Medecine

DYNAMICS OF CHANGES IN THE FUNCTIONAL STATE OF HARD TISSUES IN PATIENTS WITH HEMOPHILIA

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Hereditary coagulopathies, characterized by reduced blood coagulability, occupy a special place among diseases of the blood system. The most common of these are hemophilia and von Willebrand disease. Hemophilia - the disease of "royals" - an old, but still actual disease.

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A few studies of the state of the oral cavity in patients with hemophilia have shown a high level of dental diseases, poor hygienic condition of the oral cavity. This is due to the lack of proper oral care, and dispensary observation, fear of prolonged bleeding after dental procedures. For this reason, dentists try to avoid the treatment of dental diseases in this category of patients.

At the same time, modern advances in medical science in the field of hematology, the development of effective substitution therapy can prevent almost all types of bleeding.

However, until now, this contingent of patients is deprived of the opportunity to receive timely and high-quality dental therapeutic and prophylactic care, which largely determines the high prevalence of inflammatory diseases of the maxillofacial region.

All of the above is evidence of the presence of many predisposing factors for the lesion of the dentition in patients with hemophilia, as well as the need for preventive, therapeutic, including orthopedic dental measures for this category of patients.
Key words: Hemophilia, hard and soft tissues of the oral cavity, von Willebrand disease, orthopedic treatment measures, dental status.

Hereditary coagulopathies, characterized by reduced blood clotting, occupy a special place among diseases of the blood system. Based on who data and the likely frequency of research on these diseases, the prevalence of hemophilia ranges from 3 to 25 patients per 10,000 population.

Material and methods: we examined 30 patients with hemophilia at the research Institute of Hematology and blood transfusion of the Republic of Uzbekistan (Director

Professor Karimov Kh.Ya.) aged 15 to 45 years. The control was performed by practically healthy patients who applied to the dental clinic of the Department 1 of dentistry of Sammi.

Results: in hemophilia, the mucosa of the alveolar ridge is pale, and there are often no signs of gingivitis. Correctly positioned capillaries have almost the same diameter, both in the arterial and venous parts. The capillaries are pink in color. The capillary network is clearly visible, both in the area of the transitional fold and in the area of the upper lip mucosa. The mucous membrane of the lower lip is darker in color with signs of stagnation.

Often, patients are concerned not so much with heavy bleeding from the dental wells, but with the formation of blood clots attached to these wells that SAG into the oral cavity and prevent the patient from eating and talking. After colliding such clots with the tongue or finger, bleeding resumes with the re-formation of sagging clots. Bleeding gums were accompanied by hemorrhage in the oral mucosa of various locations: on the lips, cheeks, tongue, and palate.

Thus, in cases of hemophilia, there are significant clinical and stomatoscopic changes in the oral cavity, consisting in the presence of hypertrophy and edema of the gums, atrophy of the alveolar ridge tissue, and bleeding of the mucous membrane in all areas of the oral cavity. The revealed clinical features of the course of the disease cause differentiated approaches to diagnosis, determination of severity and treatment tactics in hemophilia.

Examination of the oral cavity in patients with hemophilia showed that all patients have dental caries. The prevalence of caries in all age groups was 100 %.

As a control, a dental study was conducted in 20 somatically healthy individuals, age groups corresponding to patients with hemophilia. Comparative analysis showed that the prevalence of caries in the control group ranged from 86.7% to 95.3%. The average rate in somatically healthy individuals is 91.6%.

Thus, with increasing age in the control group, the prevalence of dental caries increases, and in patients with hemophilia, it remained the same and was equal to 100%.

The intensity of dental caries in patients depended on the severity of hemophilia. The analysis showed that the average number of carious teeth in patients with hemophilia was 6 times higher than in practically healthy individuals. The severity of hemophilia is reflected in the value of this indicator. The average number of sealed teeth in patients with hemophilia was significantly higher compared to the control group.

Regardless of the severity of hemophilia, the number of removed teeth was less than in the control ones. The intensity of dental caries depends on the age of the subjects and increases with increasing age both in the group of patients with hemophilia and in practically healthy individuals.

Conclusion: in 100% of cases of hemophilia, dental caries was observed, the intensity of which is associated with the severity of hemophilia. In patients with severe hemophilia, caries occurs 2 times higher than in the group of patients with a mild degree. With increasing age, the intensity of dental caries increased.

Patients with hemophilia have a low level of oral hygiene: the Fedorov-Volodkina index was 2.5 times higher than in somatically healthy individuals, and the UIGR gave an unsatisfactory assessment of oral hygiene in 90% of patients.

The prevalence of periodontal diseases in hemophilia was high and amounted to 82%. Indicators of periodontal PMA indices exceeded the control values by 3 or more times, which indicates severe periodontal tissue damage.

A comprehensive analysis of LDF grams indicates primary vascular damage of the microhemocirculatory bed, and confirms its role in the occurrence of ulcerative-necrotic changes and hemorrhage of the oral mucosa in patients with hemophilia.

References

1. Babushkin I.E. Medical and psychological status of patients with hemophilia in a comparative aspect: author. dis. Cand. honey. sciences. Barnaul, -2001.-238 p.

2. Volokitina N.V., Andreeva T.A. Provision of dental care to patients with congenital coagulopathies // Probl. hematol. 2004. - N 1. - S. 29-30.

3. Deryabin E.I., Permyakova N.E. Prevention of hole bleeding in patients with hemophilia after tooth extraction // Sat. abstracts of doc. All-Russian. scientific and practical Conf .: M .: 2003. - S. 40-41.

4. Elizarova VM, Petrovich Yu.A. Violation of calcium homeostasis in multiple dental caries // Dentistry. - 2002. N 1. - S. 67-71.

5. Zorenko V.Yu. , Reconstructive and restorative treatment of patients with hemophilia; Barnaul, 2007 (doct.).

6. Kargin V.D., Egorova JI.B., Nazarova N.S. and other Pathogenetic features of the course of hemophilia. // Hematology and transfusiology. -1997. N 3. - P.29-32.

7. Klimova E.E., Fedorov D.V., Bishevsky K.N. et al. Changes in bone metabolism in systemic osteoporosis in patients with hemophilia // Actual problems of radiation diagnosis of diseases of the osteoarticular system. Materials of the All-Russian conference. - Barnaul, 2007 .-- S. 76-78.

8. Knyazev C.B., Maksimovsky Yu.M., Volozhin A.I. and others. Experience of using the drug "Kolapol" to stop gingival bleeding in patients with hemophilia // Doctor. - 1993. - N 9. - S. 24-25.

9. Lobanova E.V., Chernov V.M., Rumyantsev A.G. The incidence of hemophilia in children in 17 regions of the Russian Federation in the period from 1991 to 1994 // Hematology and Transfusiology. 1999. - No. 6. - P. 63.

10. Mazyrko M.A. Comparative aspects of radiological diagnosis of hemophilic arthropathies: dis. .. Cand. honey. sciences. - Barnaul, 2001 .-- 167 p.

11. Makhmudov A.D., Boboev K.T., Azlarova A.T. Hemophilia: diagnosis, clinical picture, prevention and treatment. Met.recommendations. Tashkent. 2007, p. 25.

12. Momot A.P., Mamaev A.N., Elykomov V.A., Zaitsev V.I., Belykh V.I., Raspopova E.A., Rozum V.E. Experience of induction of immune tolerance in patients with inhibitory hemophilia A living in the Altai Territory // In the book: Clinical Pharmacology and Rational Pharmacotherapy. Materials of the second congress of clinical pharmacologists of the Siberian Federal District with international participation. May 21-22, Barnaul 2009. p. 311-314.

13. Papayan L.P. The modern model of hemostasis and the mechanism of action of NovoSeven // Problems of hematology and blood transfusion. - 2004.-N 1.-S. 11-17.