

Clinical Study Results in the Examination of Chronic Recurrent Periodontitis in the Military

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Abstract This article presents the results of the clinical-dental examination of chronic recurrent periodontitis in the military, the distribution of chronic recurrent periodontitis in research groups according to severity, the level of oral hygiene of the military in their groups, the results of the examination of periostometry in the periodontal tissues [8,9].

Keywords Periodontal tissues, Collagenase, Elastase, Fibrinolysin, Chondroitin sulfatase, Microcirculation, Odontogenic focus

1. Introduction

In the military, a special place is occupied by the prevalence of diseases of the mucous membrane of the oral cavity and the complexity of diagnosis and treatment of chronic recurrent periodontitis against the background of this disease. On a global scale, special attention is being paid to research aimed at improving the treatment of diseases of the oral mucosa in soldiers. To determine the clinical and functional characteristics of the specific course of other inflammatory disease syndromes associated with oral cavity diseases in modern dentistry; assessment of the place of dental and physiotherapeutic measures in the process of complex treatment; development of a comprehensive step-by-step approach plan that takes into account the somatic condition of the military; to offer treatment and prevention methods based on dysfunction of the oral cavity organs in the military; improving the development of treatment efficiency evaluation methods is of particular importance [1,7,9].

2. Materials and Methods

Examination of patients began with palpation of their general condition, skin color, local lymph nodes. To assess the condition of the tooth, an examination of the oral cavity was carried out. We studied the condition of the mucous membrane of the lips, langes, tongue, the presence of tooth marks or bite marks, the condition of the tongue and lip grooves, the depth of the corridor part of the oral cavity, determined the condition of the edge of the gums (color, shape, the presence of edema, leakage paths), mineralized and non-mineralized, determined the presence of [2,4,9].

On the card of the dental patient, a dental formula was recorded, in which caries and non-caries lesions, the presence of fillings, orthopedic structures and acquired teeth were noted [1].

During the results of the examination, hyperesthesia from dental diseases, pathological edging, a puncture defect were encountered in the main group. In the military against the background of the main disease, we saw that these indicators increased by 1.4 times compared to the patients of the control group. In this case, a pathological exacerbation was observed in 4 patients, a puncture defect was observed in 9 patients, and hyperesthesia in 11 patients. Candidiasis and glossalgia were more common in the main group of patients [6,8].

Examination of dental diseases in the military of the control group showed that caries disease and pulpitis disease showed a large amount in comparison with the 1 Research Group (65% and 31%). But it was found that enamel erosion, puncture defect, pathological editation and hyperesthesia indicators from diseases of noncharies of the teeth are very rare in the control group compared to all research groups [1,3,8].

During the study, complaints from the military were heard and an objective examination was carried out. Chronic recurrent periodontitis has been more common in the military than in the control group of pain in the gums, bleeding from the gums, unpleasant odor from the mouth. In the military, 17.1% complained of bad breath, 2.5 times more than in the control group (42.9%). The sensation of aching in the oral cavity was more noted in the main group [3,5,6].

When the oral cavity was examined, nocarious lesions of the tooth such as erosion were noted, leading the main group. Wedge defects were found in 4 individuals, pathological tooth decay in 9 individuals, enamel errosis in 6 individuals, and hyperesthesia in 11 individuals in the military, but no reliable difference was observed between the groups ($R > 0.05$) [4].

When the intensity of dental caries injury was studied, it was found that the average value of the KPU index in the primary group was 4.16 ± 0.05 (very high level of caries intensity), and the KPU index in the control group was 1.85 ± 0.05 (high level of caries intensity) [1].

To determine the severity of parodont disease, the Pi parodontal index was used, which showed that the value of this index was 4.31 ± 2.29 in the main group, 10 times more than in the control group. The value of the Pi parodontal index in the main group of military is 2.16 ± 0.85 , corresponding to the initial and mild level of parodont pathology, while in the control group this indicator is 0.46 ± 0.56 . The data of the Pi parodontal index between the three groups, obtained during the examination of patients, is presented [7,8].

Papilla-marginal alveolar index (RMA) indicators are high in all research groups buldi (98%). In the main group, 34 (77.3%) chrashi of severe grade gingivitis, respectively, indicate that they have a severe degree of gingivitis of the disease, and periodontitis has already developed [5,9].

In the course of the study, we studied the results of periostometry data dependence (PTM) chronic recursive periodontitis resulting in the loss of strength ($m \pm SD$) of crumpled dental tissue. When we compared these results among research groups, we found that the indicators in the main group increased by 1.1 times compared to the control group [4].

Has chronic recurrent periodontitis in military type nosological bipliclap organism hyjaypavial immynity quantifier and cifatial multicatkichlapiga takcipi, ylap özgapishlap dapajaci eTap kissed and xycyciyatlapi detected, but gymopal immynitet and tsitokinlap kontaspasiyalapi özipt kyt [6].

In the course of our study, we have maccagged the identification and evaluation of gymopal immynity papametplap in ychyn yshby kacal dysfunctional patient, who kissed the importance of chronic relapsing periodontitis in the military in the course of clinical immynology and the determination [8,9].

Bynning ychyn was diagnosed with acute vepified (18-39 years old) bemoplak blood serum of chronic relapsing parodontitis in the military, and the evaluation of gymnopal immynitet papametplap in yn was cleared [2].

IGA mukkopu chronic relapsing periodontitis existing military hypyhida nasopat kompatkichlapiga nicbatan 0.32 mapta was found to be infested in a believing dapaja – moc pavish at 1.24 ± 0.08 g/l Ra qapshi 1.02 ± 0.09 g/l ($p_0, 05$). Arap IGA bapcha is found to be 10% of immynoglobulylinlap, ynga qapshi istipok in bipamchi and secondary immyn response, acocin olcak to hicob, ylap in providing local immynity. The presence of IgA in the patient's serum to a lot of muckup ensures that there is a lot of muckupu developing on the mucous membrane surface. Ushby immynoglobulylin is derived from the organism of the immyn system, the activation of the local immynitet factorlap from [5,9].

There is chronic recurrent periodontitis in the study military Blood zapdobic IgM kontaspasiyaci also kyzatyv increased in gpyhlapi-moc pavish 1.02 ± 0.09 g/l Ra qapshi 1.06 ± 1.02 g/l (0.15 maptaga, $p_0,05$). Arap IgM is developed as a bipinch

to blood-tyshgan alien agentlap qapshi immynoglobulylinlap opacuga hicobga olcak, yshby infection is recently started as a multicatual immynological character [5].

During the study, IgG provides acocan secondary immyn response with 75% of immynoglobulylinlap and is being developed after IgM, shy cababli yshby yshby yshynoglobulylin's lung infection japayon yakyni ylkandip in defining ictiqbol. In our fiction, IgG has plotted the nasopat gpyhi papametplapi of chronic relapsing parodontitis in the military with an abundance of nicbatan 0.80 mapta in a convincing pavish ($p_0,05$) - moc pavish has an 8.02 ± 0.21 g/l Ra cap of 14.60 ± 1.23 g/l [1].

During our study, the patient reported that serum Ige was fapq from another immynoglobulylinlap without ychpashi in inconlap, providing an individual imyn response of organism to an antigen (excitatory) that is tyched to organism, having Ma'lym biological activity (allepgia) participation in bipolar and secondary immyn response like other immynoglobulylinlap, ychpashi to low muckop in JY in patient blood serum (0.4% of bapcha immynoglobulylinlap) icbotted with feedback. Taking into account that most hollap also has an IgE infection, the Clinico-labopatot tekshipishlap acocuga was also incopet with another infectional lap bop in organism [6,7,9].

The result obtained showed that the bemoplak blood zapdob contains an abundance of nicbatan 6.94 mapta to Ige mukkopu nazopat gpyhi papamaetplapi - 15.65 ± 4.41 G/L Ra qapshi 8.65 ± 1.05 g/l ($p_0,01$) in MOC pavish. In shynday, there is chronic recurrent periodontitis in the military blood serum acocy immynoglobulylinlap kontaspasiyalapi nasopat gpyhiga mancyb, in anamnesi yshby pathology unspecified healthy humanlap papametplap with nicbatan amalapli dapajada prevalence of ajpalib typdi, during the study IgA 0.32 mapta ($p_0,005$), IgM 0.15 mapta ($p_0,05$), IgG became abundant in dapaja with a belief of 0.80 mapta ($P_0,01$) and Ige 6.94 mapta ($P_0,05$). The abundance of IgA, IgM and IgG was explained by the fact that the local immynity activity of nicbatan ymymiy to the infectious agent kychayishi bipamchi and secondary immyn response [5].

The result of kissing and analyzing the amount of IgG has also multicatted that the same trend as the one found. The fact that the main gpyh multicatkichlapidi did not perform a reliable fapq from the Bip Bipi to bapobapida (14.60 ± 0.20 ng/mL $p_0,05$) from the nasopat gpyhi papametplapi to a large number of mukkopga ($p_0,05$) up to 2.14 mapta at moc pavish. By condition is associated with the development of IgG, the acocycin of patient serum immynoglobulylinlap, into multiple mucgop at moc pavish to antigen agepecciaci ctimylyaci. The fact that Arap IgG provides an acocan secondary immyn response multiplies the size of the lung in the antigen eliminator of olcak yshby immynoglobulylin to hicob whether bipmyncha is developed after time in the bipamatory immyn response [6].

In a similar way, chronic relapsing periodontitis existing military blood serum acocy immynoglobulylinlap (IgM, IgG, IgA, Ige) concentrate detection in bemoplak in primary gpyhlap has greatly increased the relative orientation of ylap and the tendency to proliferate in practical terms. IgA

mukkopu xap has increased nazopat gypyhi multipcatkichlapi to nicbatan moc pavish to 1.25 and 1.02 mapta in both gypyh bulca (p0.05), IgM kontaspasiyaci moc pavish to 1.15 mapta (p0,05) and 1.05 mapta (p0,05), shy papametplapi of IgG has increased to 2.12 and 2.14 mapta in reliable dapaja (P0,05) P0,05). We respect the importance of both immynoglobylins of the kissing nasological biplic ychyn of pathogenetic significance in both olca and the Diagnostic and cacalic course, and the labeling of yakyni ictiqbol [4].

However, hicoblyz that an increase in keckin of IgG is associated with kacallik RET myddati and dapajaci, nasopathic (healthy) gypyhi of IgG quantity from shy cabab is recommended in the Diagnostic and ppognoctic immynological criterion CIF [1].

During the study, IgA, IgM, and IgG migrated from lap to fapqli pavish in the dapaja, which attracts the patient serum concentrate attention of Ige. In fapqli pavish from another immynoglobylinlap, ylap mukkopu became fapqli not only from the nazopat gypylap, but also to the collapsing gypylap opacu [6].

In the main gypyh, a further increase in by multicatkich was recorded- 167.58 ± 6.67 ng/mL (p0,05 to 6.85 mapta). Chronic recurrent periodontitis in the military increased serum Ige to multiple muggop (6.33 and 6.85 mapta) has greatly increased the incidence of the disease in opganism [6,7,9].

3. Conclusions

By doing so, it was found that the bemoplap blood serum Ige kontaspasiyaci nazopat gypyhi in the primary gypyhi increased from papametplap to 6.85 mapta (in the primary and comparative gypylap) in a trusting dapaja. The place of attention is shyndaki, yshby immynoglobylin mukkopu was high in the main gypyh in the dapaja of ishabalapli (1.08 mapta), but the result was not disparate in the dapaja of

ishabalapli (p0, 05). In opganism, ylap's yzoq is explained by the continuance of the mydd-term pepticentiacic excitatory-vchilap eliminator. In the case of chronic relapsing periodontitis by taking the drug hicob, there is a comprehensive approach to the military treatment tactician Bran. Shyn is also recommended to use the IgE detection dapajacin in the cifat of the kacalic course and the additional diagnostic and ppognoctic imynological criterion that determines the yakyni ictiqbol [4,7].

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