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ЖУРНАЛ СТОМАТОЛОГИИ И КРАНИОФАЦИАЛЬНЫХ ИССЛЕДОВАНИЙ

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СУРУНКАЛИ ЛЕЙКОЗЛАРДА СТОМАТОЛОГИК СТАТУС ХУСУСИЯТЛАРИ



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АННОТАЦИЯ

Сурункали лейкоз билан беморларнинг стоматологик статуси оғиз бўшлиғи гигиена ҳолати паст даражада бўлиши билан тавсифланади; юқори КПУз индексли пародонт тўқималари ва оғиз шиллиқ қавати касалликларининг сезиларли тарқалганлиги; тиш тўқималари ва тиш қаторининг қаттиқ нуқсонларни бартараф этиш учун ортопедик даволашга учун беморларнинг юқори эҳтиёжи.

Калит сўзлар: лейкоз, сурункали шакли, стоматологик статус

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ХАРАКТЕРИСТИКА СТОМАТОЛОГИЧЕСКОГО СТАТУСА ПРИ ХРОНИЧЕСКИХ ЛЕЙКОЗАХ

АННОТАЦИЯ

Стоматологический статус пациентов с хроническими лейкозами характеризуется низким уровнем гигиены полости рта; значительной распространенностью заболеваний тканей пародонта и слизистой оболочки рта с высоким индексом КПУз; высокой нуждаемостью пациентов в ортопедическом лечении по поводу устранения дефектов твердых тканей зубов и зубных рядов.

Ключевые слова: лейкоз, хроническая форма, стоматологический статус

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CHARACTERISTICS OF DENTAL STATUS IN CHRONIC LEUKEMIA

ANNOTATION

The dental status of patients with chronic leukemia is characterized by low level of oral hygiene; significant prevalence of periodontal and oral mucosa diseases with high index of carious, filled and extracted teeth; high need of patients for orthopedic treatment to eliminate dental hard tissue and dental row defects.

Keywords: leukemia, chronic form, dental status

Leukemia is a malignant disease of blood cells characterized by unregulated proliferation of leukocytes in bone marrow, peripheral blood and in extramedullary areas [1, 6].

It is important to note that leukemias are divided into acute and chronic primarily by morphological features of tumor cells. Thus, acute leukemia never transforms into chronic one,

and chronic into acute one. At the same time, in the course of chronic leukemia, blast crises occur, in which the blood picture becomes similar to that of acute leukemia [4]. Dentists often encounter ulcerative-necrotic and hemorrhagic manifestations in such patients, because most complications of the leukemia process are reflected in the oral mucosa [2, 3, 5].

Currently, the pathogenesis of chronic leukemia is well enough studied. However, in combination with manifestations in the oral cavity and from the point of view of the orthopedic dentist, the problem requires further investigation. Conducting preventive and therapeutic dental care in patients with chronic leukemia is a significant challenge, since most manipulations performed in the oral cavity are to some extent traumatic. All activities of invasive nature in the oral cavity in patients with the pathology in question should be performed in the conditions of hospital with simultaneous hemostatic therapy and only in the remission period.

Objective: to study the dental status in patients with chronic leukemia.

Materials and methods of the study

A total of 32 patients aged from 60 to 74 years were examined. The study group included 16 patients with confirmed diagnosis of chronic lympholeukemia (the 1st subgroup – 8 men and the 2nd subgroup – 8 women). The comparison group consisted of 16 patients who underwent professional medical examination with a positive conclusion of workability and "healthy" status (the 1st subgroup – 8 men and the 2nd subgroup – 8 women).

We determined the following indices: Green-Vermillion hygiene index (G-V), gingival recession index, Muhllemann-Cowell index; the number of carious, filled and extracted teeth, the presence of oral mucosa diseases, the number of dental defects,

Green-Vermillion hygiene index values in male patients with chronic lympholeukemia (1 main group subgroup) averaged $2,85 \pm 1,3$; in female patients with the disease (2 main group subgroup) $2,32 \pm 0,68$ ($p=0,0119$). In the comparison group, $1,68 \pm 0,62$ ($p=0,0009$) in men (1 subgroup of the comparison group); $1,13 \pm 0,39$ ($p=0,020$) in women (2 subgroup of the comparison group).

The index values of the number of decayed, filled, and extracted teeth in the patients of the main group 1 subgroup averaged $23,75 \pm 3,37$; in the patients of the main group 2 subgroup – $22,87 \pm 3,27$. In the comparison group – $20,876 \pm 3,39$ in men; $19,99 \pm 3,41$ in women.

The Muhllemann-Cowell hygiene index values for patients in the 1st subgroup of the main group averaged $2,25 \pm 0,7$; for patients in the 2nd subgroup of the main group, $2,12 \pm 0,83$. In the comparison group, $1,25 \pm 0,88$ in men; $0,5 \pm 0,53$ in women. In the



Fig. 3. Element of the lesion on the mucosa of the patient's tongue

the presence and quality of dentures, objective examination of the oral cavity and skin in the orofacial area [1].

Statistical data processing was performed using Excel 2017 application software package, including traditional methods of variance statistics. Two independent groups were compared using the Mann-Whitney test. Such differences with $p \leq 0.05$ were considered statistically significant.

Results of the study and their discussion

The oral mucosa of patients with chronic leukemia is, as a rule, somewhat hyperemic, and areas with hemorrhagic changes are identified (Figures 1 and 2).

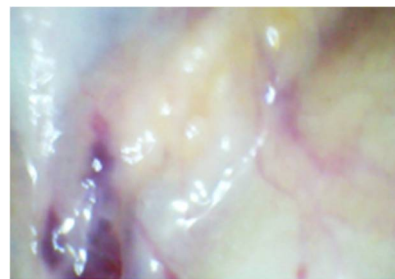


Fig. 1. Hemorrhages on the mucosa of the lip



Fig. 2. Hemorrhages on the mucosa of the tongue patients of the main group 1 and 2 subgroups severe degree of inflammation prevails.

Gingival margin recession index values in patients in the 1st subgroup of the main group averaged $36,37 \pm 6,13$; in patients in the 2nd subgroup of the main group – $29,12 \pm 6,35$. In the comparison group – $15,62 \pm 4,59$ in men, $10,62 \pm 3,42$ in women. The study determined the presence of lesion elements according to the classification of S.N. Bhaskar (1997), in which the pathology of the oral mucosa is systematized through the leading clinical symptom: "white" (W) lesions, vesicular lesions, erosive-ulcerous lesions, "pigmented" lesions. All patients of the main group have erosive-ulcerous (E), "white" (W) and vesicular (V) lesions: in patients of the 1st subgroup of the main group the following lesions were revealed: erosive-ulcerous – 62%, "white" – 25%, vesicular – 12,5%.

Patients of the main group 2 subgroup revealed: erosive lesions – 50%, "white" lesions – 25%, vesicular lesions – 25%. No chronic diseases of the oral mucosa were detected in the patients of the comparison group.

It was determined that the majority of patients of the main group had unsatisfactory condition of dentures and needed orthopedic treatment – 63,5%.

Data of objective examination. Mucosa of the oral cavity has pink color (more intensive in the cheeks, lips, transitional folds and less intensive - on gums). The mucous membranes have lesion elements (Fig. 3); the facial skin has physiological coloring, there are bruises and single petechiae.

Conclusions.

1. Dental status of patients with chronic leukemia is characterized by a low level of oral hygiene; significant prevalence of periodontal and oral mucosa diseases with a high index of the number of carious, filled and extracted teeth; high need of patients for orthopedic treatment to eliminate dental hard tissue and dental row defects.

2. Reliable differences of parameters of hygiene index Green-Vermillion (G-B), Muhlemann-Cowell index, gingival margin recession index are revealed in comparison group patients.

3. The results of this study indicate that there is a need to develop a set of measures aimed at improving the level of dental health of patients with chronic leukemia.

4. Dynamic monitoring of this category of patients by dentists with regular control of periodontal tissues and timely splinting of movable teeth with the use of rational orthopedic structures is mandatory.

5. Before carrying out any dental manipulations, it is mandatory to examine the hematopoietic system and carry out appropriate medication preparation to prevent bleeding. There is also a need to protect the oral mucosa and marginal periodontal tissues from traumatic effects at the stages of therapeutic and prosthetic treatment.

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