



Diabetic Patients' Dental Treatment Features

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OPEN ACCESS

SUBMITTED 28 February 2025

ACCEPTED 30 March 2025

PUBLISHED 30 April 2025

VOLUME Vol.05 Issue04 2025

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Abstract: The article showcases the primary practical aspects of dental treatment for patients with diabetes, with the objective of averting potential complications. Here are a few indications of the patient's oral cavity disease manifestation. In addition, patients are furnished with numerous oral hygiene recommendations.

Keywords: Rtraction, diabetes, angiopathy, parodontium, mucous membrane, and periodontal ligament.

Introduction: The presence of a variety of systemic diseases, such as diabetes mellitus, in patients is a relatively regular issue in the daily practice of a dentist. Overweight individuals, those with cardiovascular diseases, and individuals over the age of 45 comprise the primary risk group. Diabetes mellitus is a collection of conditions that are distinguished by elevated blood glucose levels that are the result of impaired insulin secretion. The disease of large (macroangiopathy) and small (microangiopathy) vessels is the most deadly complication of diabetes mellitus, which results in an impaired blood supply to organs and tissues. Grayish-white plaque on the tongue, foci of epithelial desquamation, atrophy of filiform papillae, hypertrophy of mushroom papillae, aphthous stomatitis, and a tendency to ulcerative-necrotic lesions of the gingiva are among the most common oral manifestations of diabetes mellitus [1]. A common symptom is the dryness of the mucous membrane, which is caused by the elimination of cells in the parotid and submandibular salivary glands. The disease is frequently identified by a distinct ammonia odour

emanating from the oral cavity. The necessity of a unique dental treatment approach is determined by the presence of the clinical picture described above in the patient's oral cavity. It is important to recognise that the oral mucosa of these patients is characterised by a delayed regeneration process, which is a result of a compromised blood supply to the tissues. Subsequently, the physician's interventions ought to be exceedingly gentle to prevent accidental injury. Professional oral hygiene is the initial phase of dental treatment. There are several constraints associated with this procedure for patients with diabetes mellitus. The Air Flow method is highly undesirable due to the fact that the abrasive material dispersed by the air stream hits the tissues of mucous membranes, causing multiple microscopic lesions that can develop into ulcers and erosions. Additionally, the utilisation of ultrasonic cleansing necessitates unique strategies. Selection should be made from brush heads that have a less aggressive working part (spherical shape). To prevent the tooth from overheating while polishing it with a brush, it is recommended to employ a water-cooled micromotor. Concurrently, it is imperative to select pastes that are devoid of surfactants and have the lowest abrasiveness. It is important to ensure that the patient is aware of certain aspects of oral hygiene, such as the use of a soft toothbrush, the prevention of the use of rinses containing antibacterial substances, and the stimulation of salivation through the use of decoctions of herbs-hypersalivants (mother and stepmother, thermopsis, yarrow). In order to maintain the integrity of the tissues that surround the tooth, it is also essential to adhere to certain guidelines during therapeutic treatment. It is not advisable to employ sectional matrices with a protrusion, as there is a high likelihood of traumatising the periodontal ligament, which may result in the formation of a periodontal pocket. Small wedges should be employed to secure the matrix. In order to prevent the risk of epithelial attachment trauma and subsequent gingival recession, it is imperative to refrain from employing retraction threads that have been impregnated with bleeding agents during orthopaedic treatment [2]. This situation is particularly unfavourable due to the prevalent practice of employing two retraction sutures.

CONCLUSION

In conclusion, it is important to acknowledge that intraligamentary anaesthesia is not suitable for patients with diabetes mellitus because of the periodontal ligament's integrity being compromised. Therefore, the dentist is required to exercise greater caution and attention in their actions, as well as to follow a non-standard approach to dental treatment that is designed to reduce the likelihood of

complications, in light of the presence of diabetes mellitus in the patient's anamnesis.

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