



**IMPROVEMENT OF SECONDARY PREVENTION OF PERIODONTITIS CAUSED BY
PROSTHESES IN MILITARY PERSONNEL.**



Sharipova Gulnihol Idiyevna- Doctor of Medical Sciences, Department of hygiene No. 2,
Bukhara State Medical Institute, Uzbekistan.

sharipova.gulnihol@bsmi.uz

<https://orcid.org/0009-0009-0825-0534>

Tel: +998916488201



Aytbayev Utkirbek Bakhramjanovich- Independent researcher, Tashkent dental clinic, dentist
surgeon, Tashkent State Medical University, Uzbekistan.

utkiraytbaev@gmail.com

<https://orcid.org/0009-0047729-3021>

Tel: +998977513377

ABSTRACT

In this state, the results of the investigation lead to cytomorphological efficacy, which brought cytomorphological indicators to the norm, which obeschilo the elimination of cytopathological symptoms, and the addition of antibacterial, detoxifying, regenerating and anti-inflammatory effects under the influence of advanced complex treatment in patients with postprosthetic acute periodontitis.

Keywords. Inflammation of the mucosal layer, diffuse periodontitis, acute periodontitis, prosthesis.

Aytbayev Utkirbek Bakhramjanovich

Toshkent stomatologiya poliklinikasi jarroh stomatologi

Toshkent davlat tibbiyot universiteti

Ilmiy rahbar: DSc, dotsent Sharipova G.I

**“Harbiylarda protezlar natijasida kelib chiqadigan parodontitlarni ikkilamchi
profilaktikasini takomillashtirish”**

ANNOTATSIYA

Ushbu maqolada tadqiqot natijalari sifatida protezlardan keyingi rivojlanadigan o'choqli parodontit mavjud bemorlarda takomillashtirilgan kompleks davolash ta'sirida antibakterial, dezintoksikatsion,



regenerator va yallig'lanishga qarshi ta'siri bilan bir qatorda, sitopatologik belgilar bartaraf etilishini ta'minlagan sitomorfologik ko'rsatkichlarini me'yorgacha pasaytirgan sitomorfologik samaradorligi bilan izohlanganligi keltirilgan.

Kalit so'zlar. Og'iz bo'shlig'i shilliq qavati kasalliklari, tarqalgan parodontit, o'choqli parodontit, protezlar

Айтбаев Уткирбек Бахрамжанович

Ташкентская стоматологическая клиника, стоматолог-хирург

Ташкентский государственный медицинский университет

Научный руководитель: д.м.н., доцент. Шарипова Г.И.

**«Совершенствование вторичной профилактики пародонтита, вызванного
протезированием у военнослужащих»
АННОТАЦИЯ**

В данной статье в качестве результатов исследования приводится цитоморфологическая эффективность, которая привела цитоморфологические показатели к норме, что обеспечило устранение цитопатологических признаков, в дополнение к антибактериальному, детоксикационному, регенераторному и противовоспалительному эффектам под влиянием улучшенного комплексного лечения у пациентов с постпротезным развивающимся острым периодонтитом.

Ключевые слова: заболевания слизистой оболочки полости рта, диффузный пародонтит, острый пародонтит, протезы.

According to the analysis of various scientific sources, dentures are the most common type of dentures among the population. With their multifaceted effect on the body, they pose a challenge to all doctors, including dentists. Focal periodontitis is widespread not only in the countries of Europe and the Americas, but also in Asian countries[2,8].

Periodontal disease is the leading cause of tooth loss in adults. It affects one in two patients who seek dental treatment or extractions. To prevent its occurrence, it is important to follow basic dental care guidelines.

Periodontal disease most often manifests as inflammation—bacterial infections that destroy the tissues surrounding the tooth (gingiva, alveolar bone, cementum, and dental ligaments), causing tooth loosening and loss [5].

In recent years, the incidence of post-prosthetic periodontitis has been increasing among the population, which causes medical, social, and economic problems. In particular, the development of this pathology, focal periodontitis after prosthetics, is of particular importance, since it complicates its diagnosis and treatment. It was found that studies conducted over the past 20 years have shown that up to 42% of patients with post-prosthetic periodontitis have oral diseases, and up to 80% have concomitant diseases. At the same time, the prevalence of oral mucosal diseases in patients with post-prosthetic periodontitis, which ranges from 78.3% to 95.3%, indicates the high prevalence of the pathology. This is explained by the fact that the initial stages of the pathology proceed without clear clinical signs, the inability to obtain sufficient information about changes in both clinical and laboratory examinations, and the lack of a single etiological view among specialists. The reasons given indicate the need to improve the methods of treatment and prevention of this medical problem [12].

In our country, certain measures are being taken to develop the medical sector, adapt the medical system to world standards, including the elimination of somatic diseases that arise under the influence of various factors. In this regard, in accordance with the seven priority areas of the New Uzbekistan Development Strategy for 2022-2026, tasks such as "improving the quality of qualified services to the population in primary medical and sanitary services" have been set to raise the level



of medical services to a new level. Based on these tasks, including taking into account the changes observed in periodontitis caused by prosthetics in the military, it is advisable to carry out research to improve complex therapy and disease prevention measures.

There are several types of periodontal disease, the most common of which are:

— gingivitis, which extends to the gum area and causes redness, swelling, and bleeding of the gums;

— periodontitis, which affects the deeper periodontal tissues surrounding the tooth root (alveolar bone, cementum, and dental ligaments).

Dental plaque is the main cause of periodontal disease.

The aim of this study is to improve dental care based on specialized diagnostic approaches for focal periodontitis associated with prosthetics in military personnel.

Study objectives:

To determine the severity of dental changes and complications in post-prosthetic focal periodontitis in military personnel;

To study the cytokine status of oral fluid in post-prosthetic focal periodontitis in military personnel;

To develop a new, improved method for the comprehensive treatment of post-prosthetic focal periodontitis in military personnel and evaluate its effectiveness;

To develop preventive measures for post-prosthetic focal periodontitis in military personnel.

Study Material and Method. The study involved 105 military personnel with dental hard tissue diseases caused by energy drinks, who were undergoing outpatient treatment at the Tashkent City Military Hospital of the Military Medical Academy of the Armed Forces of the Republic of Uzbekistan.

Dental plaque is a soft deposit that settles on teeth after eating. Bacteria adhere to it, causing infection. Under the influence of bacteria and saliva, plaque mineralizes and hardens. Therefore, maintaining good dental hygiene is essential for maintaining and protecting teeth. Daily brushing will help prevent plaque and tartar buildup [4].

The following factors negatively impact periodontal health and accelerate the progression of the disease:

- Smoking;
- Alcohol consumption;
- Heredity;
- Weakened immune system caused by fatigue and stress;
- Hormonal imbalance;
- Taking certain medications.

To prevent periodontal disease, it is important to maintain good hygiene and brush your teeth regularly. Follow these hygiene tips:

— Brush your teeth after every meal (at least twice a day for 2 minutes) with a soft-bristled toothbrush;

— Use dental floss or interdental brushes as needed to remove plaque between teeth and clean the lateral surfaces of the teeth;

— To relieve signs of inflammation, use mouthwash or balm (on average, every 2 months);

— Change your toothbrush regularly, every 3 months, as well as after caries treatment, professional cleaning, or fillings;

— if you are prone to developing periodontal inflammation, cleaning your teeth with ultrasound twice a year will reduce the risk of developing the disease[1,5].

People with periodontitis are at higher risk of developing diabetes, and vice versa. There is a link between these two diseases. Diabetes promotes the spread and progression of periodontitis, and



periodontitis increases blood sugar levels in diabetics. Fortunately, periodontitis is easily diagnosed and monitored with the help of a specialist[6].

Results and discussion. Periodontitis is a disease of the dental system characterized by inflammation of the soft tissues of the gums and severe pain upon palpation or mechanical stimulation. Periodontitis is a consequence of advanced gingivitis. If treatment is not promptly sought, the affected area will continue to expand, and the destructive process will affect all periodontal tissues. This will lead to early tooth loss, jawbone atrophy, and other extremely unpleasant consequences.[8]

Periodontitis is now widespread among adults. In terms of frequency of diagnosis, it is the second most common disease of the dental complex, followed by dental caries. Dental and gum diseases always cause considerable discomfort, and periodontitis is no exception. It is divided into two types based on its location:

Localized periodontitis manifests as inflammation of the soft tissues in a small area of the gum. In this case, the affected area encompasses no more than 2-3 periodontal pockets. However, if the infection is not treated in the early stages, it can spread to surrounding tissues and become generalized[7].

Generalized periodontitis affects virtually all subgingival spaces. With this form of the disease, the soft tissues of the periodontium become inflamed and swollen. The clinical picture requires urgent dental intervention. Failure to promptly treat the condition will lead to partial or complete edentulism [8].

Based on the nature of the disease, there are two main forms: acute and chronic. The acute form is accompanied by severe pain, bleeding gums, and the rapid development of destructive processes. Within 4-6 days after the first signs appear, purulent cavities may form in the soft tissues. This type of periodontitis is rare, but poses a serious risk to the health of the dental system [7].

The chronic form is observed in most clinical cases. The ligaments that fix and support the tooth in a stable position gradually begin to deteriorate, causing the tooth to become mobile. The pathology develops slowly, but this does not mean that a visit to the clinic should be postponed [4]. Soft tissue inflammation occurs due to exposure to pathogenic bacteria. It typically occurs in adults over 40, but can develop earlier. A number of factors contribute to this:

Poor oral hygiene. Doctors recommend brushing your teeth twice a day, using high-quality toothbrushes and toothpastes, and using an irrigator or dental floss to remove plaque in hard-to-reach areas. Failure to follow these guidelines leads to the active proliferation of pathogens that cause periodontitis [2,5].

Smoking also contributes to the rapid formation of sticky biofilm. The immune system of smokers is typically less able to combat harmful bacteria. Cell renewal is slower in the presence of bad habits. All this increases the risk of periodontal inflammation [6].

Hereditary predisposition is another factor that provokes the development of the disease. In this case, it occurs regardless of other causes, but smoking or poor hygiene will accelerate its development.

Reduced secretion of the salivary glands promotes the rapid formation of plaque, which then hardens and turns into tartar. Violation of the self-cleaning function of the dental system is provoked by long-term use of medications: tranquilizers, painkillers or antipyretics[6].

A diet consisting solely of soft foods does not provide the necessary chewing force on the teeth, which also leads to the development of periodontitis. Incorrect load distribution causes the same effect.

Hormonal changes due to pregnancy, lactation, or other conditions affect the immune system. As a result, the immune system weakens, increasing the risk of gum inflammation [6].

Calcium deficiency often causes musculoskeletal disorders. It also affects the dental system, leading to the development of periodontal disease. This pathology usually arises from an unbalanced diet or gastrointestinal diseases.



Conclusion: Each type of denture has its advantages and disadvantages, but in any case, the decision on which dentures to include in a denture is made by a dentist, as it is based on various individual factors.

References

1. American Academy of Periodontology. American Academy of Periodontology statement on risk assessment. *J Periodontol.* 2008; 79(2): 202. doi: 10.1902/jop.2008.082001
2. Timmerman MF, van der Weijden GA. Risk factors for periodontitis. *Int J Dent Hyg.* 2006; 4(1): 2-7. doi: 10.1111/j.1601- 5037.2006.00168.x
3. Гуревич К.Г., Фабрикант Е.Г. Укрепление здоровья. М.: Профессионал; 2010.
4. Колесникова Л.Р. Артериальная гипертензия и стоматологическое здоровье у детей и подростков (обзор литературы). *Acta biomedica scientifica.* 2015; (3): 94-99.
5. Al-Taweel FB, Abdulkareem AA, Abdulbaqi HR. Association of modifiable and non-modifiable risk factors with periodontal Acta Biomedica Scientifica, 2022, Vol. 7, N 5-2 188 Dentistry Stomatologia disease in Iraqi individuals: A retrospective study. *J Stoma.* 2019; 72(4): 222-227. doi: 10.5114/jos.2019.93298
6. Kim YT, Choi JK, Kim DH, Jeong SN, Lee JH. Association between health status and tooth loss in Korean adults: Longitudinal results from the National Health Insurance Service-Health Examinee Cohort 2002-2015. *J Periodontal Implant Sci.* 2019; 49(3): 158-170. doi: 10.5051/jpis.2019.49.3.158
7. Wellapuli N, Ekanayake L. Risk factors for chronic periodontitis in Sri Lankan adults: A population based case-control study. *BMC Res Notes.* 2017; 10(1): 460. doi: 10.1186/s13104-017-2778-3
8. Chapple ILC, Mealey BL, Van Dyke TE, Bartold PM, Dommisch H, Eickholz P, et al. Periodontal health and gingival diseases and conditions on an intact and a reduced periodontium: Consensus report of workgroup 1 of the 2017 World Workshop on the Classification of Periodontal and Peri-Implant Diseases and Conditions. *J Periodontol.* 2018; 89(1): 74-84. doi: 10.1002/JPER.17-0719
9. Cui X, Monacelli E, Killeen AC, Samson K, Reinhardt RA. Impact of modifiable risk factors on bone loss during periodontal maintenance. *Oper Dent.* 2019; 44(3): 254-261. doi: 10.2341/18- 041-C
10. CDC. Periodontal disease. 2015. URL: https://www.cdc.gov/oralhealth/periodontal_disease [date of access: 26.01.2022].
11. Albandar JM, Rams TE. Global epidemiology of periodontal diseases: An overview. *Periodontol 2000.* 2002; 29: 7-10. doi: 10.1034/j.1600-0757.2002.290101.x
12. Stamm JW. Epidemiology of gingivitis. *J Clin Periodontol.* 1986; 13(5): 360-366. doi: 10.1111/j.1600-051x.1986.tb01473.x
13. Lindhe J, Okamoto H, Yoneyama T, Haffajee A, Socransky SS. Longitudinal changes in periodontal disease in untreated subjects. *J Clin Periodontol.* 1989; 16(10): 662-670. doi: 10.1111/j.1600-051x.1989.tb01037.x
14. Schätzle M, Loe H, Bürgin W, Anerud A, Boysen H, Lang NP. Clinical course of chronic periodontitis. I. Role of gingivitis. *J Clin Periodontol.* 2003; 30(10): 887-901. doi: 10.1034/j.1600-051x.2003.00414.x