

SCHOLASTIC:

Journal of Natural and Medical Education

Volume 2 Issue 5, Year 2023 ISSN: 2835-303X

<https://univerpubl.com/index.php/scholastic>

Therapeutic and Surgical Methods Treatment of Localized Periodontitis

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Article Information

Received: March 09, 2023

Accepted: April 10, 2023

Published: May 11, 2023

Keywords: *Surgical methods, Closed curettage, Open curettage.*

ABSTRACT

The main goal of therapeutic treatment is the elimination of the inflammatory process, localized in the area of the dentogingival junction (Burakshaev S.A., 2010; Efremova N.V. And etc., 2017; eick S. et al., 2016; Al Shammery D. et al., 2019).

Of the therapeutic methods of treatment, the most widespread application found methods of mechanical antimicrobial therapy, including the use of ultrasound, sandblasting apparatus And manual tools (Isamulaev A.Z. And etc., 2016; Bulgakov A.I. And etc., 2017; Gulyaeva O.A. And others 2017; Fastovets E.A. 2017; Maksudova A.A. 2019; Mohan R. et al., 2019). Main whose significance is the elimination of supragingival and subgingival dental plaques (Dmitrieva L.A. et al., 2015; Averyanov S.V. et al., 2017; Sabharwal A. et al., 2019). In addition to mechanical action, drug therapy, directed on etiology, pathogenesis And symptoms diseases (Linnik L.N., 2011; Oleinik O.I. And etc., 2017; Baghdasaryan N.P. And etc., 2018; Bertl K. et al., 2017; Fakheran Oh et al., 2019). Her basic goal is destruction microbial clusters periodontal pockets or decrease their activity (Karakov K.G. And etc., 2015; Lutsk I.K. 2017; Timofeev I.Yu. And etc., 2017; Hairova E.I. And etc., 2017; Pavlenkova E.V. et al., 2018; Cocate PG et al., 2019).

In the treatment of periodontitis, non-drug technologies are also used (Gudaryan A.A. et al., 2017; Kislytsyna A.V. et al., 2017; Filippova L.A. et al., 2017; Chunikhin A.A. et al. , 2017; Žekonis G. et al., 2018; Scannapieco FA et al., 2020). These include gingival plates, periodontal pins containing complexes of various preparations based on natural components (Kumarbaeva A.T. et al., 2017; Gerasimova L.P. et al., 2017; Balkarov O.A. et al., 2018; Efimovich O.I., 2018; Kavrikova D. et al., 2019).

The methods of laser therapy and ozone therapy are very promising (Bortnovskaya Yu.V. et al., 2016; Kulmurzaeva N.K. et al., 2017; Batsula N.V. et al., 2018; Kuttubaeva K.B. et al., 2018; Lee KD et al., 2019). The disadvantages are the high price of equipment, the lack of control of tissue excision, the possibility of damage ligaments periodontal at wrong selection dosage And power (Bazikyan E.A. And etc., 2017; Maksimova N.V. 2017; Sun J. et al., 2019; Michelogiannakis D. et al., 2019).

Surgical methods for the treatment of periodontal tissue diseases are directed directly on elimination periodontal pockets, A Also on activation of regeneration processes, preservation of dental statics (Mandra Yu.V. et al., 2015; Apsova F.A. et al., 2017; Grudyanov A.I. et al., 2017; Muraev A.A. et al., 2017; Ishii T. et al., 2018).

The extent of surgical interventions depends on the size of the periodontal pocket (Metsuku AND. And etc., 2017; Venediktov A.A. And etc., 2018; Artzi

Z. et al., 2019; Gusman DJR et al., 2019). The main condition for interventions is the absence of pathological changes in the vestibule of the oral cavity and the width of the attached gingiva (Bazhutova I.V. 2017; Olesova V.N. et al., 2018; Romanenko I.G. et al., 2019; Silin AV et al. , 2018; Del Fabbro M. et al., 2018).

Closed curettage is performed to eliminate the vegetative epithelium, cleanse subgingival tartar, root cement, necrotic tissues and granulations (Kostrigina E.D. et al., 2017; Kerosirov A.P. 2017; Patel J. et al., 2020). It is used for pathological pockets with a depth of 3-4 mm (Guskov A.V. et al., 2017; Khomin N.M. et al., 2017; Kharaeva Z.F. et al., 2018; Ingólfsson HI et al., 2014; Morimoto J. et al., 2019).

Open curettage is performed in the presence of pathological pockets with a depth of 4-6 mm, during the operation, granulations, epithelium and disintegrated tissue (Imanalieva A. Zh. et al., 2017; Jamel A. et al., 2017; Gudaryan AA et al., 2017).

patchwork operations are used (Aleksandrov I.N. et al., 2017; Kazakova S.L. et al., 2017; Lima GM et al. .., 2016; Bertl K. et al., 2018; Graetz C. et al., 2019).

To date, promising methods for the treatment of inflammatory-destructive periodontal lesions are guided tissue regeneration (GRT) of the periodontium and the use of autologous fibroblasts (Zorina O.A. et al., 2017; Makedonova Iu. A. et al., 2016; Sister D. et al., 2016; Costa LC et al., 2018; Moroz PI et al., 2018).

Periodontitis - causes, symptoms, types and treatment

About periodontitis

Causes of periodontitis

Symptoms of periodontal disease

Levels of development of periodontal disease

Diagnosis of periodontitis

Treatment of periodontal disease

What drugs are prescribed for periodontitis?

Prevention of periodontal disease

Answers to questions about periodontitis

3.5 (12)

Periodontitis is a chronic disease of tissues surrounding the tooth: gum, periodontal tissue, cementum, alveolar tumors without inflammation.

Periodontal disease is a rare disease. According to their data, patients with periodontal disease range from 1 to 8%. If the disease is treated in time, the disease process can be significantly slowed down. We will tell you what kind of disease it is, its symptoms and treatment methods

Gum periodontitis

Doctor consultation

Dental consultancy

Diagnostics and treatments

Teeth whitening

Dental implant

Dental X-ray

About periodontosis

Atrophy of some areas of the periodontium occurs along with sclerotic changes in the bone tissue, which causes the necks of the teeth to open. The fact is that the disease is sometimes asymptomatic, and the patient does not even know about it.

However, if the disease is not treated in time, periodontosis gradually leads to the loosening of the teeth and their sensitivity to a pathological level.

Dentists divide periodontal disease into the following types:

Local: tooth necks in a certain part of the jaw are affected;

Complete: characteristic symptoms appear in the entire tooth row.

Causes of periodontitis

The causes of periodontal disease in adults have not been fully studied. Dentists say that blood flow disorders in the periodontal area, in the tissues surrounding the tooth, can be caused by metabolic disorders, genetic factors, and incorrect pricus.

Reasons for this include:

periodontal damage;

violation of oral hygiene;

lack of vitamins and minerals in the body;

decreased immunity;

endocrine pathologies that cause interruptions in hormone production;

the presence of bad habits;

neurological problems.

Symptoms of periodontal disease

Doctors distinguish two main symptoms of the disease:

gaping gums;

mobility of teeth.

In general, the specific symptoms of periodontal disease in adults are:

opening of the tooth neck and roots;

whitening of the gums;

increased sensitivity of teeth to cold, hot, salty;

defects and discoloration of tooth enamel;

bone sclerosis;

visual expansion of interdental spaces;

itching in the gums.

Appearance of periodontosis

The patient can determine the initial symptoms himself, because the normal condition and appearance of the mucous membrane is disturbed. For example, the gums lose their brightness,

they become denser, the gums may bleed when cleaning the teeth, and the sensitivity of the tooth tissue increases.

Also read this article: Useful tips for underarm sweating

Levels of development of periodontal disease

Dentists determine the degree of periodontal disease in adults based on the roots of the teeth and the degree of exposure to X-rays.

Primary. At this stage, tissue changes are almost invisible, so only a specialist can detect them.

The first stage. The gums are slightly reduced, the teeth are affected by cold and heat from time to time.

The second stage. The neck of the teeth is significantly opened, sensitivity and sensitivity increase, interdental spaces widen, and in some places, cement appears instead of enamel.

The third stage. Milk is reduced by more than 50%. Eating is often uncomfortable and the teeth begin to loosen gradually.

The fourth stage. Milk is reduced by more than 65%. Loose teeth make eating and speaking difficult. X-rays show that only three parts hold them in the bone.

Diagnosis of periodontitis

Diagnosis of periodontal disease begins with a doctor's appointment. Depending on the degree of the disease, the dentist prescribes an X-ray examination (orthopantomogram). With this type of examination, it is possible to determine the decrease in the volume of bone tissue, the foci of osteoporosis and osteosclerosis.

There are also methods of reoparodontography (studying the state of blood vessels of the periodontium, determining the extent of their changes) and polyarography (determining the level of oxygen saturation of the periodontal tissues).

Treatment of periodontal disease

It is determined by the doctor individually, depending on the stage of treatment of the disease. Basically, patients do not notice the initial symptoms of the disease and turn to a specialist only in advanced cases. In such a situation, the approach to the treatment of periodontal disease of the teeth becomes complicated.

The patient may be prescribed physical therapy to improve blood flow to the milk. Various techniques are used for this:

electrophoresis;

the effect of short ultraviolet waves;

ultrasound;

gum massage;

Periodontitis can also be treated with a laser. It helps to accelerate tissue regeneration, cope with anti-inflammatory effects, fight against excess bacteria in the oral cavity, reduce swelling and reduce gum bleeding.

In severe cases, periodontal disease is treated with surgical intervention. Various cell cultures are used as biomaterials, which selectively stimulate regenerative processes in the periodontium.

The doctor prescribes drugs for treatment locally or systemically. Antibacterial agents, hormonal drugs can be prescribed. Medicines slow down dystrophic processes, reduce inflammatory

activity. All these develop metabolic processes in the periodontium, improve the nutrition of the teeth and strengthen them.

Prevention of periodontal disease

Since periodontal disease is often found in people with endocrine diseases and diabetes, it means that you need to monitor your health and the development of chronic diseases.

We should not forget about hygiene. Dentists recommend brushing your teeth twice a day for 4 minutes or more, flossing, rinsing your mouth after every meal and snack, and changing your toothbrush every 3 months.

Reference:

1. Жалалова Д.З.ОКТ- ангиография при оценке сосудистого русла сетчатки и хориоидей// Биология ва тиббиет муаммолари, (2021) № 6 (130),211-216
2. Жалалова Д.З. Классификационные критерии изменений сосудов сетчатки при артериальной гипертензии/ Международная научная конференция Университетская наука: взгляд в будущее, (2022) , Курск, 56-64
3. Жалалова, Д. З., Кадирова, А. М., & Хамракулов, С. Б. ИСХОДЫ ГЕРПЕТИЧЕСКИХ КЕРАТОУВЕИТОВ НА ФОНЕ ЛЕЧЕНИЯ ПРЕПАРАТОМ «ОФТАЛЬМОФЕРОН» В ЗАВИСИМОСТИ ОТ ИММУННОГО СТАТУСА ПАЦИЕНТОВ // МЕЖДИСЦИПЛИНАРНЫЙ ПОДХОД ПО ЗАБОЛЕВАНИЯМ ОРГАНОВ ГОЛОВЫ И ШЕИ, (2021). 103.
4. Жалалова, Д. З. Метод комбинированного лечения диабетической ретинопатии // Врач-аспирант, (2009). 37(10), 864-868.
5. Долиев, М. Н., Тулакова, Г. Э., Кадырова, А. М., Юсупов, З. А., & Жалалова, Д. З. ЭФФЕКТИВНОСТЬ КОМБИНИРОВАННОГО ЛЕЧЕНИЯ ПАЦИЕНТОВ С ЦЕНТРАЛЬНОЙ СЕРОЗНОЙ ХОРИОРЕТИНОПАТИЕЙ // Вестник Башкирского государственного медицинского университета, (2016). (2), 64-66.
6. Жалалова, Д. З. Метод комбинированного лечения диабетической ретинопатии // Врач-аспирант, (2009). 37(10), 864-868.
7. F. Shernazarov, D. Jalalova, A. Azimov, S. Azimova CAUSES, SYMPTOMS, APPEARANCE, TREATMENT OF VARICOSE VEINS // SAI. 2022. №D7. URL: <https://cyberleninka.ru/article/n/causes-symptoms-appearance-treatment-of-varicose-veins> (дата обращения: 19.11.2022).
8. F. Shernazarov, J. Tohirova, D. Jalalova TYPES OF HEMORRHAGIC DISEASES, CHANGES IN NEWBOENS, THEIR EARLY DIAGNOSIS // SAI. 2022. №D5. URL: <https://cyberleninka.ru/article/n/types-of-hemorrhagic-diseases-changes-in-newboens-their-early-diagnosis> (дата обращения: 19.11.2022).
9. F. Shernazarov, J. Tohirova, D. Jalalova TYPES OF HEMORRHAGIC DISEASES, CHANGES IN NEWBOENS, THEIR EARLY DIAGNOSIS // SAI. 2022. №D5. URL: <https://cyberleninka.ru/article/n/types-of-hemorrhagic-diseases-changes-in-newboens-their-early-diagnosis> (дата обращения: 29.10.2022).
10. Жалалова Д.З.ОКТ- ангиография при оценке сосудистого русла сетчатки и хориоидей// Биология ва тиббиет муаммолари, (2021) № 6 (130),211-216
11. Жалалова Д.З. Классификационные критерии изменений сосудов сетчатки при артериальной гипертензии/ Международная научная конференция Университетская наука: взгляд в будущее, (2022) , Курск, 56-64

12. Жалалова, Д. З., Кадирова, А. М., & Хамракулов, С. Б. ИСХОДЫ ГЕРПЕТИЧЕСКИХ КЕРАТОУВЕИТОВ НА ФОНЕ ЛЕЧЕНИЯ ПРЕПАРАТОМ «ОФТАЛЬМОФЕРОН» В ЗАВИСИМОСТИ ОТ ИММУННОГО СТАТУСА ПАЦИЕНТОВ // МЕЖДИСЦИПЛИНАРНЫЙ ПОДХОД ПО ЗАБОЛЕВАНИЯМ ОРГАНОВ ГОЛОВЫ И ШЕИ, (2021). 103.
13. Жалалова, Д. З. Метод комбинированного лечения диабетической ретинопатии // Врач-аспирант, (2009). 37(10), 864-868.
14. Жалалова, Д. З. Метод комбинированного лечения диабетической ретинопатии // Врач-аспирант, (2009). 37(10), 864-868.
15. Жалалова Д.З.Эндотелин -1 ва гомоцистеин даражасини артериал гипертензия фонида тўр пардв ўзгаришларида эндотелиал дисфункциянинг маркерлари сифатида текшириш // Биомедицина ва амалият журнали, (2021) том 6 №5, 203-210
16. Жалалова Д.З. Мультикомпонентный подход к диагностике изменений сетчатки при артериальной гипертензии // Биология ва тиббиет муаммолари, (2021) № 5 (130),205-211
17. Жалалова Д.З. ОКТ-ангиография в оценке ретинальной и хореоретинальной микроциркуляции у пациентов с неосложненной артериальной гипертензией / I Международный офтальмологический конгресс IOC Uzbekistan, 2021 г, Ташкент,с 96
18. D. Jalalova, X. Raxmonov, F. Shernazarov РОЛЬ С-РЕАКТИВНОГО БЕЛКА В ПАТОГЕНЕЗЕ СОСУДИСТЫХ ЗАБОЛЕВАНИЙ ОРГАНА ЗРЕНИЯ У БОЛЬНЫХ АРТЕРИАЛЬНОЙ ГИПЕРТЕНЗИЕЙ // SAI. 2022. №D8. URL: <https://cyberleninka.ru/article/n/rol-s-reaktivnogo-belka-v-patogeneze-sosudistykh-zabolevaniy-organa-zreniya-u-bolnyh-arterialnoy-gipertenziey> (дата обращения: 01.12.2022).
19. D. Jalalova, A. Axmedov, A. Kuryazov, F. Shernazarov СОЧЕТАННАЯ СТОМАТОЛОГИЧЕСКАЯ И ГЛАЗНАЯ ПАТОЛОГИЯ // SAI. 2022. №D8. URL: <https://cyberleninka.ru/article/n/sochetannaya-stomatologicheskaya-i-glaznaya-patologiya> (дата обращения: 01.12.2022).
20. Farrukh Shernazarov, Jalalova Dilfuza Zuhridinovna MICRO CIRCULATION DISORDERS IN THE VASCULAR SYSTEM OF THE BULBAR CONJUNCTIVA IN THE INITIAL MANIFESTATIONS OF CEREBRAL BLOOD SUPPLY DEFICIENCY // SAI. 2022. №Special Issue 2. URL: <https://cyberleninka.ru/article/n/microcirculation-disorders-in-the-vascular-system-of-the-bulbar-conjunctiva-in-the-initial-manifestations-of-cerebral-blood-supply> (дата обращения: 03.12.2022).
21. F. Shernazarov, D. Jalalova, A. Azimov, S. Azimova CAUSES, SYMPTOMS, APPEARANCE, TREATMENT OF VARICOSE VEINS // SAI. 2022. №D7. URL: <https://cyberleninka.ru/article/n/causes-symptoms-appearance-treatment-of-varicose-veins> (дата обращения: 19.11.2022).
22. F. Shernazarov, J. Tohirova, D. Jalalova TYPES OF HEMORRHAGIC DISEASES, CHANGES IN NEWBOENS, THEIR EARLY DIAGNOSIS // SAI. 2022. №D5. URL: <https://cyberleninka.ru/article/n/types-of-hemorrhagic-diseases-changes-in-newboens-their-early-diagnosis> (дата обращения: 19.11.2022).
23. F. Shernazarov, J. Tohirova, D. Jalalova TYPES OF HEMORRHAGIC DISEASES, CHANGES IN NEWBOENS, THEIR EARLY DIAGNOSIS // SAI. 2022. №D5. URL:

<https://cyberleninka.ru/article/n/types-of-hemorrhagic-diseases-changes-in-newboens-their-early-diagnosis> (дата обращения: 29.10.2022).

24. Жалалова Д.З.ОКТ- ангиография при оценке сосудистого русла сетчатки и хориоидей// Биология ва тиббиет муаммолари, (2021) № 6 (130),211-216
25. Жалалова Д.З. Классификационные критерии изменений сосудов сетчатки при артериальной гипертензии/ Международная научная конференция Университетская наука: взгляд в будущее, (2022) , Курск, 56-64
26. Жалалова, Д. З., Кадирова, А. М., & Хамракулов, С. Б. ИСХОДЫ ГЕРПЕТИЧЕСКИХ КЕРАТОУВЕИТОВ НА ФОНЕ ЛЕЧЕНИЯ ПРЕПАРАТОМ «ОФТАЛЬМОФЕРОН» В ЗАВИСИМОСТИ ОТ ИММУННОГО СТАТУСА ПАЦИЕНТОВ // МЕЖДИСЦИПЛИНАРНЫЙ ПОДХОД ПО ЗАБОЛЕВАНИЯМ ОРГАНОВ ГОЛОВЫ И ШЕИ, (2021). 103.
27. Жалалова, Д. З. Метод комбинированного лечения диабетической ретинопатии // Врач-аспирант, (2009). 37(10), 864-868.
28. Жалалова, Д. З. Метод комбинированного лечения диабетической ретинопатии // Врач-аспирант, (2009). 37(10), 864-868.
29. Жалалова Д.З.Эндотелин -1 ва гомоцистеин даражасини артериал гипертензия фонида тўр пардв ўзгаришларида эндотелиал дисфункциянинг маркерлари сифатида текшириш // Биомедицина ва амалият журнали, (2021) том 6 №5, 203-210
30. Жалалова Д.З. Мультикомпонентный подход к диагностике изменений сетчатки при артериальной гипертензии // Биология ва тиббиет муаммолари, (2021) № 5 (130),205-211
31. Жалалова Д.З. ОКТ-ангиография в оценке ретинальной и хореоретинальной микроциркуляции у пациентов с неосложненной артериальной гипертензией / I Международный офтальмологический конгресс IOC Uzbekistan, 2021 г, Ташкент,с 96
32. Жалалова Д.З.ОКТ- ангиография при оценке сосудистого русла сетчатки и хориоидей// Биология ва тиббиет муаммолари, (2021) № 6 (130),211-216
33. Жалалова Д.З. Классификационные критерии изменений сосудов сетчатки при артериальной гипертензии/ Международная научная конференция Университетская наука: взгляд в будущее, (2022) , Курск, 56-64