

## COMPLEX METHODS OF TREATMENT OF CHRONIC PERIODONTITIS

*Xolboeva Nasiba Asrorovna,  
Xaydarova Durdona Munisovna  
Samarkand State Medical University  
Department of Therapeutic Dentistry*

**Annotatsiya.** Chronic periodontitis is a pathological condition resulting from prolonged inflammation of the periodontium, the connective tissue around the tooth root. In chronic periodontitis, there is destruction of the ligaments that hold the tooth in the gum. This is accompanied by painful sensations with pressure or exposure to hot or cold food, redness and swelling of the gums. The tooth becomes mobile, which can lead to its loss.

**Keywords:** It is known that chronic periodontitis is one of the most difficult to cure variants of dental pathology, while destructive forms of periodontitis remain the main cause of tooth extraction to this day.

A complete endodontic treatment is often mistaken for success, but even with a perfectly technically performed root canal treatment, an infectious focus often remains in the periapical tissues. Microorganisms that colonize periapical tissues enter the blood plasma, circulating in the body as a potential source of infection of other organs and tissues. In addition, the waste products of the focus microorganisms cause and maintain the state of sensitization of the body, which is manifested by a variety of allergic reactions. Taking into account the complexity of the complete elimination of pathogenic microflora in the treatment of chronic periodontitis, the high frequency of relapses and the tendency of the pathological process to progress, we decided to develop and apply a complex treatment regimen for this disease and study the results.

The purpose of the work is to study the effectiveness of complex treatment of chronic periodontitis, aimed at eliminating the infectious periapical focus.

**Materials and methods of research.** At the Department of Therapeutic Dentistry, Samara State Medical University, 25 patients aged 25 to 45 years were treated for chronic periodontitis. Patients were divided into 2 groups: main (13 people) and control (12 people). All patients underwent endodontic treatment in full according to the generally accepted scheme, which included mechanical machine (endomotor), medical and ultrasonic treatment of the root canal system, followed by obturation by the method of lateral condensation of guttapercha. At the same time, patients of the main group were additionally prescribed a general treatment directly on the day of obturation of the root canals, which consisted of antibacterial, antihistamine and sorption therapy.

As an antibacterial drug, azithromycin was recommended at a dosage of 500 mg once a day, the course of treatment was 3 days. This drug was chosen by us taking into account the spectrum of its action, as well as due to the presence of such properties as osteotropism and low toxicity. In addition, it is known that

azithromycin is able to accumulate in tissues and, in therapeutic dosages, retains its activity for another 7 days after the last dose. Thus, the course of treatment for the patient was 3 days, but the effect on the focus lasted up to a total of 10 days.

In parallel, the patient was prescribed the antihistamine drug cetirizine, which prevents the development and facilitates the course of allergic reactions, has antipruritic and antiexudative effects. The drug affects the early stage of allergic reactions, limits the release of inflammatory mediators at the late stage of an allergic reaction, reduces the migration of eosinophils, neutrophils and basophils. In addition, cetirizine reduces capillary permeability, prevents the development of tissue edema, relieves smooth muscle spasm. The drug was prescribed at a dosage of 10 mg 1 time per day, a course of 10 days.

Enterogel is a gel-like enterosorbent. The preparation possesses the expressed sorption and detoxification properties. In the lumen of the gastrointestinal tract, the drug binds and removes from the body endogenous and exogenous toxic substances of various nature, including bacteria and bacterial toxins, antigens, food allergens, drugs and poisons. Enterogel was prescribed at a dosage of 1.5 tablespoons 3 times a day, the course of treatment was also 10 days.

Thus, the complex treatment according to the scheme proposed by us affects several areas of therapy of the infectious focus at once: it allows to achieve the fastest possible elimination of microbes colonizing the focus, prevents the occurrence of sensitization of the body and allergic reactions, and also makes it possible to remove decay products of pathogenic microflora from the body as quickly as possible. The results of treatment of patients in both groups were evaluated by us in 2 stages. The first stage of evaluating the work of the treatment regimen was carried out 14 days immediately after the end of endodontic treatment. The subjects were asked to answer a series of questions, the purpose of which was to find out the degree of comfort regarding the patient's well-being in the short term after treatment. So, we recorded such symptoms of intoxication of the body as severe headache, itching, exacerbation of existing chronic diseases of the skin and mucous membranes.

The second stage of the assessment was carried out after 1 year, based on the patient's complaints, clinical picture and X-ray examination data.

**Research results and discussion.** An analysis of the data obtained at the first stage of the study showed that the incidence of complications in the short term after treatment in patients in the control group demonstrates rather high values - 16% (4 people). At the same time, 2 people (8%) complained of moderate pain when biting in the first week after endodontic treatment, 3 patients (12%) were worried about a slight swelling along the transitional fold in the area of the causative tooth. Signs of intoxication of the body were noted by 6 people. Thus, severe headache bothered 6 patients (24%), skin itching was reported by 2 people (8%), exacerbation of chronic recurrent aphthous stomatitis was registered in 1 patient (4%), exacerbation of psoriasis in 1 (4%) patients. The patient also

complained about the occurrence of subfebrile temperature in the first two days after treatment.

Among the patients of the main group at the first stage of the survey, only 2 people (8%) reported slight pain when biting in the first few days after root canal obturation. There were no general complaints in this group of patients. The data obtained during the examination of patients after a year showed the following.

Of the 22 patients in the control group, no relapses were observed during the indicated period. At the same time, a decrease in the foci of destruction in dynamics was observed in 2 people in the control group (8%) and in 3 patients in the main group, respectively (12%). Thus, considering the effectiveness of treatment as a set of criteria (no recurrence of the disease within a specified period, no clinical symptoms on examination, as well as detection of the complete disappearance of the focus of bone tissue destruction or its clear decrease), we obtained the following data. Successful results of treatment in total were registered in the main group in 83.3% of patients (10 people), in the control group this figure was significantly lower and amounted to 85% (11 people). The results obtained indicate that the therapeutic efficacy of the complex of treatment procedures performed in the main and control groups has fundamental differences.

Already at the first stage of the study, our data demonstrated the almost complete absence of immediate possible complications after treatment in the group with an integrated approach to the treatment of chronic destructive apical periodontitis, with a rather high incidence of such complications in the control group - 15%. Such success in the main group is achieved by the elimination of pathogens through antibiotic therapy, as well as by the rapid binding and elimination of toxins from the patient's body.

The data obtained during the examination of patients at the second stage also confirmed the priority of an integrated approach to the treatment of this disease. Thus, the success of treatment was achieved within a year in 83.3% of patients of the main group, while in the control group this figure was significantly lower and amounted to 85%. Thus, the treatment of chronic periodontitis is one of the most important and complex tasks of modern dentistry. The difficulties of such therapy lie in the deep penetration of pathogens into the periapical tissues, which does not allow to completely sanitize the infectious focus purely endodontically. An integrated approach to the treatment of chronic destructive apical periodontitis makes it possible to achieve the elimination of pathogens of the focus of infection, including a sharp decrease in the incidence of general complications. At the same time, in addition to the classical endodontic treatment, it is necessary to prescribe antibacterial, antihistamine, and sorption therapy.

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