



RISK FACTORS OF GUM RECESSION IN PATIENTS OF DIFFERENT AGE GROUPS

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Article history:	Abstract:
Received: 11 th February 2022 Accepted: 11 th March 2022 Published: 28 th April 2022	This article discusses the analysis of risk factors affecting the occurrence of gingival recession in patients of different age groups. A clinical examination was carried out in 64 patients with gingival recession, aged 18 to 75 years, who were divided into age groups. As a result of taking into account the constitutional features of the periodontal tissues and factors of the occurrence of gum recession and timely elimination of these factors, will reduce the risk of a recession.

Keywords: Gum Recession, Periodontium, Hygiene Index.

RELEVANCE.

Gingival recession is a common pathology of periodontal tissues [1,5]- In many clinical studies, the proportion of gingival recession in the structure of periodontal diseases ranges from 10% to 99.3% [6]. Identification of risk factors for gum recession by a dentist is necessary for the choice of treatment tactics for patients of different age groups [7]. Early elimination of risk factors for gum recession naturally leads to an improvement in the patient's dental health [2,3,4].

The aim of this study is to analyze the risk factors affecting the occurrence of gingival recession in patients of different age groups.

Materials and methods. A clinical examination was carried out in 64 patients with gingival recession, aged 18 to 75 years, who were divided into 5 age groups: the first group was from 18 to 28 years old (n = 18), the second - from 29 to 39 years old (n = 10), the third - from 40 to 50 years old (n = 10), the fourth - from 51 to 61 (n = 14), the fifth - over 62 years old (n = 12). During the study, a clinical examination of the patients was carried out, including the collection of anamnesis, external examination and examination of the oral cavity (the intensity of caries in permanent teeth was determined using the KPU index, the level of oral hygiene, the state of periodontal tissues), and X-ray examination. In each age group, the prevalence of gingival recession was studied using the gingival recession indices by Stahl and Morris (1995) and the gingival recession index by Leus and Kazeko (1993). In all age groups, the index score for gingival recession was compared with the following indices: Silnes-Lowe hygiene

indices: Silnes-Lowe hygiene index (1964), simplified oral hygiene index (OHI-S, 1964), papillary-marginal-alveolar index (PMA, 1960), bleeding index at probing (BOP, 1975), index of bleeding during probing (Ainamo, Vau, 1975), index of need for periodontal

treatment (CPITN, 1978), communal index of need for treatment of periodontal diseases. Results. In 77.8% of the examined patients of the first age group, there was a localized recession of the gums due to the anatomical and physiological features of the alveolar process and mucogingival anomalies (thin biotype of the gums - 77.8%, shallow vestibule of the oral cavity - 44%, high attachment of the frenum of the lower lip - 72, 2%). Mild gum recession was detected in 78% of cases (class 1 according to P. D. Miller's classification). Generalized gum recession (2nd class according to PD Miller classification) associated with malocclusion (crowding of teeth - 27.8%, distal occlusion - 11.1 %, deep occlusion - 5.6%) was found in 22.2% of the examined patients. , poor oral hygiene - 44.4% (OHI-S>2.6), orthodontic treatment -16.7%, heredity - 22.2%. During the examination of the patients of the second group, a tendency towards the generalization of the process was revealed. Localized recession was noted in 50% (1 st class classification according to P. D. Miller) of the examined, the causes of which were chronic trauma to the gums by the overhanging edges of fillings and crowns, accompanied by food retention between the teeth, supracontacts or three. In 50% of the surveyed in the second age group, the recession was generalized (grades 2 and 3 according to the PD Miller classification) and was caused by the pathology of the bite

classification) and was caused by the pathology of the bite (deep bite - 40%, crowding of teeth -10%), anatomical and physiological features of the alveolar process, or was a symptom of mild (37.5% of cases) or moderate (16% of cases) chronic inflammatory periodontal disease. Among the causes of gum recession, patients also pointed to a hereditary factor. In the third age group, the prevalence of generalized form of gingival recession of medium (40% of cases) and severe (50% of cases) severity according to Stahl, Morris and grade 4 according to P. D. Miller's



classification (100%) was noted. In this age group, among the risk factors, the microbial factor prevails (OHI-S>2.6 in 50% of the subjects), chronic toothbrush trauma (horizontal movements of the toothbrush - 70%) and overhanging edges of fillings and crowns. In 71.4% of patients also pointed to a hereditary factor. In the third age group, the prevalence of generalized form of gingival recession of medium (40% of cases) and severe (50% of cases) severity according to Stahl, Morris and grade 4 according to P. D. Miller's classification (100%) was noted. In this age group, among the risk factors, the microbial factor prevails (OHI-S>2.6 in 50% of the subjects), chronic toothbrush trauma (horizontal movements of the toothbrush - 70%) and overhanging edges of fillings and crowns. In 71.4% of patients, concomitant periodontal disease - chronic generalized periodontitis of moderate severity - was revealed, in 14.8% - chronic generalized periodontitis of severe degree. In the fourth and fifth age groups, in 92.3% of cases, generalized gingival recession of severe degree, in 7.7% of cases - moderate severity, respectively, 3 and 4 classes according to the classification of P. D. Miller. The risk factors for gum recession in the fourth and fifth age groups include the microbial factor (OHI-S>2.6 in 80% of the surveyed), irrational prosthetics (the presence of balancing orthopedic structures), the absence of a large number of teeth and, accordingly, teeth, not having contacts with antagonists, which determines the presence of functional overload of periodontal tissues. Chronic generalized periodontitis of severe degree was revealed in 76.9% of the examined 209, while the CPITN index was 3 points - in 39%, 4 points - in 47% of the examined. A high incidence of occlusion pathology was noted (distal occlusion -11.5%, deep traumatic - 15.58% , growding of teeth - 19.2%), thin gingival biotype - 46.1%, mucogingival anomalies (small vestibule of the oral cavity 45 % requiring correction of the strands of the oral mucosa - 47%).

CONCLUSIONS

1. The index score of gingival recession, as well as the generalization of the process, significantly increase with the age of the patients. For the onset and development of gingival recession, as a rule, a complex of risk factors is required: the predominant risk factors for gingival recession in patients aged 18-28 (first age group) are mucogingival anomalies, anatomical and physiological features of the alveolar ridge, orthodontic treatment; for patients aged 29-39 years (second age group), the risk factors for gum recession are chronic trauma to the gums caused by overhanging edges of fillings and crowns, the presence of supra-contacts and bite pathologies; in the third age group of patients 40-50 years old, the risk factors for gingival recession are the microbial factor

and concomitant periodontal diseases of an inflammatory nature; in the fourth (patients 51 -61 years old) and fifth (patients over 62 years old), the highest frequency of occurrence was observed for severe inflammatory periodontal diseases and functional periodontal overload of various origins. 2. Elimination of risk factors, training in rational oral hygiene and professional hygiene are the main preventive measures in the diagnosis of gum recession. 3. Taking into account the constitutional features of periodontal tissues and factors of gum recession and timely elimination of these factors will reduce the risk of recession.

LITERATURE

1. Smirnova S.S. Gum Recession and Main Methods for Its Elimination I
2. S.S.Smirnova // Materials of the S.S.Smirnova II Materials of the All-Russian Congress "Dentistry of the Greater Urals. Prevention and treatment of periodontal diseases. Problems of dentistry and their solution with the help of modern technologies "(Yekaterinburg, April 2-4, 2008). - Yekaterinburg, 2008. -- S. 28-33.
3. RonG.I. The value of the zone of attached keratinized gums for healthy patients and those with inflammatory periodontal diseases / G.I. Ron, S.S. Smirnova I I Ural Medical Journal. Dentistry. - 2008. - No. 10 (50). - S. 55-58.
4. Serov P.G., Shcherbakov A.S., Vinogradov V.F. Features of the management of patients with essential hypertension at the dental orthopedic admission // Verkhnevolzhsky medical journal. -2010.-T. 8.NO.3.-S. 16-20.
5. Skorova A.V. Clinical and laboratory diagnostics and treatment of occlusive disorders in inflammatory periodontal
6. 15:44 И®®» t? .ill 54% 6
7. IIIUI I IJ |^4»| IVI IJIVI ■ UI LI 14» dental orthopedic admission // Verkhnevolzhsky medical journal. - 2010. - T. 8.NO. 3. - S. 16-20.
8. Skorova A.V. Clinical and laboratory diagnostics and treatment of occlusive disorders in inflammatory periodontal diseases [Text]: author, dis. ... Cand. honey. Sciences / A.V. Skorova. - M: MMGSU, 2008. - 22 P-
9. Falin L.L Histology and embryology of the oral cavity and teeth [Text] I L.L Falin. - M. : Medicine, 1968 219 p.
10. Fevraleva A.Yu. Elimination of gum recession [Text] I A.Yu. Fevraleva, A. L. Davidyan. - M. : Poly-Media-Press, 2007. --152 p.
11. Fomicheva E.A. Prevention and treatment of periodontal tissue recession [Text]: author, dis. ... Cand. honey. Sciences: 14.00.21 / E.A. Fomichev. - Stavropol, 2005.- 24