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MONITORING THE INCIDENCE OF INFLAMMATORY PROCESSES OF MALE AFTER TOOTH EXTRACTION IN PATIENTS WITH CHRONIC HEPATITIS

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ABSTRACT

As a result of numerous clinical and experimental studies, a relationship has been established between changes in the oral cavity and pathology of internal organs. In modern dentistry, interest in research on concomitant pathologies is explained by the accumulation of new arguments, the emergence of new information in the system of the whole organism [3,5]. This analysis focuses on the prevalence of hepatitis infection and its various oral manifestations,

consequences and clinical course. In this regard, the monitoring of outpatient records of patients with concomitant pathology, such as hepatitis A, B, C with inflammatory processes of the oral cavity and maxillofacial area after tooth extraction for emergency indications in the clinic of surgical dentistry of the clinic of the Tashkent State Dental Institute over the past 5 years was carried out.

Relevance. Diseases of internal organs, in particular the liver and organs of the oral cavity. The development



of lesions of the mucous membrane and inflammatory diseases of the periapical tissues of the oral cavity (in particular, complications arising after tooth extraction) aggravate the course of the underlying disease and represent the particularities of carrying out therapeutic and preventive measures [4,5].

The study of the oral cavity in liver diseases is of interest to physicians [7], since the disease processes developing in the liver mainly provoke organic and functional disorders in the oral mucosa and periodontium [1].

It should be noted that the incidence of viral hepatitis has sharply increased in large cities of our Republic. As for the incidence of viral hepatitis, in this regard, a tense epidemiological situation has also developed in Uzbekistan, with a steady upward trend, especially in recent years. In the structure of the registered morbidity, adolescents and young people generally occupy an important place (80%). [3]

Most deaths are currently associated with viral hepatitis (this infection ranks second among the causes of death of people from infectious diseases) and most of the cases of chronic liver diseases, including cirrhosis and primary liver cancer [6]. Dental care for patients, even with an established diagnosis of hepatitis, is provided mainly on the basis of accessibility due to acute pain. There are very few developments in the dental tactics of managing patients with hepatitis. In countries with a high level of dental services, there is also no experience on this problem. The widespread occurrence of viral hepatitis, in particular hepatitis B, requires in-depth dental research. [1,7].

Purpose of the study. Conducting outpatient follow-up of patients with concomitant pathology, for example, chronic hepatitis with inflammatory processes of the oral cavity and maxillofacial region after tooth extraction for urgent indications in the clinic of surgical dentistry of the clinic of the Tashkent State Dental Institute over the past 5 years.

MATERIALS AND RESEARCH METHODS

According to archival data for 5 years on the basis of the clinic of adult surgical dentistry of the Tashkent State Dental Institute, an analysis of 78 case histories of hospitalized patients with hepatitis and 107 outpatient records of patients with concomitant pathologies such as hepatitis A, B, C aged 25 to 65 years with various types of odontogenic inflammatory processes of the oral cavity and maxillofacial region. [1] Statistical analysis of case histories and outpatient charts was carried out depending on the type of hepatitis, as well as inflammatory processes of the maxillofacial area of different localizations with different courses.

Distribution of hepatitis by complications in the form of inflammatory processes of various localization.

Table 1

Complications	Alveolitis	phlegmon of the maxillofacial region (different localization)	Periostitis	Lymphadenitis
Hepatitis				
A	10	3	7	2
B	8	5	10	4
C	3	1	3	1
Total	26	17	24	11
%	33	22	31	14

According to table 1, within 5 years from the histories of diseases with odontogenic phlegmons of the maxillofacial area of various localization, which have concomitant pathology, such as hepatitis (A, B, C) amounted to 17 (22%) patients; with lymphadenitis in 11 (14%), periostitis in 24 (31%), alveolitis in 26 (33%) patients.

Consequently, due to the existence of a close functional connection between the affected organs, the dependent course of the disease is characteristic of combined pathology. In this case, the concomitant pathology of hepatitis is of interest in this regard. From the monitoring carried out, it should be noted that inflammatory processes in the oral cavity aggravate the course of the disease and serve as an important addition to the characteristics of the general picture of hepatitis. With the concomitant pathology of hepatitis, a large number of complications in the form of alveolitis 21 (36.8%) and periostitis 20 (35.2%) were revealed.

It is known that in chronic liver diseases secondary immunodeficiency is formed, which is of great importance for the oral cavity and the whole organism, therefore, the importance of the problem of studying the course of inflammatory processes in the oral cavity in patients with liver pathology, which requires timely and constant correction, becomes clear. It should also be noted the persistence of various microorganisms in saliva, which, under certain conditions and secondary immunodeficiency in the body, can give rise to pathogenic flora that contributes to the lesion of the periodontium. The state and diseases of the oral cavity should be considered dependent not only on the microbial factor, but also as a result of the state of the organism as a whole. [3,8].

Conclusion. Studying the history of the disease and diseases of the oral cavity of patients of different subgroups of observation with somatic pathology, it is possible to draw a conclusion about the dependence on the presence or absence of somatic problems.

Patients with concomitant pathology, namely chronic hepatitis, have poor quality of health of teeth



and gums in the oral cavity when compared with the somatically healthy study group. This fact indicates the effect of liver disease on the condition of the teeth of the mouth in general.

Patients with hepatitis, the structure of dental problems is determined by the phase of therapy of the underlying problem, and also requires additional and further study.

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СОСТОЯНИЕ МЕТАБОЛИЧЕСКОЙ СИСТЕМЫ ПОЛОСТИ РТА ПОСЛЕ ЛЕЧЕНИЯ С ИСПОЛЬЗОВАНИЕМ ДЕНТАЛЬНОЙ ИМПЛАНТАЦИИ

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Цель: В стоматологической практике большой интерес для изучения представляет ротовая жидкость (РЖ). РЖ является биологической средой, которая омывает всю полость рта, взаимодействуя со слизистыми, зубами и ортопедическими конструкциями. Ротовая жидкость оказывает влияние на все компоненты зубочелюстной системы, с которыми контактирует, являясь для них агрессивной средой, способной изменять их физико-химические показатели. Новые компоненты зубочелюстной системы способны изменять состав ротовой жидкости, что актуализирует использование ее биохимического исследования для определения звеньев патогенеза заболеваний полости рта на молекулярном уровне и обоснования возможностей их метаболической коррекции. Так на изменение ферментативной активности ротовой

жидкости могут влиять ионы металлов используемых для изготовления дентальных имплантатов и их ортопедических составляющих, что может приводить к изменению защитных, минерализующих, пищеварительных и других свойств, что может пагубно влиять как на зубочелюстную систему, так и на весь организм в целом.

Ключевые слова/keywords: ПОЛ, АОС, полости рта, адентии. POL, AOS cavity, adentias

Материал и методы: Сегодня внутрикостные имплантаты все чаще внедряются в широкую стоматологическую практику. Разнообразные системы имплантатов стали доступны для повседневной хирургической стоматологии в конце 30-х годов. Имплантаты представляют собой альтернативный метод лечения различных видов адентий.