

Etiology, Pathogenesis, Classification Periodontitis

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ABSTRACT

Periodontitis is more common, about 70-80% (Sokolova I.I., Savelyeva N.N., 2013; Baymiev A.Kh. et al., 2015; Tsepov L.M. et al., 2017; Miklyaev S.V. et al., 2018; Maksudova A.A. 2019; Astashina N.B. And etc., 2020; Plessas A., 2014; Bissong M. et al ., 2015; Liccardo D. et al ., 2019; Barros SP and al ., 2020). Periodontitis is an inflammatory-dystrophic disease that occurs as a result of common factors, such as a deficiency of vitamins C, B1, A , E , endocrine imbalances, and local ones - an imbalance between bacterial symbiosis and oral tissues, against the background of a decrease in the body's reactivity (G. T. et al., 2017; Pedigo RA et al ., 2018). Inflammation can be limited within the gums (gingivitis) and affect all periodontal structures (Ulitovsky S.B. et al., 2015; Polushkina ON THE. And etc., 2020; wang L. et al ., 2019). Clinical manifestations this disease are varied. They vary from bleeding gums to destruction and loss of teeth, due to the destruction of all tissues of the periodontal complex (Feshchenko I.V. et al., 2018; Nguyen AT et al ., 2020).

To date, the prevention and treatment of periodontitis is an urgent task. This is due to the high prevalence of periodontal disease, A Also trend To long chronic downstream And relapses. Insufficient effectiveness of complex treatment, including surgical methods, leads to the appearance of severe and rapidly progressive forms of periodontal disease, which leads to destruction of bone tissue and loss of teeth (Bulyakov R.T. et al., 2013; Baimiev A.Kh. et al. , 2015; Fastovets E. A. 2017; Aral K. et al ., 2020; Pallos D. et al ., 2020).

Localized mild to moderate periodontitis is more common in patients aged 18-45 years. Chronic generalized periodontitis inherent in the age group of patients 36-55 years. Over the age of 55, almost 65% of patients have severe chronic generalized periodontitis (Filon A.N. et al., 2017; Khaibullina R.R. et al., 2017). Thus, the severity increases with the age of patients, with the age index men below, how at women, What indicates on more early formation of periodontal pathology in men (Baimiev A.Kh. et al., 2015; Vasilyeva N.A. et al., 2016; Glazkova E.V. et al., 2017; Zyuilkina L.A. et al., 2017 ; Miklyaev S. V. et al., 2017; Tsepov L. M. et al., 2017; Curtis MA et al ., 2020).

Chronic periodontitis , depending on the severity, occurs in practice in the following percentage: chronic generalized periodontitis light degrees -20.1%; middle degree— 24.5%; heavy degrees — 27.5% at patients V age before 55 years (Shikhnabieva E.D. And etc., 2015; Vasilyeva N.A. et al. 2016; Drago L. et al ., 2014; ChowAW , 2015; Janakiram C. et al ., 2020). Periodontal diseases entail the appearance of defects in the dentition, thereby reducing the ability to work and the quality of life of patients. Periodontitis affects the development of pathological processes in other organs and systems. The prevalence of periodontal diseases and their progressive course lead to the extraction of teeth (18-34%), aesthetic deficiency (45-60%), the appearance of hyperesthesia of the teeth (40-50%), gum recession (60-70%), periodontal abscess , periodontal

cyst, as well as an increase in the risk of diseases of the cardiovascular system and gastrointestinal tract from 25% to 91% (Antonenko A.I. et al., 2009; Adamchik R.A. 2015; Ermolaeva L.A. et al. ., 2017; Ramich T. et al ., 2015; Jayakumar Sunandhakumari V. et al ., 2018; Torres PJ and al ., 2019; Bonnet C. et al ., 2019). Generalized periodontitis increases the risk of myocardial infarction by 3 times, atherosclerosis and insulin by 2 times, the development of osteoporosis and diabetes by 3-10 times, chronic gastric ulcer by 3-5 times (Tsepov L.M. et al. 2016 ; Gulyaeva O. A. et al., 2016; Grudyanov A. I. et al., 2017; Dommisch H. et al ., 2015; Privamvara A. et al ., 2020). The presence of periodontal disease increases the risk of complications during pregnancy. V greater degree, how harmful habits. So, probability premature births are 4-8 times higher than in healthy women. Generalized inflammatory periodontal diseases require special treatment, as they have certain features of systemic pathology (Tsepov L.M. et al., 2014; Baziev A.M. And etc., 2017; Eremin A.V. And etc., 2020; Sinyachenko O.V. And etc., 2020; Zhou LN and al ., 2019).

Periodontitis is classified according to the classification of the World Health Organization (2002) downstream into aggressive and chronic . According to the phases of the process, it is divided into exacerbation (abscess formation), remission. By prevalence, it is divided into localized and generalized . According to the degree of severity, they are subdivided with respect to the depth of periodontal pockets, the degree of destruction of the bone of the alveolar processes: light - depth up to 4 mm; average degree gravity - pockets from 4 before 6 mm; heavy- depth periodontal pocket more than 6 mm (Petrov Yu.V. et al., 2005; Khairova E.I. et al., 2017; Lutskeya I. 2017; Dudar M.V. et al., 2017; Kopchak O.V. et al. ., 2017).

According to the International Classification of Diseases (ICD-10), periodontitis is divided into acute periodontitis (K05.2) and chronic periodontitis (K05.3). To the first group are periodontal abscess gingival origin without fistula (K05.20), periodontal abscess of gingival origin with fistula (K05.21), acute pericoronitis (K05.22), other specified acute periodontitis (K05.28), acute periodontitis, unspecified (K05.29). Chronic periodontitis includes localized (K05.30), generalized (K05.31), chronic pericoronitis (K05.32), thickened follicle (papilla hypertrophy) (K05.33), other specified chronic periodontitis (K05.38), chronic periodontitis, unspecified (K05.39) (Khairova E.I. et al., 2017; Ferreira RO et al ., 2019).

In 2017, at EuroPerio 9 in Amsterdam, a classification of diseases and conditions of the periodontal and peri-implant tissues was proposed . It provides for the allocation of the state both histologically and clinically "healthy periodontium". Inflammation of the gums (gingivitis) is proposed to be divided into groups that are difficult to differentiate in clinical conditions: caused (induced) biofilm dental raid And Not induced biofilm plaque (Kolchanova N.E. et al., 2020; Nesterov A.M. et al., 2020; Graetz C et al ., 2019; Kornman KS and al ., 2020).

Depending on the clinical picture and damage to the structures of the periodontium (ligamentous apparatus, bone tissue), they are divided into: controlled periodontitis (stable); periodontitis in remission; uncontrolled periodontitis (relapse) (Makedonova Yu.A. et al., 2017; Maksimova O.P., 2018; Capelli M. et al ., 2010; Mann J. et al ., 2020).

Based on clinical and radiological signs (loss of interdental attachment, loss of bone tissue, depth of periodontal pockets, tooth mobility), the following are distinguished: initial periodontitis; moderate periodontitis; severe periodontitis with the possibility of additional loss of teeth; widespread periodontitis with the absence of a significant number of teeth and the potential loss of all teeth (Kopchak O.V. et al., 2017; Bansal J. et al ., 2010; Shcherbakov AS et al ., 2015; Ks S. et al ., 2020).

Depending on the rate of progression, there are: a slow pace; moderate speed; rapid progression of periodontitis. The rate of progression depends on the age of the patient, the method of treatment and the severity of local and systemic risk factors (Tsepov L.M. et al., 2020;

Kolchanov N.E. et al., 2020; Grudyanov A.I. et al. , 2020 ; Checchi V. et al ., 2020)

On the x-ray picture with initial periodontitis, there is an expansion of the periodontal gap and a " fiberization " of the tops of the interdental septa. With mild periodontitis, destruction of the interdental septa for 1/3 of the length of the tooth root is observed. With periodontitis of moderate severity, bone resorption does not exceed 1/2 of the root length. Severe periodontitis is characterized by the presence of bone pockets, destruction of the alveolar bone to a height of more than 1/2 of the root length (Antonenko A.I. et al., 2009; Lutsкая I.K., 2017; Valm AM et al ., 2019).

External factors. The bacterial model of the occurrence and course of periodontitis must be considered in combination with the individual reaction of the human body and the influence of external factors (Glazkova E.V. and others, 2017;

Uspenskaya Oh . A . And al ., 2017; Eick S. e t al., 2012; Tonetti MS et al., 2017; Genco RJ et al., 2019). Main microorganisms that _ affect on destruction fabrics periodontium , are *Porphyromonas gingivalis* And *Treponema denticola* , *Streptococcus sobrinus* , *Streptococcus salivarius* , *Streptococcus oralis* , *Streptococcus mutans* , *Streptococcus mitis* , *Streptococcus sanguis* (Sheveleva N . A . And al ., 2017; Bulgakov A . I . And etc. , 2018; Bartnicka D. et al., 2019; Garaicoa - Pazmino C. et al., 2019). Which, in turn, contribute to the formation of dental plaque and trigger the infectious process (Temkin E.S. et al., 2018). What entails the loss of collagen fibers and their connection with the cement of the tooth, the increase in periodontal pockets And resorption alveolar bones (Тамарова E.R. And etc., 2015; Beloklitskaya G.F. and others, 2020; Conrads G. et al ., 2014; Saraithong P. et al ., 2015; Hegde R. et al ., 2019).

Local factors. TO him applies violation contact points between the teeth, poor-quality restorations of teeth, especially classes II and V according to Black , the unsatisfactory condition of orthopedic structures. One of the causes of localized periodontitis is primary occlusion failure. Inadequate chewing load entails the destruction of tissues of the supporting apparatus of the tooth (Yartseva A.V. et al., 2015; Zhuravleva M.V. et al., 2016; Silin A.V. et al., 2018; Ishchenko L.I. et al. ., 2019).

General factors. Violation of the nutrition process, lack of macro- and microelements, hypo- and beriberi, metabolic disorders, metabolic diseases and endocrinopathies, diseases of the gastrointestinal tract, diseases of the blood system, bad habits are the causes of more severe forms of periodontal disease (Ulitsky S.B. and others, 2015; Makedonova Yu.A. And etc., 2016; Zimbalistov A.V. And etc., 2017; Kubanov THEM. et al., 2018; Divaris K. 2019).

Thus, the analysis of the literature shows a high percentage of the occurrence of periodontitis. And the high percentage of complications from this disease suggests ineffective methods of treating this pathology.

Reference:

1. Жалалова Д.З.ОКТ- ангиография при оценке сосудистого русла сетчатки и хориоидеи// 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 хориоидеи// 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 фониди тўр пардв ўзгаришлари эндотелиал дисфункциянинг маркерлари сифатида текшириш // Биомедицина ва амалиёт журналы, (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 ИОС 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-sosudistyh-zabolevaniy-organa-zreniya-u-bolnyh-arterialnoy-gipertenziiy> (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 MICROCIRCULATION 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 хориоидеи // 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 фониди тўр пардв ўзгаришлари эндотелиал дисфункциянинг маркерлари сифатида текшириш // Биомедицина ва амалиёт журналы, (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 ИОС Uzbekistan, 2021 г, Ташкент,с 96
32. Жалалова Д.З.ОКТ- ангиография при оценке сосудистого русла сетчатки и хориоидеи// 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