noted. The following radiation conditions can be observed on the lower jaw: Unlike the upper jaw, the lower jaw has a mixed type of bone atrophy of the alveolar process. In particular, bone atrophy at the horizontal level of Sh-1 degree was revealed in its frontal part. Movable Sh-1U class 12.11, 21 teeth were restored before the start of treatment using a bonding system, and 12 of the most movable teeth were removed. The splint was supplemented with an adhesive bridge in place of the missing 22 teeth. Various situations can be observed in the outer part of the mandible. Bone atrophy was characterized mainly by the formation of vertical pockets of considerable

depth (more than 4 mm). At the same time, the focus of bone destruction is caused by an obviously chronic inflammatory process of the pericardium in the area of 48 teeth, directly in the area of the preserved 48 teeth and in the area of the distal root of 47 teeth. The clinical situation in this case is aggravated by the formation of additional bone pockets in the area of the 47th tooth, which extend beyond the tip of the root of the specified tooth. In the area of the 46th tooth, vertical bone pockets are determined in the area of the distal root of the tooth, in addition to this, vertical bone resorption is noted in the fur area of the 46th tooth. Clinically, there is no mobility of these teeth. A similar situation can be observed on the left mandible. At the same time, the X-ray image practically reflects the condition of the lower jaw on the right, with the exception of retention and dystopia of the 48th tooth.

Conclusion: 1. Rehabilitation of patients with generalized palladonitis should be carried out with the mandatory participation of palladonologists, orthopedic dentists and orthopedic dental surgeons at all stages of treatment. 2. With the obligatory participation of a hygienist and a gynecologist, it is necessary to conduct a dispensary observation at least once every 6 months, taking into account the depth and intensity of the pathological process. 3. Conservative treatment and cleavage of teeth do not provide actual stabilization of the pathological process in generalized periodontitis of n degrees and in some cases contribute to the asymptomatic progression of bone tissue destruction. 4. Surgical interventions, including careful removal of pathologically altered tissue from the bone pocket, subsequent replacement with bone conduction material and use in combination with other therapeutic agents, help reduce the intensity of bone tissue destruction and in some cases create conditions for periodontal tissue regeneration.

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