

**PROGNOSIS OF PERIODONTAL DISEASES IN PATIENTS WITH
DENTOALVEOLAR DEFORMITIES**

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Abstract: The article defines the primary prognostic signs of development and progression of the disease in patients with periodontal pathology in combination with dentoalveolar deformities. A program for analyzing prognostic signs to justify the use of complex treatment and preventive measures is proposed.

Keywords: disease prognosis, dental and jaw deformities, periodontal diseases, complex treatment.

INTRODUCTION

It is known that it is more appropriate to make a prognosis of periodontal diseases (PD) after examination and diagnosis before planning treatment and diagnostic measures, as well as during and after the completion of complex treatment and at the stages of maintenance therapy. Disease prognosis makes it possible to study the characteristics of the body to determine the upcoming development and outcome of the disease based on objective data. Usually, the prognosis for a patient with periodontal diseases is carried out in two aspects: general and prognosis for individual teeth [4].

MATERIALS AND METHODS

The prognosis for individual teeth is determined after the general prognosis of the disease, taking into account their mobility, the number of roots, the level of bone loss, the level of attachment of the frenulum, the presence of occlusal trauma, periodontal pockets, degenerative changes in the pulp. [2]. Practice has shown that it is necessary to distinguish two types of prognosis - good (favorable) and bad (unfavorable). With stabilization of the pathological process in the periodontal tissues or a known complete or partial cure of the disease, the prognosis is determined as good. With regular rational courses of treatment, achieving reliable remission is impossible, and tooth loss is inevitable - a bad prognosis [1].

To achieve the set goal, 68 patients with chronic generalized complex periodontitis in combination with dentoalveolar deformities aged 35–44 years underwent a comprehensive examination and treatment. The first group consisted of 33 patients, in whom prognostic signs of the disease were determined and analyzed by constructing a programmed prognosis diagram and timely assignment of the number and frequency of visits during complex therapy including vacuum laser therapy.

RESULTS AND DISCUSSION

In determining the primary prognostic signs of the risk of developing the disease in patients with periodontal pathology in combination with dentoalveolar deformities, 8 main ones were established: impaired microcirculation according to LODcsf data, loss of alveolar bone

depending on the patient's age, the ratio of segments with bleeding during probing to the total number of segments, the number of segments with periodontal pockets of 5 mm or more, the number of lost teeth, the presence of dentoalveolar deformity, systemic diseases, cigarette smoking. The results were then processed on a PC using the "BP Forecast" program. The risk level of possible development or progression of the disease was determined by the location and area of the polygon filling (AFP) of the diagram, which were calculated by the program. The obtained results were processed and displayed on the computer screen, saving them on the disk for further analysis. Depending on the ratio of prognostic signs, 3 levels of risk of possible development or progression of the disease were interpreted: low, medium, high.

Low level of risk of developing PD was calculated with LODcsf of at least 30 conventional units; KPZ of at least 10%; 1-3 periodontal pockets of 5 mm or more; 1-3 missing teeth; loss of alveolar bone / age up to 0.5; without dentoalveolar deformation and systemic diseases; the patient does not smoke or is a former smoker (5 years or more).

Average risk of developing PD: LODcsf within 20-29 conventional units; KPZ from 9% to 25%; 4-8 periodontal pockets of 5 mm or more; 4-8 missing teeth; alveolar bone loss / age is 0.5-1.0; with dentoalveolar deformation and without systemic pathology; the patient smokes occasionally or is a "smoker" (up to 20 cigarettes per day).

High risk of developing PD: LODcsf - 19 conventional units and below; KPZ more than 25%; more than 8 periodontal pockets of 5 mm or more; more than 8 missing teeth; alveolar bone loss / age is more than 0.75; with dentoalveolar deformation; with systemic pathology; "heavy" smoker (more than 20 cigarettes per day).

Before treatment, in patients with chronic generalized complex periodontitis combined with dentoalveolar deformities, the PZM varied from 6% to 80%. In the first group, the PZM was $27.9 \pm 2.45\%$, with a low level of BP development detected in 3 patients, an average level in 18 patients, and a high level in 12 patients. In patients with a high risk of developing periodontal diseases, in which a high percentage of segments with bleeding on probing, a large number of periodontal pockets ≥ 5 mm deep, and impaired microcirculation were detected, the risk of disease progression decreased to an average risk level already 3 months after complex periodontal therapy. The filling area of the polygon in patients of the first group was equal to $17.27 \pm 1.22\%$, which is 1.6 times less compared to the parameter before treatment ($p < 0.001$).

CONCLUSION

The conducted studies allow us to draw the following conclusions: The primary prognostic signs of the development and progression of the disease in patients with periodontal pathology in combination with dentoalveolar deformities have been determined. An analysis of the prognostic signs of the development and progression of periodontal diseases has been conducted based on the developed prognosis program to justify the use of complex treatment and preventive measures in patients with periodontal pathology in combination with dentoalveolar deformities. The developed method for analyzing prognostic signs of the development and progression of periodontal diseases allows us to qualitatively and quantitatively determine the level of risk of the development and progression of periodontal

diseases, the necessary treatment and diagnostic measures, in particular, indications for orthodontic measures, and the frequency of dynamic observation.

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