



UNPLEASANT ODOR FROM THE MOUTH - HALITOSIS, CAUSES AND TREATMENT OPPORTUNITIES

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Abstract: The prevalence of halitosis, its relationship with oral cavity condition and the presence of chronic diseases of the internal organs have been studied with the purpose to develop the algorithm of treating patients with bad breath.

Dental checkup has been given to 30 patients aged 26-75 years. The diagnosis of halitosis has been made on the basis of objective presence of bad breath as well as by means of special tests. Patients survey concerning the presence of ENT organs chronic diseases, the digestive system status, the existence of bad habits, constant intake of medicines has been conducted. Halitosis incidence has been determined to make up 93,3% of the total number of the examined patients and to be characterized by the increase of its intensity in the group of patients aged 56-75 years. Among the causes of halitosis the following factors may be noted: bad oral hygiene, the presence of dental hard tissues pathology, the diseases of marginal periodontium and oral mucosa as well as pathological condition of the internal organs. In halitosis oral cavity sanitation combined with proper hygienic measures is effective in the majority (80,7%) of cases. If the provided treatment is inefficient complementary examination and treatment by a general practitioner are required.

Key words: halitosis, oral cavity sanitation, oral hygiene, diseases of the internal organs.

Halitosis – unpleasant persistent bad breath, which is a sign of how violations of hygienic requirements imposed to the oral cavity, and pathological processes in the body. Today, along with caries teeth and marginal periodontal diseases, this condition is one of the current ones dental problems. Unpleasant smell exhaled air is usually given volatile sulfur compounds that appear during the anaerobic breakdown of proteins. The most common source of halitosis is bacteria. oral cavity. About 90% of the population of developed countries periodically report signs halitosis, and in 25% persistent unpleasant bad breath. This condition was not previously was given due attention, but in the age of modern technology and social development, when requirements are increasing not only for external the appearance of the interlocutor, but also to the smell that comes from it, the need to study and eliminate The causes of halitosis are increasing significantly. This problem is most relevant for patients whose professional activity is related with constant communication (teachers, doctors, executives, managers, salespeople etc.). Adaptation to one's own smell is the reason that the person having the problem halitosis, often does not even realize about this. Often patients, learning from their interlocutor about the presence of an unpleasant odor, test embarrassment and discomfort when communicating and try keep your distance. Treatment is carried out independently, using perfume products, deodorants, chewing gums, without eliminating the true causes of the disease. The real solution to the problem could be achieved only after identifying the cause halitosis and prescribing adequate treatment [1].

According to the literature, the reasons this condition is also a disease gastrointestinal tract (ulcerative stomach and intestinal diseases, colitis); diseases ENT organs (tonsillitis, rhinitis, sinusitis); presence of dental pathology (generalized caries, diseases of marginal periodontal disease, unsatisfactory oral hygiene, xerostomia); permanent use of medications; harmful habits (smoking, excessive consumption alcohol).

Experience shows that the doctor is a dentist most often is the first specialist, to which patients with this pathology turn, and it is he who is entrusted with the task identification, elimination of possible causes and selection adequate treatment of halitosis [2].

The purpose of the research is to develop an algorithm treatment of patients with halitosis based on studying its prevalence, connection with the condition oral cavity and the presence of chronic diseases of internal organs.

Methods.

The study was conducted in Vitebsk city clinical dental clinic on the basis of the Department of General Dentistry with a course in orthopedic dentistry UO "Vitebsk State Order of Friendship" Peoples Medical University". Examined 30 patients. Patients were separated for the following age groups: aged 7 people aged 26-35 were examined, aged 36- 55 years old – 18 people, in the age group 56-75 years – 5 patients. All patients underwent examination of the oral cavity. The diagnosis of halitosis was established on based on an objective assessment of its presence and instant diagnostic results (test No. 1 and test No. 2). When performing test No. 1, the rear part of the back of the tongue was wiped twice with a clean sterile cloth and after 40-45 seconds appreciated her smell. To carry out the test No. 2 to the patient in the interdental spaces in the area dental treatment was introduced into the upper and lower molars thread (floss), cleaned with floss interdental gap, assessed after 30-40 seconds the smell of thread.

A survey of patients was conducted about the presence of chronic diseases of ENT organs, the state of the digestive system, the presence bad habits, constant use medicines.

Results and discussion.

Based on odor assessment and analysis tests No. 1 and No. 2 in 28 patients (93.3% of total number of people examined) was determined bad breath, 2 patients (6.7%) remained free from the diagnosis of halitosis. At In this case, 17 people (56.7%) had bad breath already during communication, its presence also was confirmed through tests. U 11 surveyed (36.6% of the total) unpleasant the smell was detected only after tests. In 4 people aged 56-75 years (80% of the number of people examined in this age group) was determined to be easily perceptible foul breath from a distance, and during tests No. 1 and No. 2 it was collected a large amount of dental plaque with surface of the tongue and interdental spaces.

When examining the oral cavity in all patients with halitosis, unsatisfactory hygiene, presence of caries – in 23 people of 28 patients (82.1%) with unpleasant bad breath, found unsealed carious teeth, supra- and subgingival dental plaque, inflammatory processes gum mucosa in combination with carious lesions observed in 14 people (50% of the total number of patients with halitosis).

In 2 people in the age group 26-35 years (6.7% of total number of those examined) no dental problems were detected pathologies in these same patients There were no signs of halitosis. During patient interviews and examinations the reasons for such a high level of development of pathological conditions

oral cavity: poor hygiene (in all patients); fear of visiting a dentist and untimely treatment of caries – in 8 people (28.6%); ineffective treatment from a periodontologist - 3 (10.7%). On various kind of reasons that prevented visiting a dentist, cited by 4 people (14.3% of those surveyed). When surveying patients, it was revealed the following data: 11 people (36.6% of total number of examined patients)

had bad habits (smoking and drinking alcohol), 8 people (26.6% of respondents patients) - diseases of the digestive system (gastritis, gastric ulcer and duodenum, colitis), 4 people (13.3%) answered negatively to all questions in the survey. In 5 people (20% of interviewed patients age groups 26-35 years and 36-55 years) were identified chronic diseases of the ENT organs (sinusitis, rhinitis, tonsillitis); in 2 people (40%) in the age group 56-75 years it was revealed constant use of medications.

Thus, the data obtained allowed establish what is unpleasant in the development bad breath plays a big role non-compliance with oral hygiene and untimely visiting a dentist, so How do plaque and tartar contribute to increase in the number of anaerobic flora in the cavity mouth and excretion of waste products, decomposition, rotting of food remains and, therefore, lead to the formation of unpleasant

odor - halitosis. Also confirmed the significance of general somatic pathology. All patients with halitosis underwent sanitation of the oral cavity, including treatment caries and its complications, as well as treatment of diseases marginal periodontium, carried out professional oral hygiene. Patients are trained in individual oral hygiene. Re-inspection after 4 months showed that 76.3% of previously sanitized and performing hygiene measures oral cavity correctly and completely noted the disappearance of the unpleasant odor from mouth, 4.4% noted a decrease in odor. 19.3% There was no improvement in the patients' condition even after cavity sanitation mouth This group of patients was asked undergo examination by specialists general profile for the purpose of identifying and treating pathologies of internal organs with subsequent control of the presence of halitosis.

Conclusion.

1. The incidence of halitosis is 93.3% of total number of examined patients and is characterized by an increase in its intensity in the older age group aged 56-75 years old.
2. Among the causes of halitosis are: the following factors: poor hygiene oral cavity, the presence of pathology of hard dental tissues, marginal periodontal diseases and oral mucosa, as well as pathological condition of internal organs.
3. Sanitation of the oral cavity for halitosis in combination with strict hygiene activities has a positive effect on in the majority (80.7%) of cases. If ineffective treatment requires examination and treatment from general specialists.

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