



TREATMENT OF CHRONIC CATARRHAL GINGIVITIS IN CHILDREN WITH DISABILITIES IMPROVEMENT

Yo.Q. Eronov., F.L. Mirsalixova

Bukhara State Medical Institute

Tashkent State Dental Institute

Article history:	Abstract:
Received: August 20 th 2021 Accepted: September 21 st 2021 Published: October 26 th 2021	To study the prevalence of dental disease and chronic catarrhal gingivitis in children with disabilities; determination of some biochemical parameters of oral fluid in the diagnosis, treatment and prevention of chronic catarrhal gingivitis in children with disabilities; evaluation of physical and chemical parameters of oral fluid in chronic catarrhal gingivitis in children with disabilities; analysis and development of a profile algorithm for early diagnosis, treatment and prevention of chronic catarrhal gingivitis in children with disabilities;

Keywords: Catarrhal Gingivitis, Dental Disease, Of Oral Fluid

RELEVANCE.

Effective treatment of gingivitis in childhood is an immediate preventive measure for the restoration of periodontal soft tissues and, subsequently, at an older age, to prevent the development of an inflammatory and destructive process in the periodontal. However, to date, there is no optimal scheme for the treatment, prevention and rehabilitation of chronic catarrhal gingivitis, taking into account its features in clinical manifestations. When developing therapeutic, preventive and rehabilitative measures, it is necessary to take into account the peculiarities of all these oases, strive to pay as much attention as possible to all significant omillaries that lead to the formation of a chronic form of the disease, and have a clear idea of the etiological and pathogenetic essence of the disease, as well as how to treat it.

Inflammatory periodontal diseases are characterized by a steady increase in prevalence among children and a large population. At the same time, periodontal diseases occur in school-age children from the age of three: 30-50% in children aged 10-12 years, 55-96% in children aged 13-15 years. The stagnation of the mucous membrane of the gums depends on the state of the upper layer - the epithelium, it acts as a functional barrier to the microflora due to the constant arc-shaped properties of epithelial cells, as well as the constant process of proliferation and differentiation of cells on the surface of the gums [2.4.10.11.13].

Today, the negative impact of environmental factors associated with global change ecological balance in the world, the social environment of family, failure to follow the procedure of healthy food, lack of calcium

ions and fluoride in the objects of the biosphere on areas lead to the emergence and acceleration of child tooth decay [3.4.5.7.9.11.13.14].

Currently, a significant increase in the prevalence of periodontal diseases from 20 to 60% of the population requires serious attention of dental scientists, after which, over the past 15 years, extensive studies have been conducted on the etiopathogenesis, prevalence, intensity of gingivitis and various methods of diagnosis, treatment and prevention have been proposed. Prevention, prevention of this disease [1.2.4.6.8.12.14]. The results of numerous studies indicate the adverse effects of chronic infectious and inflammatory processes in soft tissues, periodontal pathogenicity of the mouth and for the health of the whole organism, the risk of a parallel growth of factors leading to peroxide catarrhal gingivitis In severe condition and the reverse state of catarrhal gingivitis - diffuse periodontal disease. Therefore, it is necessary to develop new methods for the diagnosis, prevention and treatment of periodontal tissue diseases remains one of the main problematic issues of medical practice that are of interest to doctors and students.

In the literature, the cytological description of gum mucus is mainly covered for the adult population. In childhood, this problem was studied sluggishly, but in older people, cytological studies of cheetah gum traces are one of the main indicators for assessing the condition of the gum mucosa.

Scientific research in a number of priority areas is carried out in the world with the help of clinical and preventive morphogenetic substantiation of new principles, diagnosis and rehabilitation of chronic catarrhal gingivitis in children. In this regard, it is



important to take into account the peculiarities of pathogenetics affecting the occurrence of endogenous and exogenous causes affecting catarrhal gingivitis; to develop an optimal treatment regimen, prevention and rehabilitation of chronic catarrhal gingivitis, taking into account the peculiarities of its clinical manifestations.; to create a complex of preventive measures aimed at the prevention of diseases, to improve modern methods of treatment of chronic catarrhal gingivitis. An effective treatment of the pattern in childhood is the restoration of periodontal soft tissues and, accordingly, At an older age, it is a preventive measure to prevent the development of an inflammatory and destructive process in the periodontal, which in turn is considered an urgent problem of modern medical science or practice [1.2.4.6.8.12.14]..

In our country, large-scale measures are being taken to improve the healthcare system, including the elimination of dental diseases and their complications, as well as the provision of qualified medical care to patients with this pathology along with such functions as improving the efficiency, quality and accessibility of medical care, maintaining a healthy lifestyle and disease prevention, including the formation of a medical standardization system, high-tech methods of diagnosis and treatment, support of means of implementation of effective models of patronage and dispensary treatment. In connection with the orphan effective treatment, prevention and timely diagnosis of complications of dental diseases, including chronic catarrhal gingivitis in children, remains one of the main areas requiring research work.

According to the classification presented in the literature, 80% of children suffer from gingivitis. Among periodontal diseases in children, chronic catarrhal gingivitis accounts for 35-85%. The greatest proportion falls on gingivitis of mild and moderate severity. Changes in periodontal tissues are observed in 7-8 50% of young children, with age the prevalence of gingivitis increases until puberty, 90% of children under the age of 12 suffer from gingivitis. According to scientists, gingivitis often proceeds painlessly and can remain untreated for many years. The main cause of chronic gingivitis and periodontitis is inflammatory processes against the background of non-specific microorganisms for the oral cavity and their various manifestations (O.A.Smetanina, L.N.Kazarina 2015). With the development of inflammation in the periodontal gingivitis passes into another nosological form - periodontitis. Chronic catarrhal gingivitis is considered not only periodontal inflammation, but also the quality of the body's response to the aggressive action of microbes present in the teeth, resulting in a

nonspecific negative effect on its character, which leads to dysmetabolic damage to epithelial cells and microvessels. (Ippolitov Yu. A. et al. 2014).

Some issues of providing dental care to children in our republic are still insufficiently studied. Scientists and researchers from Uzbekistan and abroad pay great attention to inflammatory periodontal diseases, dealing with methods of treatment, diagnosis and prevention. In chronic catarrhal gingivitis, the disease is characterized by a wide prevalence (80-98%), with various clinical manifestations, complications in diagnosis, complex treatment and prevention (S.S.Murtazaev, M.K.Kuchkarov 2018; ZH.A.Rizaev, O.E.bEkzhanova 2019). The most common cause of gingivitis is improper oral hygiene in children, neglect by parents of hygiene education in a child, the presence of dental anomalies, the severity of the general somatic condition and a combination of general and local factors of the development of inflammatory diseases in marginal periodontal.

Thus, the study of HCG before the clinic using the cytological method and minimally invasive treatment of catarrhal gingivitis in children in Uzbekistan was not conducted, and for the first time a comparative assessment of the use of cytological indicators to characterize the condition of the gums of children with HCG compared with healthy periodontal disease was given.

THE PURPOSE OF THE STUDY:

He recommends and offers children with developed chickenpox to improve the quality of diagnosis, prevention and treatment of chronic catarrhal gingivitis with disabilities.

OBJECTIVES OF THE STUDY:

To study the prevalence of dental disease and chronic catarrhal gingivitis in children with disabilities;

determination of some biochemical parameters of oral fluid in the diagnosis, treatment and prevention of chronic catarrhal gingivitis in children with disabilities;

evaluation of physical and chemical parameters of oral fluid in chronic catarrhal gingivitis in children with disabilities;

analysis and development of a profile algorithm for early diagnosis, treatment and prevention of chronic catarrhal gingivitis in children with disabilities;

it consists in studying the clinical effectiveness of the drugs Kalmazin and Roks in the treatment of dental diseases and dental caries in chronic catarrhal gingivitis in children with disabilities;



OBJECT OF THE STUDY

As of 2021, 39 children aged 9 to 17 years enrolled in a children's boarding school with disabilities in the Bukhara region.

SUBJECT OF THE STUDY

The resulting prevalence of dental caries in children with cerebral palsy, and the degree of intensity of caries, the hygienic state of the oral cavity, papillary, marginal alveolar index and index of chronic catarrhal gingivitis in children with disabilities.

Disabilities of children with chronic catarrhal gingivitis, a decrease in the number of gum cells with cytopathological changes, against the background of an increase in the number of cells of the inflammatory infiltrate of PMN and intact monocytes, a decrease in the number of nucleated cells of the spiny layer and non-nuclear keratinized cells, is one of the important links in the pathogenesis of the disease.

The simplest criteria for assessing oral hygiene are tooth surfaces covered with caries, expressed in numbers. For this purpose, the Green-Vermillion method was used.

G.Green and I.R. Vermillion (1964) OGI-S (Oral Hygiene Indices - Simplified) proposed a simplified oral hygiene index. To determine OHI-C, the following tooth surfaces are examined: face, tongue and (6/6)/(6/6)lab1|1.

Caries of the first tooth is determined on all surfaces. The amount of caries on the surfaces of teeth is determined as follows: the surface of six permanent teeth is stained with a mixture of iodine - the laboratory surfaces of the upper central incisors, the surface of the upper first permanent large root teeth, the surface of the tongue of the lower first permanent large root teeth.

The following system of dental caries assessment is used:

0-no stains on the teeth (no staining);

1-dental karashi covers more than 1/3 of the tooth surface area;

2-dental karashi covers more than 1/3 of the tooth surface, but less than 2/3 of the area;

3-dental caries covers more than 2/3 of the tooth surface area.

In each tooth, the number of points is added to the total and divided by six (the number of teeth).

According to the amount of caries found on the surface of the teeth, three levels of oral hygiene can be distinguished: good, satisfactory and bad.

As a good case, you can assess the condition in which the colored karash is found on the necks of individual teeth (0-1 score). Satisfactory condition - caries covers 1/3 of the surface of the tooth crown and slightly more than 1/3 of individual teeth (1-2 points). Bad karash

covers almost the entire surface of the crown, that is, more than 2/3 of all tested teeth (2-3 points). This indicator allows us to draw conclusions about the hygienic condition of the oral cavity during the period of tooth change in children.

In the absence of the first permanent teeth, to assess the hygienic condition of the oral cavity, we use Yu.A. Fedorov and V.V. We used the Fedorov-Volodkina index proposed by Volodkina (1971), which is determined by staining the surface of the six lower frontal teeth with a mixture of iodine (a mixture of iodine and potassium).

Quantitative assessment is carried out according to a five-point system:

1. The entire surface of the tooth crown is painted – 5 points
2. $\frac{3}{4}$ Staining of the tooth crown surface - 4 points
3. Painting of the surface of the tooth crown - 3 points
4. Painting of $\frac{1}{4}$ of the tooth crown surface - 2 points
5. Lack of coloring - 1 point

Here, CSR is a general hygienic indicator, KP is a hygienic indicator when brushing a tooth, n is the number of teeth examined.

Oral hygiene classes were conducted in the study groups, which included a course of hygiene skills training. During the lesson, the children were taught the rules of brushing teeth by the standard method in the malls.

REFERENCES.

1. Mirsalikhova F. L., Eronov Yo. K., Radjabov A. A. Prevention and treatment of caries in children with cerebral palsy// ACADEMICIA: An International Multidisciplinary Research Journal Vol. 9 Issue 12, December. - 2019. – P. 68-70.
2. Eronov Yo.Q., Rajabov A.A. Assessment of the evaluation of oral hygiene in children with cerebral palsy// Asian Journal of Multidimensional Research (AJMR) February. - 2020. – P. 189-191.
3. Eronov Yo.Q., Rajabov A.A. Analytical indicator of saliva in children with cerebral palsy// ACADEMICIA: An International Multidisciplinary Research Journal. - 2020. – P. 1823-1825.
4. Eronov Yo.Q., Rajabov A.A. Loshli-Yushenko-Krasnagorskiy method of leave in children with brain palacy// The Pharma Innovation Journal. - 2020. – P. 601-602.
5. Kamalova F. R., Rakhmatova D. S., Tailakova D. I. The significance of preventive examination of dental diseases in school-age children/ / Collection of articles International scientific and practical Conference. "Topical issues of dentistry". - 2018. - p. 45-49.



6. Kamalova F. R., Rajabov A. A. Comparative analysis of primary cheiloplasty in children with bilateral cleft of the upper lip and palate, taking into account the degree of underdevelopment of the median fragment// Collection of articles International Scientific and Practical Conference. "Topical issues of dentistry". - 2018. - p. 50-55.
7. Eronov Yo.Q. Disease incidence and statistical indicators in children with cerebral palsy. //International engineering journal for research development .Vol. 5 Issue 4.2020.-pp 31-32.
8. Eronov Yo.Q Implementation of comprehensive prevention of dental caries in children with cerebral palsy.// International Journal of Human Computing Studies Vol 2 № 6 2020. JHCS.-pp 22-24.
9. Eronov Yo.Q Indications for oral hygiene in such children with cerebral palsy.// International Journal of Integrated Education Vol 3, Issue VI, June ,2020.-pp. 26-27.
10. Eronov Yo.Q., Kamalova M.Q. Evaluation of caries prevalence in children with cerebral palsy. //ACADEMICIA: An International Multidisciplinary Research Vol 10.Issue 2. February 2020.-pp. 85-87.Impact factor- 7.13.
11. Mirsalikhova F. L. Upgraded approach and methods of use of modern theory comprehensive prevention programs dental caries in children.// «European science review». № 9-10 September-October Vienna 2016, 110- 112 p
12. Mirsalikhova F. L. The importance of biophysical properties and mineralizing function of salivary glands in children during cutting of constant teeth period .// International Conference Science, Research, development Philology, Sociology and culturology Berlin 30-31.05.2018.165-168p
13. Mirsalikhova F. L. Efficiency of the micropreparation method in treatment of children caries .// Scientific researches for development future: medicine and natural science San Francisco, USA 15may, 2018. 21-23p
14. Раджабов А.А., Раджабов А.Б., Темирова Н.Р., Камалова Ш.М. Оценка результатов первичной хейлопластики у детей с врожденной двусторонней расщелиной верхней губы и нёба// Электронный научный журнал «Биология и интегративная медицина». - 2017. - № 5. - С. 36-46.