



THE SPECIFICS OF THE TREATMENT OF PERIODONTITIS THAT OCCURS WITH CHRONIC PROSTHETIC USE.

Sharipova Gulnihol Idievna

Bukhara State Medical Institute

sharipova.gulnihol@bsmi.uz

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

Aytbayev Utkir Baxramjanovich

Tashkent State Medical University, surgical dentist of the dental clinic

utkiraytbaev@gmail.com

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

<https://doi.org/10.5281/zenodo.17224651>

Abstract. This article cited as the results of the study the cytomorphological effectiveness, which reduced the cytomorphological indicators to the norm, which ensured the elimination of cytopathological signs, in addition to the antibacterial, detoxification, regenerator and anti-inflammatory effects under the influence of improved complex treatment in patients with post-prosthetic developmental acute periodontitis.

Key words. Diseases of the oral mucosa, diffuse periodontitis, acute periodontitis, prostheses.

According to S. Chaudhry et al., concomitant cardiovascular diseases are the most frequently mentioned disease when referring patients by general dentists to hospital departments, reflecting widespread concern about potential problems during treatment [8].

Such patients require special attention regarding when and what kind of dental treatment is appropriate, as well as what precautions are necessary when managing this patient population. Dentists can be the first line of defense when detecting and referring a patient with suspected cardiovascular disease, uncontrolled disease, or adverse reactions to oral medications, and play a key role in the prevention and treatment of oral and systemic diseases in collaboration with the patient and their doctor[2].

1. Periodontal tissue diseases caused by medications. Medications are the most important risk factor for the development and progression of periodontal tissue diseases.

Some medications have the property of significantly reducing salivation. Such drugs include antihypertensive drugs, narcotic analgesics, some tranquilizers and sedatives, antihistamines and antimetabolites. Other drugs, especially in liquid or chewable form, containing added sugar, change the pH and composition of plaque, making it more capable of adhering to the surface of teeth [9]. Anticonvulsants, calcium antagonists, and an immunosuppressive polypeptide, cyclosporine, can cause gum growth [6]. Therefore, according to T. Rees and R. Levine, if patients take a lot of systemic medications, it is necessary to keep in mind the potential effect of medications on their periodontal condition, and dentists themselves should be able to diagnose and treat these problems and, if necessary, discuss possible alternative drug treatments with their medical colleagues [3].

2. Stress. One of the factors influencing the increase in the number of infectious diseases, including periodontal diseases, is a high level of psycho-emotional tension. Stressful conditions have an immunosuppressive effect, which in turn negatively affects the antimicrobial protection of the oral cavity and periodontal status. Patients with inadequate stress are at greater risk of developing severe periodontal diseases [4]. Stress is associated with poor oral

hygiene, increased secretion of glucocorticoids, which can suppress immune function, increase insulin resistance, and potentially increase the risk of developing and progressing STD [2]. According to the research by A. Merchant et al. It was found that men who experience anger every day had a 43% higher risk of developing STD compared to those who rarely get angry [3].

According to a study by W. Marcenes and A. Sheiham, it was shown that tooth loss and bleeding gums are directly related to stress at work [4]. According to a study by M. Moss et al., the pathology of periodontal tissues is also associated with financial difficulties [5]. However, there is insufficient research on the role of the stress factor in the development of STD, which requires further scientific research in this area.

3. Obesity. According to D. Nguyen and H. El-Serag, epidemiological data indicate that a quarter of the world's inhabitants are overweight or obese [65]. Moreover, the epidemic nature of the increase in the number of obese people is noted among both adults and children. By 2025, D. Nguyen and H. El-Serag predict that 40% of men *Acta Biomedica Scientifica*, 2022, Volume 7, No. 5-2 and 50% of women will be obese [5]. In the research papers of J. Suvan et al. An association has been found between overweight or obesity and the presence of STD in adults [7].

In a meta-analysis conducted by B.W. Chaffee and S.J. Weston, a correlation was found between chronic periodontal pathology and obesity as the most important risk factor for the development and progression of STD [8]. Subsequently, R. Neiva et al. proposed a number of explanations for the existence of a direct link between obesity and STD, taking into account the age of the subjects [6]. So, firstly, in young people, in contrast to the older subjects, a slightly different diet was determined. Adolescents aged 11 to 18 showed a significant decrease in the consumption of raw fruits and vegetables, which are sources of vitamin C.

The authors note that adolescents have reduced their intake of calcium-rich foods, but there is an increase in the use of soft drinks and non-citrus juices in the diet. This fact of low dietary intake of calcium and vitamin C is of crucial importance for the health of periodontal tissues [9]. Since adipose tissue is a source of proinflammatory cytokine secretion, according to D. Toprak et al., the presence of obesity should be considered as a state of low-intensity subclinical inflammation [7]. In a study of the Indian population, P. Jeemon et al. A close relationship was found between obesity and the inflammatory response with an increase in plasma concentrations of an acute-phase marker of systemic inflammation, CRP [4].

Similar results were found in the examination of people with severe obesity by G. Faucher et al. [5]. After excluding concomitant factors affecting CRP products, D. Weatherall et al. A relationship was found between body mass index and waist circumference, and the level of CRP, especially in women [3].

Subsequently, T. Saito et al. confirmed these data; in addition, the researchers found a more significant correlation between the accumulation of visceral fat and the concentration of CRP than accumulation in subcutaneous fat [5].

When studying leptin in gum tissues and the content of leptin receptors, Z. Ay et al. It was stated that the most important factor in systemic inflammation is the adipokine peptide hormone leptin, which regulates energy metabolism [6].

T. Saito et al. When studying Japanese men with alveolar bone loss, it was determined that leptin, in addition to affecting body weight regulation, metabolism, and reproductive function, can affect the development of inflammatory diseases by affecting the innate and acquired

immune response [4]. R. Johnson et al. Serio, studying healthy and inflamed gums, found that the amount of leptin decreased depending on the degree of inflammation and the depth of the inflammatory process, which leads to the conclusion that periodontal tissues may additionally be a source of this peptide with adipocytes [6].

In another study by B. Karthikeyan and A. Pradeep, a direct relationship was found between an increase in inflammatory destruction of periodontal tissues and the content of leptin in the gingival fluid of the gingival sulcus, and the concentration of this inflammatory peptide has a direct correlation with the severity of STD [7].

The results of the study by L.A. Ermolaeva et al., when 102 obese patients were examined, are very interesting. The authors studied the periodontological status and microcirculation of periodontal tissues and jawbone bone tissue.

The study used modern methods for determining blood flow in periodontal tissues and density of jaw bones. The authors found an inverse correlation between body mass index and linear systolic blood flow velocity ($r = -0.6754$; $p < 0.001$). In addition, an inverse correlation was found between body mass index and bone density ($r = -0.61$; $p < 0.001$) [8].

The literature data presented in the review article indicate that STD has several modifiable risk factors in common with some non-communicable chronic diseases, and, therefore, an approach based on common risk factors can be used to prevent periodontal disease. Only a holistic and systematic approach to identifying high-risk patients and the recommendations of not only a dentist, but also doctors of other specialties on changing modifiable risk factors for the development and progression of periodontal diseases will achieve the overall goal of preventing and treating periodontal tissue diseases. Conflict of interest The author of this article reports that there is no conflict of interest.

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