

Types and Classification of Periodontitis in Patients with Bronchial Asthma

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Abstract Bronchial asthma often accompanies dental patients. Due to impaired myocardial contractility, as a result of various pathologies of the urinary tract system, an imbalance of vasoconstrictor and vasodilating neurohumoral systems occurs, which leads to insufficient blood supply to organs and tissues, including periodontal tissues, fluid retention occurs in the body, and the mucous membrane is no exception lining of the oral cavity. As a result of developing dystrophic and degenerative changes in the periodontium, periodontal tissues become inflamed, a secondary infection occurs, which leads to the activation of the body's immune response.

Keywords Bronchial asthma, Generalized periodontitis, Oral mucosa, Periodontal condition

1. Introduction

Relevance: Focal periodontitis is a form of inflammatory process located locally, that is, separately in a certain area of the periodontium, in the area of one, two or several teeth, subject to complete or relative health of the remaining periodontal tissues. Most often, it is caused by local trauma, for example: an inflated filling, or an overhanging one, or rubbing of an incorrectly installed crown or bridge. Most often, localized periodontitis manifests itself in an acute form, that is, it begins abruptly, unexpectedly, suddenly, with rapidly increasing clinical symptoms.

The purpose of the study: to identify herpetic stomatitis in patients with infective, early diagnosis, complex (with the help of stomaspheres) and improvement of antiretroviral treatment.

2. Research Materials and Methods

during the research period, 150 patients with herpetic stomatitis aged 20-35 who applied to the CARMEN PLUS medical center, of which 58 patients were examined for men, 92 patients for women and 30 infectious patients of the same age contingent for the control group.

3. Results and Analyzes

During our study, we first studied the division of the background of the underlying disease in our patients. In this we have studied the main and comparative group of patients

divided into types of herpetic stomatitis. Generalized periodontitis, otherwise called diffuse, is characterized by pathological changes in periodontal tissues in the area of almost all or all teeth in the dentition. More often it has a chronic form, has a bacterial etiology, the onset of the disease is usually asymptomatic and painless.

Generalized periodontitis

Acute periodontitis is an inflammatory process in the periodontal tissues of the oral cavity, characterized by the sudden appearance of pain, swelling, bleeding, and often the appearance of purulent exudate or sanguineous discharge from the gum pocket.

Chronic periodontitis is a form of inflammatory process occurring in periodontal tissues, of a cyclical nature (alternation of relapses - exacerbations and remissions - attenuation).

Chronic periodontitis

Chronic generalized periodontitis

Chronic generalized periodontitis is a form of the disease that has diffuse damage to periodontal tissues. Characterized by alternating remissions and relapses.

Purulent periodontitis

Purulent periodontitis is a pathological condition of the periodontium, in which purulent exudate is released from the formed gum pockets. Advanced purulent periodontitis can cause the development of an abscess.

Abscessing periodontitis

Abscessing periodontitis, a complicated form of periodontitis, characterized by the development of a purulent focus - an abscess.

Aggressive forms of periodontitis

Aggressive forms of periodontitis are forms of periodontitis with an atypical course, caused by microorganisms that are

able to penetrate faster and more strongly into periodontal tissues and have the most pronounced pathogenic properties.

Classification of aggressive forms of periodontitis

- Chronic periodontitis in adults
- Early-onset periodontitis (EAP)
- Prepubertal periodontitis
- Juvenile periodontitis (periodontal disease)
- Rapidly progressive periodontitis
- Type A.
- Type B.
- Refractory periodontitis
- Ulcerative-necrotizing gingivo-periodontitis
- Periodontitis associated with systemic diseases

Adult periodontitis

The name of this subtype speaks for itself. Adult periodontitis is a pathological, slowly developing form of periodontitis that affects people over 35 years of age. Most often, bone loss in such patients occurs horizontally, but vertical - angular loss - cannot be ruled out.

A characteristic feature of this disease is its etiology, namely the provocation of its development by gram-negative bacteria.

Periodontitis in an adult

When examining patients with this form of the disease, pathologically altered blood cells are not detected. Among the variety of periodontal diseases, this particular disease is the most common among the adult population.

Prepubertal periodontitis

Prepubertal periodontitis is considered to be periodontitis that occurs after the eruption of permanent teeth. This form of the disease itself is quite rare, but its prevalence still makes it possible to distinguish two forms: localized and generalized.

Juvenile periodontitis (desmodontosis)

A small number of adolescents experience LUP - localized juvenile periodontitis. As a rule, the onset of pathology development occurs during puberty. The classic variant of the development of the disease is vertical bone loss in the first molars; often the incisors are also involved in this process. It is noteworthy that severe bone loss can develop almost asymptotically.

Plaque is not detected in significant quantities. There are no symptoms of the inflammatory process, or they are very scarce.

Some periodontists support the theory of family predisposition, since with this disease neutrophils or monocytes that are functionally incomplete are found in the blood, but both types of cells cannot have defects in this pathology.

There is also a 3-fold increased incidence of LUP in females.

Sometimes the cause of this condition can be one of the forms of nonspecific anaerobic bacteria classified as gram-negative. This is confirmed by the positive dynamics

in the treatment of LUP with antibiotics as part of complex therapy.

Among other things, for juvenile periodontitis, a generalized form is not uncommon, when the entire dentition is involved in the pathological process.

Rapidly progressing periodontitis

This form of periodontitis is typical for people who have left puberty and are under 35 years of age. It is characterized by severe loss of alveolar bone, in a generalized form around most teeth. In this case, bone loss can occur both vertically and horizontally, as well as in their complex.

Rapidly progressing periodontitis

This disease is also characterized by a discrepancy between the amount of plaque and the degree of destructive changes in the bone. Some cases of the development of rapidly progressive periodontitis can be associated with the presence of systemic diseases such as diabetes mellitus or Down syndrome, but they often occur in individuals who do not have such systemic pathologies.

Rapidly progressive periodontitis is further subdivided within its form into two types, both of which are characterized by rapid, generalized loss of bone and attachment, and are divided according to the age category of the patients. Namely:

- type A includes periodontitis that developed in patients aged 14-26 years
- type B includes rapidly progressive periodontitis affecting the periodontium in patients aged 26 to 35 years.

Regardless of the type, the disease often recurs, despite the success and quality of the therapy.

Refractory periodontitis

Ulcerative-necrotizing gingivitis-periodontitis

Refractory periodontitis is a special type of periodontitis, which, despite constant therapeutic measures, continues to develop, which is accompanied by loss of bone tissue in several areas simultaneously.

Ulcerative-necrotizing gingivitis-periodontitis

Most often, this disease is a consequence of untreated acute necrotizing ulcerative gingivitis, especially long-term and recurrent forms, as well as when they are insufficiently treated. Episodically repeated activity of the pathology leads to the destruction of periodontal tissue, and as a consequence to the formation of both interdental and gingival craters. Also, the cyclical nature of the disease negatively affects the possibility of adequate care and treatment.

4. Conclusions

The effect on oral organs and tissues in patients suggests that the intensity and prevalence of caries in patients, the level of oral hygiene, and the condition of periodontal tissues are several times higher than in healthy people.

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