

1. Хасанов, Ш., Эшонкулов, Ш., & Эшмаматов, И. (2022). Организация учебного процесса для клинических ординаторов в кафедре «хирургическая стоматология и дентальная имплантология» Ташкентского Государственного стоматологического института. *in Library*, 22(1), 1–2. извлечено от <https://inlibrary.uz/index.php/archive/article/view/13991>

2. Сувонов К. (2020). Оценка высеваемости микроорганизмов при транслокации бактерий в динамике эксперимента у лабораторных животных. *in Library*, 20(2), 140–145. извлечено от <https://inlibrary.uz/index.php/archive/article/view/13976>

3. Эшонкулов, Ш., & Маннонов, Ж. (2021). Эффективность дулексной ультразвуковой исследование для определение дальнейшей тактики хирурга при воспалительных заболеваниях мягких тканей лицевой области у детей раннего возраста. *in Library*, 21(1), 114–115. извлечено от <https://inlibrary.uz/index.php/archive/article/view/14277>

THE EFFECTIVENESS OF THE USE OF PROBIOTICS IN COMPLEX TREATMENT IN PATIENTS WITH FACIAL BOILS

Ikramov G.A., Khalmanov B.A., Abdurakhmonova L.Sh., Olimjonova G.G.

Tashkent State Dental Institute

The problem of purulent infection in maxillofacial surgery has been and remains relevant, which is explained by an increase in the number of patients with inflammatory processes in the maxillofacial region, an increase in the number of cases of severe generalized infections.

Despite the widespread introduction into clinical practice of such methods of treatment as local and general surgery, the use of antibacterial drugs and chemotherapeutic agents, detoxification and corrective therapy, therapy of concomitant diseases, modern physiotherapeutic agents, inflammatory diseases of the maxillofacial region continue to pose a threat to health and human life.

There is also a change in the clinical picture of the course of acute and chronic inflammatory diseases in the maxillofacial region, an increase in the number of complications such as sepsis, mediastinitis, brain abscess, thrombophlebitis of the facial veins and cavernous sinus, bacterial shock. This is accompanied by a change in the virulence of microflora, the emergence of antibiotic-resistant and antibiotic-dependent strains of microorganisms, a decrease in immune defense, which increases against the background of dysbiosis of the gastrointestinal tract during antibacterial treatment of pyoinflammatory diseases maxillofacial region, which complicates the course of the disease and complicates the treatment of patients.

Existing diagnostic methods, including clinical ones, do not always allow adequate monitoring of the pathological process, which does not give the doctor a timely, effective correction of the patient's treatment. This applies to microbiological, laboratory diagnostic methods.

These patterns in the course of purulent-inflammatory processes in the maxillofacial region and their clinical laboratory aspects indicate the need to

improve the existing methods of treatment and diagnosis. All of the above suggests that the problem of infection in patients with purulent-inflammatory diseases of the maxillofacial region and neck remains relevant. This makes it necessary to search for new effective treatments that affect various links in the pathogenesis of inflammation and provide a prediction of the course of the disease.

However, along with the development of diagnostic methods, it seems relevant to further develop the complex therapy of boils and carbuncles of the maxillofacial region with the inclusion of factors that have their own specific focus both on individual pathogenetic links of purulent inflammation, and on the pathological process and the patient's body as a whole. This creates more favorable conditions for recovery. It follows that the remedies must be compatible with the macroorganism and must have a minimum of contraindications. As such, various biologically active compounds can be considered that have a positive multifactorial effect, both on the pathological process and on the patient's body as a whole. For this purpose, we used probiotic preparations "Bactalor" and "Florbiolact" in our work.

Objective of the study: To substantiate the effectiveness of the use of probiotics in the complex treatment of boils of the maxillofacial region.

Research objectives: To carry out a comparative analysis of microbiological studies using probiotics "Bactalor" and "Florbiolact" after opening a purulent focus.

Research materials: Examined 3 groups of children after opening purulent foci I-group. With the use of traditional postoperative wound care (n-20), II-group of traditional postoperative wound care using probiotics Bactolor (n-20) and III-group Florbiolact (n-20) in the form of washing and ingestion after surgery.

Research methods: clinical, immunological and microbiological (a generally accepted bacteriological method with the study of the cultural and biological properties of isolated microorganisms).

The microflora of the purulent focus was studied in patients with boils of the maxillofacial region using probiotics "Bactalor" and "Florbiolact". In patients with boils of the maxillofacial region after surgery, a significant shift in the qualitative composition of the microflora towards pathogenic species was revealed, as well as quantitative changes in the normal stabilizing microflora of a purulent wound. The use of probiotics "Bactalor" and "Florbiolact" in the form of ingestion and washing the wound in patients after surgery had an antagonistic effect against opportunistic and pathogenic microorganisms, including staphylococci, *Proteus* and enteropathogenic *Escherichia coli* and contributed to the restoration of bacteriocenosis of the severity of purulent wounds inflammatory process caused by dysbiosis, which creates optimal conditions for wound healing.

Conclusions:

1. Comparative analysis of the effectiveness of various antiseptic drugs for treating purulent wounds (furacilin, chlorhexidine, dioxidin, levomekol, dioxycol, miramistin) with the probiotic Bactolor, carried out on the basis of the results of a microbiological study, made it possible to identify the most effective means for treating purulent wounds in the maxillofacial region.
2. The use of the developed medical and diagnostic technique for the treatment of purulent wounds of the maxillofacial region in the complex treatment

of patients with boils of the maxillofacial region makes it possible to reduce the duration of their treatment in patients with mild severity of the disease - by an average of 1.5 days, in patients with moderate severity - by 3 day.

Bibliography:

1. Блатун Л.А., Павлова М.В., Терехова Р.П., Елагина Л.В., Яковлев В.П., Светухин А.М. / Лечение и профилактика раневой инфекции / - Новый медицинский журнал 1998 №3 с 7 - И.
2. Гришин М.Н., Кривошеин Ю.С., Свистов В.В. Использование мирамистина в комплексной терапии больных туберкулезом легких. Тезисы докладов Гой Международной Конференции «Клинические исследования лекарственных средств», М., 20-22 ноября 2001
3. Титова С.Н. Разработка экспресс-метода выбора эффективных антисептических средств для обработки гнойной раны челюстно-лицевой области. Дисс... канд. мед. наук. М.2003.
4. Sonntag K.D. et al. / Refractory suppurative apical periodontitis due to cellulose fibers in the periapical tissues: case report / - *Pediatr.Dent.*, 1996, May - Jun; (3): 245 - 247.
5. Икрамов, Г., Халманов, Б., Абдурахмонова, Л., & Олимжонова, Г. (2020). Пробиотики в комплексном лечении фурункулов челюстно-лицевой области. *in Library*, 20(4), 24–77. извлечено от <https://inlibrary.uz/index.php/archive/article/view/14185>
6. Азимов, М., Садыков, Р., Тешаев, О., & Эшонкулов, Ш. (2016). Современный взгляд на классификацию гемангиом. *Stomatologiya*, 1(1(62), 70–75. извлечено от <https://inlibrary.uz/index.php/stomatologiya/article/view/2171>

ANALYSIS OF THE MICROBIAL PROFILE IN CHILDREN WITH GINGIVITIS

Mamanazarov A.N.

Tashkent state dental institute

It is known that gingivitis is accompanied by inflammation of the gum mucosa, which becomes easily vulnerable and bleeding [1, 2].

With further progression of the disease, teeth mobility and loss occur. Gingivitis is catarrhal, hypertrophic, ulcerative and mixed. Quite often, gingivitis is only a sign of periodontitis or periodontal disease [3-5].

Purpose: characterization of the microbial profile of saliva (MPS) in children with chronic catarrhal gingivitis (CCG).

Material and methods. MPS was studied in 36 children with CCG aged 9 to 18 years. The representative control group consisted of 16 healthy children of the same age who did not have pathology from the dental organs.

To study MPS, the contents of the swabs were thoroughly suspended in test tubes in Schedler's broth, then plated in sectors on general and differential diagnostic nutrient media to isolate and identify aerobic and anaerobic bacteria.