

Grade States Fabrics Periodontal by Clinical Indexes

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ABSTRACT

The severity of periodontitis was assessed by the depth of periodontal pockets that resulted from the loss of periodontal attachment. Their probing was carried out with a graduated probe (Goldman-Fox) from all surfaces of the anterior teeth from the gingival margin to the deepest point. pocket.

To check the discharge from the periodontal pocket, light pressure was applied and a cotton swab was moved along the gum along the root of the tooth from the projection of its apex.

Using hygienic and periodontal indices, the condition of periodontal tissues was assessed.

Assessed dental raid And dental stone With help index hygiene Green-Vermillion (Trunin D.A. et al., 2017). The procedure consisted in staining the vestibular surfaces of teeth 1.6, 1.1, 2.6, 3.1 and the lingual surfaces of teeth 3.6, 4.6 with Schiller-Pisarev solution. The sum of the coefficients divided by the number of examined teeth (6 units) was the numerical value of the index. The interpretation of the results was carried out according to a scale for assessing the amount of plaque, where 0 is no plaque; 1 - plaque covers no more than 1/3 of the surface crowns tooth 2 - raid covered before 2/3 surfaces crowns teeth; 3 - plaque covers more than 2/3 of the surface of the crown teeth.

The amount of tartar was assessed in a similar way.

Soft dental raid V gingival areas determined With help Silness index -Loe (Karakov K.G. And etc., 2020). Plaque determined at carrying out tip of the probe along the neck of the tooth, penetrating into the periodontal sulcus. The quantitative value of the index was calculated according to the formula, where the obtained indicators for each tooth were summed up and divided by the number of examined teeth. Scale, according to which the assessment was carried out had the following values: 0 - no plaque on the tip of the probe; 1 - a small amount of plaque; 2 - a thin layer of plaque near the neck of the tooth, and its amount on the probe is significant; 3 - a significant amount of plaque is visually determined in the gingival sulcus.

To assess the degree of inflammation of periodontal tissues, the Mühlemann-Cowell index was used (Mikhailova I.G. et al., 2021). Which was calculated as follows: the sum of bleeding indicators was divided by the number of examined teeth. The execution technique consisted in holding the tip of the probe along the wall of the dentogingival sulcus and getting bleeding. Bleeding was assessed according to the following scale: 0 – no bleeding; 1 - bleeding appears no earlier than after 30 s; 2 - bleeding arises straightaway after holding research or V within 30 s; 3 - according to the patient, bleeding is noted when eating or brushing teeth.

The state of periodontal tissues was assessed in the main and control groups before the start of treatment, 6 and 12 months after splinting of the teeth.

Special research methods patients

Special methods for the study of patients with chronic localized periodontitis of moderate severity in the anterior part of the lower jaw were x-ray examinations of the teeth (target radiography, orthopantomography, computed tomography of the lower jaw), rheoparodontography, periotestometry, study of the quality of life of patients and the stress-strain state, statistical data processing and evidence-based medicine.

We performed an **X-ray examination to evaluate the effectiveness of treatment in the GBUZ SO "SSP No. 3" on a three-dimensional digital tomograph** With function panoramic research Kodak 9000 3D Extraoral imaging system.

Before the splinting of teeth with our design, patients of the main group underwent computed tomography to clarify location of the mouth of the root canals. A targeted x-ray examination was carried out to control the quality of endodontic root canal treatment.

According to orthopantomography, we assessed the size of periapical changes, the degree of resorption and atrophy of the bone walls of the alveolus, and also visualized bone pockets. Orthopantomography was performed in 30 patients of the first and second control groups and 30 patients of the main group before treatment, 6 and 12 months after treatment. Teeth with pathological mobility of the 3rd degree according to Flezar and atrophy of the bone walls of the alveolar socket of the 4th degree according to the classification of V.Yu. Kurlyandsky was removed (Astashina N.B. et al., 2020).

Periotestometry. Apparatus used to study tooth mobility

"PERIOTEST S" (Germany). With its help, we determined the existing changes in periodontal tissues with high accuracy. Obtained objective and accurate information about tooth mobility (Figure 2.3).



Figure 1. Apparatus for determining the mobility of teeth "PERIOTEST S" ("Siemens" Germany)

For a correct interpretation of the results obtained during periotestometry, it is necessary to compare them with the degree of mobility according to the Flezar classification (Ertesyan A.R., 2017). Clinically resistant teeth correspond to 0 degree of mobility, which, translated into units of measurement of the device "PERIOTEST" S varies from -8 before +9 conv. units, I degree mobility in conventional units of "Periotest" from +9 to +19 arb. units, II degree of mobility from +20 to +29 arb. units and III degree of mobility according to Flezar from +30 to +50 arb. units This research method was carried out in 30 patients of the main group and 60 patients of the

control groups before splinting, after 6 and 12 months.

Rheoparodontography. A method for studying pulse fluctuations in blood filling of vessels, which is based on graphic registration of changes complete electric resistance fabrics. For holding For early and differential diagnosis and evaluation of the effectiveness of treatment, we used a digital computer rheograph Mizar-REO (St. Petersburg, registration certificate No. FSR 2009/05048). To process rheograms and calculate rheographic indicators, the WinREO program was used (Figure 2.4).

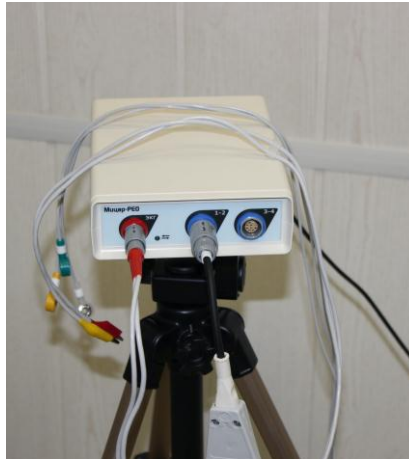


Figure 2. Digital portable rheograph Mizar-REO

The technique of rheography was the imposition and fixation two electrodes with an area of 3x5 mm[#] using medical glue "Sulfacrylate" (Russia) on opposite sides of the tooth. So the current electrode was located on the vestibular side, and the potential electrode was located along the lingual side of the tooth root. Before applying the electrodes, they were wiped with alcohol and conductive gel. For withdrawals feelings unrest And motor arousal patients was explained technique execution. Simultaneously For facilities calculation recorded an electrocardiogram (ECG) in II abduction.

The rheograms were analyzed after registration of 4-5 identical pulse curves following one after another. For decoding, one of them was chosen, and an analysis of qualitative and quantitative indicators was carried out.

Qualitative indicators included the characteristics of the ascending part, the shape of the apex, the nature of the descending part, the presence and severity of the dirotic wave, the presence and location of additional waves on the descending part, as well as the presence of venous and presystolic waves.

The quantitative indicators that we recorded in the study were: index peripheral resistance (IPS), characterizing vascular tone and their functional state, and rheographic index (RI), which characterizes the amount of total blood filling of the studied areas.

Rheoparodontography was performed before treatment, after 6 and 12 months. All indicators were compared with the norm values (Vinnik S.V., 2017).

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