

Скорость прохождения УЗИ в кости челюсти зависит от формы заболевания. Чем моложе возраст пациента, тем более выражено снижение скорости прохождения ультразвука. При одонтогенном остром остите отмечено достоверное снижение скорости прохождения ультразвука через кость челюсти (до 19%), что свидетельствует о вовлечении кости челюсти в воспалительный процесс. Снижение скорости прохождения УЗИ у детей с острым одонтогенным оститом составило 15,8%, у взрослых - 10,7%.

У больных одонтогенным остеомиелитом челюстей во всех возрастных группах выявлено снижение скорости прохождения - УЗИ у детей на 25,8% и на 24,6% у взрослых.

Вывод. Ультразвуковая остеометрия является дополнительным первично-ориентированным методом диагностики, позволяющим оценить изменения костной ткани в периапикальной зоне и челюсти на ранних стадиях заболеваний, когда патологию костной ткани не удастся установить при рентгенологическом исследовании. По результатам ультразвуковой остеометрии можно проследить динамику восстановления костной структуры, прогнозировать течение заболевания.

Безвредность, простота, безболезненность позволяют рекомендовать эхоостеометрию для использования в практической стоматологии.

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IMPROVING THE EFFICIENCY OF TREATMENT OF PATIENTS WITH CHRONIC GENERALIZED PERIODONTITIS WITH PLATELET – RICH PLASMA

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Abstract. Inflammatory diseases of the periodontal tissues (IDD) occupy a high position among dental diseases, this is confirmed by the results of the WHO study, which noted that about 98% people in the world suffer from CDD. The success of treatment with conventional methods is extremely low, often there is the transition of acute inflammatory processes into subacute and chronic ones, the recovery processes are difficult, which causes an increasing

interest in non-drug methods of treatment. The article presents the analysis of the effectiveness of the modern Plasmolifting method. This is an injection method where the patient's own plasma is used, obtained from the patient's blood, platelet-rich plasma, which accelerates the natural regeneration processes. Compared to other methods, it is non-toxic and is not immunoreactive, has an anti-inflammatory effect, and reduces pain and bleeding of the gums, with its help it becomes possible to reduce the period of restoration of periodontal tissues.

Key words: platelet-rich plasma, PRP therapy, periodontitis treatment, Plasmolifting.

Among dental diseases, periodontal disease (P), dental caries, and its complications are considered the most common. The result of an epidemiological survey of people of different ages in 46 regions of Central Asia (1999) showed that only 13.8% of the surveyed aged 35–44 had a healthy periodontium, and in the age group of 65 years and older persons with intact periodontium was practically not observed [1]. The development of periodontal disease is initiated by a number of local and general factors. RFP may occur under influence of both local factors (microorganisms, dental plaque, traumatic occlusion, excessive consumption of soft, processed foods, change in qualitative and quantitative composition of saliva, poor quality fillings, the presence of orthodontic and orthopedic constructions in the oral cavity, abnormal attachment of the frenulums of the lips and tongue, anomalies in the location teeth, small vestibule of the oral cavity, trauma), and the impact of local and general factors (malnutrition, physical inactivity, somatic pathology, metabolic disorders, immunological, hormonal, vascular and metabolic changes, hypoxia and chronic intoxication) against the background of changes in the reactivity of the body. The division into general and local factors is conditional since there is no general reaction without local influence and the local reaction of the body. The action of predominantly general factors contributes to the development of generalized forms of periodontal disease. According to most scientific researchers, the main etiological factor in the development of inflammatory diseases of periodontal tissue is the bacterial flora of the dental plaques. However, the state of the protective and adaptive mechanisms of the body plays an important role in the activation of its damaging effect [2]. The occurrence of periodontitis is facilitated by such microorganisms as: *Porphyromonas gingivalis*, *Treponema den ticola*, *Tannerella forsythensis* (*Bacteroides forsythus*), *Fusobacterium* spp., and others, they are considered "marker" microorganisms of periodontitis. Dental plaque is a microbial biofilm that is firmly attached to the surface of teeth and prostheses. In biofilm microbial associations are arranged in the form of an extracellular matrix consisting of substances of organic and inorganic origin. The microbial flora of the dental plaque is very complex, because over 500 different species of bacteria were found in the dental plaque samples. Biofilm microorganisms are not in a passive state but in constant interaction. One of the main advantages of biofilm is the stability of the effects of antimicrobial drugs [3].

The data of the medical examination (primary data) are statistically processed and the correlation-regression relationship between the studied parameters is determined. Based on the results obtained, a mathematical model of the problem under study is compiled. This makes it possible to study the objective and subjective causes of the development of the disease under study.

Periodontitis is a polyetiological disease, despite the introduction into the practice of all new methods for examining patients with diseases of periodontal tissues, problems with diagnostics and complex treatment at the present time remain relevant. Among the conservative methods of treatment of inflammatory diseases of periodontal tissues currently, numerous preparations and their combinations appear. According to the indications, drug therapy is carried out in combination with physical methods (drug electrophoresis, darsonvalization, fluke tuorization, light therapy, and ultrasound therapy). Use drugs for local and general effects (antibacterial drugs: antiseptics, antibiotics, sulfonamides, antifungals, etc.; anti-inflammatory drugs: non-steroidal series, steroid, enzymes, proteinase inhibitors.; anabolic drugs: vitamins, hormones, immunostimulants).

In a number of clinical cases, positive dynamics treatment by conventional methods is short-term, more often there is only a temporary positive effect, which requires repeated visits by the patient

to specialists of various profiles, which affects his emotional status and quality of life [4]. A number of authors explain this by the fact that the use of these drugs against the background of impaired immunobiological reactivity of the organism often contributes to the transition of acute inflammatory processes into subacute and chronic ones, making it difficult recovery processes

Theoretical foundations of platelet-rich plasma. The first report on the use of native blood inwound treatment was obtained in 1876 (Schede, Germany). The doctor noted that those wounds heal faster in which some blood was present. In 1898, in the USA, doctors Grafstrom and Elfstrom for the first time in the world, injections of autologous blood in a saline solution were made for pneumonia and tuberculosis. In 1934, V. F. Voyno-Yasenetsky published "Essays on purulent surgery", where his observations during the chipping of purulent-inflammatory foci with the blood of the patient himself, he laid the foundation for such a direction of medicine as autohemotherapy. Autologous blood has been used in the treatment of boils and carbuncles. A new stage in the development of regenerative medicine was the creation and use of injection forms of platelet autoplasm developed in 2003 by Russian scientists: Professor Renat Rashitovich Akhmerov and Ph.D. Roman Feliksovich Zarudiy. Then it was the original name of the technique was proposed — Plasmolifting™ [5, 6]. Autoplasm enriched with platelets is currently widely used in various sections of the field of medicine: applied in surgery, dentistry, traumatology and orthopedics, sports medicine, cosmetology and dermatology, and combustionology.

Platelet autoplasm modulates and regulates the function of primary, secondary, and tertiary factors of growth, affecting all stages of regeneration simultaneously. During plasmolifting, local stimulation occurs in regenerative processes in tissues in a number of dental procedures. Its task is to achieve not only the removal of the inflammatory process of the periodontium, but also to start the process of natural restoration of the color, shape, and structure of the gum tissue, and prevent bone loss. (Mazloyeva V. G., Mazloyeva M. G., Khetagurov S. K., 1999).

The Plasmolifting technique is simple, and effective, not requiring high costs. As a result of the inclusion of platelet autoplasm in complex therapy, it becomes possible to reduce the treatment time and achieve stability of the result obtained for a longer period.

ДЕКОМПРЕССИОННЫЙ МЕТОД ПРИ ЛЕЧЕНИИ КИСТ ЧЕЛЮСТЕЙ

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Актуальность. В структуре стоматологических заболеваний пациенты с одонтогенными кистами челюстей занимают важное место. Радикальные кисты составляют 94-96% среди одонтогенных кист челюстей, выявляющихся у взрослых. Наиболее частая локализация радикальных кист на верхней челюсти, реже – на нижней [1,3,5]. Несмотря на современные консервативные методики лечения, нуждаемость в хирургическом лечении одонтогенных кист не уменьшается. Основным хирургическим методом лечения одонтогенных кист челюстей является операция цистэктомия, реже – цистотомия [2,4,5].

Цель исследования: Обосновать ценность использования декомпрессионного метода лечения радикальных кист.

Материалы и методы: 6 больным с диагнозом «Радикальная киста», была проведена компьютерная томография челюстно-лицевой области. По результатам исследования был выявлен очаг деструкции костной ткани в боковом отделе нижней челюсти в области 36, 37, 38. Под местной инфильтрационной анестезией Sol. Articaini 1:100000 - 1,5мл проведен вертикальный разрез мягких тканей в проекции апекса дистального корня 3.6 зуба длиной 0,5 см. Проведено скелетирование компактной пластинки фронтального отдела нижней челюсти.

Визуальных изменений костной ткани не выявлено (узур, деформации). При помощи шаровидной фрезы проведено вскрытие костной полости. Диаметр трепанационного отверстия составил 0,5 см. Из полости кости под давлением эвакуировано около 5 мл