

**IMPROVING THE EFFECTIVENESS OF TREATMENT OF CATARRHAL
GINGIVITIS**

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Summary: Diseases of the oral mucosa are one of the most complex, urgent problems of dentistry, and to date they have been least studied in terms of etiology, pathogenesis, diagnosis and especially treatment among other dental diseases (Barer G.M., 2005; Rabinovich I.M., 2010).

At the moment, there are fairly accurate clinical criteria for the diagnosis of inflammatory periodontal diseases, there are a large number of different methods of treating gingivitis, which reflect the attempts of researchers and clinicians to have a therapeutic effect on various links in the pathogenesis of the pathological process (Gerasimovich L.M., 2003). However, despite the significant achievements of modern dentistry, the frequency of relapses of transition to the developed forms of inflammatory diseases remains high. Progressive lesion of the periapical tissues often leads to the loss of teeth and can be a source of many diseases (Bascones- Martinez A., 2005).

Therefore, the urgency of the problem of detection, diagnosis, treatment of gingivitis comes to the fore and requires careful study and search for ways and effective methods of providing dental care.

Key words: catarrhal gingivitis, oral mucosa, microbial flora periodontal disease, enzyme

Аннотация: оғиз бушлик шиллик пардаси касалликлари стоматологиянинг энг мураккаб, долзарб муаммоларидан бири бўлиб, ҳозиргача улар бошқа тиш касалликлари орасида этиология, патогенез, диагностика ва айниқса даволаш бўйича энг кам ўрганилган (Барер Г. М., 2005; Рабинович И. М., 2010). Ҳозирги вақтда яллиғланишли пародонт касалликларни ташхислаш учун жуда аниқ клиник мезонлар мавжуд, гингивитни даволашнинг жуда кўп турли хил усуллари мавжуд бўлиб, улар тадқиқотчилар ва клиницистларнинг патогенезидаги турли йўналишларга терапевтик таъсир кўрсатишга уринишларини акс еттиради. патологик жараён (Герасимович Л. М., 2003). Бирок, замонавий стоматологиянинг муҳим ютуқларига қарамай, яллиғланиш касалликларининг ривожланган шаклларига ўтишнинг қайталаниш частотаси юкори бўлиб қолмоқда. Периапикал тўқималарнинг прогрессив

шикастланиши кўпинча тишларнинг йўқолишига олиб келади ва кўплаб касалликларнинг манбаи бўлиши мумкин (Бассонес - Мартинес А., 2005).

Kalit so'zlar: kataral gingivit, og'iz bo'shlig'i shilliq qavati, mikroob florasi, ferment, пародонт

The aim of the study is to substantiate the feasibility of using and evaluate the effectiveness of complex treatment of catarrhal gingivitis using the drug "Bactolor" in patients with frequent relapses.

Materials and methods of research. Scientific research work was carried out at the Department of Hospital Therapeutic Dentistry of TSDI in the period from 2022 to 20224.

50 people were examined, 25 of them patients with catarrhal gingivitis and 25 with no changes in the oral cavity. The study involved 13 men and 12 women. The study included people aged 18 to 50 years. The average age of the subjects was 40.7 ± 0.9 years. The study participants were divided according to the criteria: group 1 (main) – patients with catarrhal gingivitis, in which the drug "Bactolor" was used - an oral probiotic (13 people), group 2 (comparison) – patients with catarrhal gingivitis, in which standard treatment tactics were used. All participants in the study were consulted by a general practitioner. There was no pronounced somatic pathology in patients of all groups.

The collection of anamnesis and examination of patients began with a study of the general condition of the body. After the preliminary diagnosis: catarrhal gingivitis, a thorough examination of the organs and tissues of the oral cavity was carried out. When confirming the diagnosis of catarrhal gingivitis, the form of the disease was indicated: acute or chronic. The severity of the disease was also indicated: mild, moderate or severe.

When examining the gums, almost all the examined patients showed a picture of catarrhal inflammation, which mainly captured the interdental, marginal, and sometimes alveolar part of the gum. With mild severity of catarrhal gingivitis in most patients, inflammation did not spread to the alveolar gum. The gingival margin was changed in color, from slight redness to pronounced hyperemia with a cyanotic tinge. The interdental papillae are pasty, edematous, sometimes with a change in their shape. Bleeding of varying degrees of intensity was noted during palpation of the gingival papillae.

To assess the condition of the oral cavity and periodontal tissues, a clinical X-ray examination was also performed to determine the oral hygiene index (OHI-S), plaque index (PI), gingival sulcus bleeding (SBI), and PMA index.

The microbiological study was conducted on the basis of the laboratory department of the Tashkent Medical Academy and allowed to determine the level of contamination and frequency of occurrence of periodontopathogenic microorganisms.

The main purpose of the bacteriological research method

was the quantitative and qualitative determination of the microbial number using standard methods for the identification of microbial and fungal strains. The sampling of the studied

material was carried out from the surface of the teeth in the area of the gingival sulcus and gingival groove, without contamination with oral fluid and skin secretions. This procedure was performed in the morning before eating and performing a set of individual oral hygiene measures in order to prevent distortion of the final result.

The patients of the main group received local traditional treatment with the addition of the oral probiotic Bactolor. Patients of the compared group received only traditional treatment, which included:

1. Complete sanitation of the oral cavity, including the removal of tartar, deposits and plaque, grinding and polishing of dental surfaces
2. Chlorhexidine in a concentration of 0.05% - for antiseptic treatment of the oral cavity
3. Antimicrobial drug "Metrogil denta"
4. Solcoseryl gel – in order to accelerate epithelialization.
5. Sea buckthorn oil

Treatment began with the rehabilitation of the oral cavity, the elimination of traumatic factors in the presence of each individual patient and the removal of dental deposits.

The treatment results were assessed as good, satisfactory and unsatisfactory. Good results were reported if clinical recovery was accompanied by normalization of microbiological parameters and stable stabilization of the clinical picture in the long-term follow-up. Satisfactory results were characterized by the elimination of clinical signs of inflammation while maintaining elevated microbiological parameters. Unsatisfactory results were expressed in maintaining high microbiological indicators against the background of insignificant clinical improvement.

The complex of therapeutic measures in both groups included motivation and training of patients in oral hygiene with individual selection of hygiene products and correction of hygiene skills.

The results of the study and their discussion.

Patients of the main and control groups had complaints of bleeding, often spontaneous, bad breath, pain in the marginal gum area during brushing and eating. The clinical picture of the disease was characterized by pronounced bleeding of the gingival mucosa during probing, hyperemia, swelling and cyanosis in the area of the tops of the interdental papillae were noted. In the area of the frontal group of teeth, premolars and molars of the upper and lower jaw, soft plaque covered from 1/3 to 2/3 of the lingual and vestibular surfaces of the teeth.

On average, the hygienic status of the oral cavity in patients was unsatisfactory (OHI-S – 1.83 ± 1.02 points) and during the examination a large number of soft dental deposits were detected, and in the area of the frontal group of teeth, premolars and molars of the upper and lower jaw, soft plaque covered from 1/3 to 2/3 of the lingual and vestibular surfaces of the teeth and In most clinical cases, a moderate amount of tartar was detected in the area of the frontal group of teeth on the lower jaw.

The initial clinical picture of the disease was characterized by pronounced bleeding during probing (RVI – $31 \pm 0.02\%$).

On average, the PMA index in the studied patients was $27.1 \pm 0.66\%$.

According to the results of CT and X-ray examination on targeted dental images, orthopantomograms, the height of the interalveolar septa was preserved, the integrity of the cortical plates at their vertices was not violated.

Against the background of improving the hygienic condition of the oral cavity, there was a decrease in the indices characterizing the severity of inflammatory phenomena in catarrhal gingivitis. The PMA index decreased by 79% and amounted to 5.3 ± 0.03 , with the initial values of this index obtained in this group before treatment – 25.8 ± 0.53 . The PBI gum bleeding index decreased by 85%.

3 months after treatment, compared with the values obtained after dental plaque removal, the OHI-S hygiene index increased by 82%. Against the background of an increase in the OHI-S hygiene index, an increase in the PMA index was observed, which was almost 2 times higher than the index value obtained after removal of dental deposits, to 11.4 ± 0.04 . 3 months after treatment, compared with the values obtained after removal of dental deposits, the indices of indicators increased in the first group. The bleeding rate of PBI is 77%.

After removal of dental deposits, the hygiene index OHI-S in patients of the main group, where the oral probiotic Bactolor was used, decreased by 88% compared with the values obtained in this group before treatment – 2.11 ± 0.11 . The improvement of the hygienic condition of the oral cavity was accompanied by a decrease in the indices characterizing the severity of inflammatory phenomena in catarrhal gingivitis. The RMA index decreased by 92%. The PBI gum bleeding index decreased by 91%.

3 months after treatment, in patients of the second group, compared with the values obtained after removal of dental deposits, the OHI-S hygiene index increased by 78%. At the same time, despite the increase in the hygiene index, the indices characterizing inflammation, although increased in comparison with the values obtained after the removal of dental deposits, remained at a relatively low level. The PMA index was 7.2 ± 0.02 , and the bleeding index (PBI) was 0.25 ± 0.01 .

Six months after treatment, there was a further increase in the OHI-S hygiene index, which was 0.97 ± 0.05 , which was 3.5 times higher than the values obtained immediately after treatment. The deterioration of the hygienic condition of the oral cavity six months after treatment was accompanied by an increase in the PMA index and the bleeding index (PBI). The PMA index was 10.5 ± 0.05 , which was 46% higher.

Thus, the inclusion of Bactolor in the traditional treatment regimen for catarrhal gingivitis is advisable due to the high effectiveness of treatment according to the results of a clinical study. Three months after the treatment, the achieved effect was noted to be preserved.

When assessing the composition of the microbiota of the gingival sulcus 2 weeks after the treatment, some features associated with changes in both qualitative and quantitative parameters of microbiocenosis were noted. In particular, there was a significant decrease in the frequency of isolation of group A streptococci, more pronounced in the main group, where beta-hemolytic streptococci were almost 3 times less common, but not alpha-hemolytic streptococci, which remained almost at the same level in terms of frequency of isolation. The number of staphylococci and peptostreptococci also significantly decreased in

the main group compared to the comparison group. Interesting differences were obtained in the frequency of candida fungi excretion. In the comparison group, their frequency decreased to 9.6%, and in the main group, they were not determined at all. The microbial number after hygienic treatment decreased to almost normal values in both comparison groups: 6.3 ± 0.4 in group 1 and 5.7 ± 0.5 in the main group.

Significant and statistically significant changes were noted for the beta-hemolytic streptococcus taxon, which decreased in frequency of isolation in both comparison groups, but *S. agalactiae* was isolated 2 times more often in the comparison group than in the main group, and *S. pyogenes* was isolated only in the comparison group, but not in the main group.

Conclusions. The use of the drug Bactoderm in the traditional treatment regimen of catarrhal gingivitis is advisable due to the high effectiveness of treatment according to the results of a clinical study. Oral probiotic has significant antimicrobial activity, its use in the treatment and prevention of catarrhal gingivitis leads to a significant decrease in the level of contamination.

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