THE COURSE OF AGGRESSIVE PARODONTITIS AND THE PECULIARITY OF THE COURSE OF TREATMENT

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ANNOTATION

The problem of prevalence of parodontic diseases in the world remains relevant so far. Chronic inflammatory diseases of the parodont are known for many centuries. The intensification of chronic inflammatory diseases is caused by various factors of local and general character, which for a long time call and support inflammatory processes in parodontic tissues. The first place in the structure of chronic inflammatory diseases in the parodontist is considered to belong to chronic genergangan parodontitis.

KEYWORDS :disease, oral hygiene, chronic generalized parodontitis, chronic inflammatory diseases of the Parodont

INTRODUCTION

According to the World Health Organization (WHO), the indicator of parodontic inflammatory diseases among the inhabitants of the Earth's sphere remains at a high level (90%), while chronic generalized parodontitis among the nozzles is the leading one.

The urgency of this problem is due to the widespread prevalence of the disease, which is due to the unevenness of the standard of living of the population, deterioration of Ecology, stagnation of representatives of various biotopes of the organism to a wide and uncontrolled use of antibacterial drugs, a decrease in the overall resistance of the organism. In addition, as before in the population, the unsatisfactory state of oral hygiene is more than threeraydi.

Relying on various epidemiological studies and their data, we can say that in the last years there has been a sharp increase in the number of parodontic chronic inflammatory

diseases in the population of the Republic of Uzbekistan and many other countries in dental diseases. The increase in the prevalence of chronic genergangan parodontitis is mainly due to the age of 35 to 55 years and reaches 96% by the age of 40 to 45 years. In youth, chronic generalized parodontitis from 16 to 25 years is detected in 55-75% of patients. Taking into account the widespread prevalence of chronic inflammatory diseases of the parodontium and its negative effects on the body as a whole, it is necessary to facilitate the work of the doctor, to identify the etiological and patho genetic factors of the disease, as well as to develop new diagnostic and therapeutic algorithms that will allow to correct them at the initial stage of.

MATERIALS AND METHODS

Today, due to the accumulation of information and the development of Science, the adaptive effect of the microbe factor on the basis of chronic generalized parodontitis has shifted to the remission of the underlying multiomillial disease, the genetic organizer of the individual and the general somatic state. There are many theories on the development and course of chronic generallashgan parodontitis, one of which has only theoretical significance, while others have been filled with modern knowledge and have not lost its practical significance to this day.

Vascular theory implies destructive and inflammatory processes in parodontic tissues, with atherosclerotic changes in the vessels, but in recent times parodontic diseases are more common in young people, when atherosclerosis is not yet observed.

Chronic genergangan parodontitis is not only a parodontitis, but also a disease of the whole organism. Most patients are three in harmony with various diseases of the internal organs. Many authors indicate that the severe course of parodontic disease is associated with diseases of the gastrointestinal tract. In addition, there is an interaction with parodontic tissue diseases and diseases of the cardiovascular system, respiratory organs, gynecological pathologies.

Understanding the general implications of parodontitis and somatic diseases leads to close, effective collaboration of physicians-dentists and treating physicians for the treatment of patients, ensuring that patients are aware of the health of the oral cavity and the linkage of the general condition in them allows them to raise motivation to a healthy lifestyle.

In the 70-ies of the last century, until recently, the concept of the etiology of chronic generalized parodontitis was based on the reaction of karash bacteria and the body's response to them with conventional inflammation, the main causative factor of disease development.

It is known that chronic generalized parodontitis usually begins after the age of 35 years, at the same time, earlier, according to many scientists, the "onset" of the disease and the level of hygiene of the patient in the character of remission played an important role. Today, the microorganisms of dental caries are replaced by the term" bioplyonka". Bioplyonka this is an organized community of various microorganisms that have properties that do not manifest in their nutrient spheres of interaction formation, exchange of information and cultivation.

This, in turn, leaves a number of issues open for the study of the development and remission of the disease.

The pathogenesis of chronic genergangan parodontitis includes a complex immune-inflammatory cascade, it arises with bioplyonka bacteria, is determined by the reaction of the organism to which the disease is predisposed or the possibility of its development. In particular, it is characterized by the size of the inflammatory reaction and the differential activity of the immune system.

Currently, the initial condition of chronic generalized parodontitis is considered to be the presence of anaerobic microflora, immunodeficiency is considered as a disease of a destructive nature. Tiradi the development of chronic inflammations that have a clinical picture expressed in pathogens and their virulent factors.

In the oral cavity, a suppressor of non-specific resistance factors occurs (lysosim, properdin and immunoglobulins). A decrease in the local immunity leads to a change in the general immunological reactivity. A decrease in the level of T-lymphocytes and stimulation of the number of V - cells occurs with the predominance of I.G, an increase in the lumoral defense.

RESULTS

According to scientific sources, the analysis of immune reactions does not give accurate information: on the one hand, the growth of T-rollers and T - suppressors, on the

other hand, a decrease in T-rollers and an increase in T - suppressors occur. The intensity of inflammatory disease in the parodont is conditioned by the proliferation of V - lymphocytes with the formation of corresponding antibodies, which call for damage to parodontic tissue.

When conducting an immune fluorescence reaction on the walls of the vessels, M and G immune globulins decompose, which confirms their participation in the pathogenesis of parodontic disease.

At the first stage, after the formation and accumulation of a biopsy, a reaction of leukocytes and endothelial cells occurs, in which clinical symptoms do not exist at all. Then the activity of connective epithelial cells with products of bacterial metabolism occurs, which eventually leads to the development of cytokines and neurop sides, which produce vasodilation of local blood vessels. Neutrophils leave the vessels and move to the place of inflammation in response to hemokines. With an increase in the amount of neutrophils in the connective tissue, the appearance of macrophages, lymphocytes, plasmatic cells and aggregated cells, the phase of primary damage occurs. Then the failure of the complement system occurs. Bunda epithelium proliferates, clinically at this stage, bleeding from the gums is detected, which is often the only primary symptom of the disease that has already begun.

At the next stage, secondary alterations occur, in which macrophages, plasmatic cells, T - and V-lymphocytes are leading. Clinically, at this stage, there is a change in the color (hyperemia or cyanotic) and structure (edema) of the gums in a visible manner. When this process continues for a long time, a steep loss of epithelial consistency occurs, followed by the spread of periodontal ligaments and alveolar bone.

Thus, the formation of parodontal ligament occurs, which leads to severe violations of the musculoskeletal apparatus of the tooth and the entire tooth-jaw.

In the structure of the microflore, various streptococci, fuzobacteria, actinomycetes, tsitomegalo viruses are threeraydi. Also, specific bacteria are identified in the parodontal ligaments. 80% of all microorganisms are anaerobes, of which 15 species are pathogenic and belong to parodontopathogens. They have a high adhesion ability, with invasive and toxic properties. Having got under the gum, they break the epithelium of the tooth-gum fur. The main ability to carry out body damage belongs to endotoxins, they are lipopolysaccharides and interact with immunoglobulins A, G, M.

In the case when the structure of the Bioplyonka, parodontopathogens that attach to the surface of the tooth, affect the parodontic tissues in it, the pathogenetic syllable forms the Kompleks, manifested in its various levels. A. to the main parodontopathogens.actinomycetemcomitans, P.gingivalis, T.forshytia, P.interlude, E.corrodens, F.nucleatum and T.includes grammanfiy anaerobes like denticola.

The initial stage of development of chronic genergangan parodontitis is gingivitis of varying degrees of severity, which occurs in an increasingly large number of people over age. Many authors believe that the most important cause factor in the development of parodontic disease is the presence of tooth decay (plaque) and its microbial composition. The microflore of the oral cavity patogen and conditionally-patogen is the chief factor in the appearance of chronic inflammatory diseases in parodontic tissues. The results of microbiological research of gum underground dental caries prove that parodontitis is of a different composition of the microflore.

CONCLUSION

Today, more than 1000 different microorganisms have been identified in the oral cavity, and work in this direction continues. For this reason, in studies, patogen formulated the development of immune response and metabolism to protect against bacteria, the thesis about the central role it plays in human health and disease development is increasingly being prioritized. The onset and development of inflammation in parodontic tissues, as well as its transition to a chronic stage, is determined not only by the appearance and quantitative composition of the microflore, but also by the state of the immune system. The development of the inflammatory process plays a key role in the immune defense, carries out the induction of anti-inflammatory exposures in tissue cytokines, the activation of hemoattractants and the involvement of anti-inflammatory cells that lead to local and general metabolism, Geodynamics, immunological disorders and tuberculosis of micro biosinoses.

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