

THE SPECIFICS OF THE TREATMENT OF CHRONIC CATARRHAL GINGIVITIS IN PATIENTS WITH RHEUMATISM

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SUMMARY

It is known that rheumatism is a multifactorial autoimmune disease and in the development of which exogenous (viruses, bacterial, superantigens) and endogenous (type II collagen) factors are important. The study examined patients with rheumatism in the Bukhara regional multi-disciplinary children's hospital, the department of cardiac rheumatology, who came from different regions.

Diagnosis and treatment of chronic catarrhal gingivitis in children with rheumatism. When treating these patients, when developing a treatment plan, the fact that the territory belongs to the salt zone was taken into account. Optimized dental care was also provided to these patients.

Keywords: rheumatism, chronic catarrhal gingivitis, dental care

The practice of many years suggests that rehabilitation patients with pathology of various organs and systems in the sanatorium resort conditions is an integral component of success treatment and stabilization of patients. To dental disease attitude is often reduced to an aesthetic problem rather than medical, which is deeply mistaken. The fact that for recent decades has significantly increased dental incidence in childhood and adolescence amid growth somatic pathology(3). Given the high cost medical care, dental care is not always available to patients with systemic lesions(5). Therefore, for asymptomatic dental diseases patients often neglected visit to the doctor. However all organs and systems in the body human, as well as the processes taking place in them, are invariably connected between themselves. And local treatment of only one of them, without taking into attention is the influence and manifestations in other organs and systems left in the past.

Sanatorium treatment of any pathology from this point of view is very beneficial as the underlying disease in the patient undergoing this course is, as a rule, in a state of remission, absence exacerbation of the disease, pronounced signs of progression illnesses. During this period, significantly less (or absent) reception patients with drugs, the patient is psychologically ready pay attention to the treatment of other, less pronounced, asymptomatic ongoing changes from the body.

The role of the dentist in the spa phase of rehabilitation patients are often underestimated; work is routinely reduced to stating the state of the oral cavity. Not always a diagnosis dental diseases carried out in accordance with ideas about the classical course of pathology, without taking into account the influence accepted pharmacological agents and their complications, manifesting in the oral cavity.

Appointment of dental procedures taking into account balneological features of the resort is very limited due to busy schedule of physiotherapeutic procedures prescribed about the underlying disease. Therefore, the question remains relevant

optimizing the provision of dental care to patients, staying in spa conditions, as well as the opportunity application of both natural and preformed natural factors as a pathogenetic component of the complex treatment of diseases of the teeth, periodontal and oral mucosa.

AIM

our study was the study the effectiveness of the use of water source Juizar in the treatment chronic catarrhal gingivitis in rheumatism during the stay in the sanatorium resort conditions.

MATERIALS AND METHODS

Under our supervision were 37 person with a diagnosis of mild chronic catarrhal gingivitis severity ”, suffering from rheumatism, in age 7-12 years. Patients were divided into two comparable groups - the main (MG, 25 people) and comparisons (CG, 12 people). Before the beginning of treatment and after its completion, the index was determined for all patients hygiene method Green-Vermillion, conducted a test Schiller-Pisarev, evaluated the degree of inflammation in the gums using the index PMA (modified by Parma), recorded the degree of bleeding interdental papillae (PBI index according to Saxer and Muhlemann,1975). Treatment catarrhal gingivitis was performed in accordance with the “Protocols medical care ”[2]. All patients had dental deposits, taught oral hygiene. GS patients underwent traditionally applications with 0.05% chlorhexidine solution, rinse oral cavity for 5 days. Patients with main group - applications and mouthwash of water source Juizar deposits in a dilution of 1: 3 and assigned rinse and bath brine for 5 days.

Water source of Juizar - highly mineral (up to 200 g / l) brine formed in vivo mud deposits . The composition of the brine includes salts of sodium, magnesium, calcium, iron, potassium, iodine, bromine ions, boric acid, gas solutions and organic compounds.

RESULTS AND ITS DISCUSSION

When diagnosed catarrhal gingivitis was a thorough history taking. 26 (70.27%) patients noted a periodically appearing feeling of dryness in the oral cavity, aggravated by physical exertion and on psychoemotional recovery. Gum bleeding when brushing your teeth indicated only 4 (10.81%) people. On visual inspection, hyperemia gums was slightly expressed. When conducting a Schiller test Pisareva in 8 (21.62%) patients she was defined as "positive", 29 (78.38%) - “slightly positive”, which indicated asymptomatic inflammatory process in the gum. The data obtained are noted by us as a feature during and clinical manifestation of chronic catarrhal gingivitis in patients rheumatism. The data obtained are noted by us as a feature during and clinical manifestation of chronic catarrhal gingivitis in patients with rheumatism. Surveyed contingent as basic therapy according to Methotrexate (Mtr) received the “gold standard” of treatment for rheumatism (cytostatic drug of the antimetabolite group) Modern ideas about the metabolism of MTP allow us to consider this a medicine not only as an antiproliferative, but also as anti-inflammatory by activating adenosine receptors, located on the surface of cells. As a result, in the focus of inflammation there is a release of adenosine having anti-inflammatory activity [1]. So the lack of bright pronounced clinical picture (signs of gum inflammation) we explain the effect of the used drug Mtr for treatment rheumatism. So the lack of bright pronounced clinical picture (signs of gum inflammation) we explain the effect of the used drug Mtr for treatment rheumatism. Observed classic manifestations chronic catarrhal gingivitis in the group of patients with rheumatism explainable by the cyclical administration of the drug. This moment is necessary take into account when making a diagnosis of gingivitis in patients with rheumatism. Studies on the action of MTP found that the drug also has an immunosuppressive effect (suppresses adhesion of leukocytes to the endothelium and their migration through postcapillary venules in the area of inflammation). There is a decline the level of not only general, but also local immunity (in the oral cavity), in whose conditions (according to the modern concept of pathogenesis gingivitis) a leading factor in the development of inflammation is - microbial[1,4]. The level of hygiene in the group of subjects was evaluated by us as "satisfactory". Thus, gingival inflammation remain predetermined, but weakly expressed. A low percentage of gingival bleeding revealed during the survey tooth brushing time seems to be possible due to the fact that dental hygiene for patients not carried out in full (in time, dosing force the effects of the toothbrush on the teeth and gums, the range of movements of the tooth brushing in the oral cavity). To some extent, this is also explained by the fact that rheumatism patients in the inflammatory-destructive process, along with others the joints are involved and the wrist. Hygiene Care patients carry out a mouth in the

morning and in the evening, and patients with rheumatism stiffness and pain in joints, weakness and feeling in the morning malaise. After treatment of chronic catarrhal gingivitis in patients with rheumatism, it was found that a decrease in values paraclinical indices occurred in both groups regardless of means used by application (table. 1).

Table 1.

Observation groups		Index hygiene	PMA Index	Index bleeding
Main (n=25)	before treatment	1,18±0,56	14,51±6,89	0,97±0,42
	after treatment	0,23±0,23 p1<0,001 p2<0,05	1,63±1,44 p1;p2<0,001	0,1±0,14 p1;2<0,01
Comparisons (n=12)	before treatment	1,28±0,62	15,59±5,98	1,05±0,51
	after treatment	0,52±0,34 p1<0,01	4,65±1,78 p1<0,001	0,32±0,19 p1<0,01

Note:

p1 - significance of differences with indicators before treatment;

p2 - significance of differences with CG.

In a group whose treatment regimen included the use of brine Juizar, the dynamics of indicators before and after treatment was more expressed. Significant differences in hygiene values were noted. ($p < 0.05$), which is explained, from our point of view, by the properties of brine, since additional hygiene products were not used by patients; multiplicity hygiene measures remained the same, replacing toothbrushes and no toothpastes. Both brine and chlorhexidine possess antimicrobial properties however comparative spectrum data the action and activity of these drugs are absent. Unlike chlorhexidine, brine has immunocorrective and desensitizing effect, which determines its use as a pathogenetic agent in the treatment of chronic catarrhal gingivitis in the background

CONCLUSION

Polymineral brine - brine of Juizar appropriate apply as an application to the gums and mouth rinses for patients chronic catarrhal gingivitis suffering from rheumatism. Select this topical agents is pathogenetically reasonable given the underlying background disease, logical an integral part of a comprehensive spa treatment. The use of brine Juizar allows you to reduce treatment time chronic catarrhal gingivitis.

LITERATURE

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