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DENTAL EXAMINATION OF PREGNANT WOMEN WITH HERPETIC STOMATITIS

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ABSTRACT

Pregnancy is a physiological state of the female body, which is often accompanied by an exacerbation of various chronic pathological processes due to the increased demands placed on organs and systems during this period. When pregnancy occurs, profound hormonal changes and changes in immunological reactivity occur, which adversely affect the clinic of latent various chronic diseases of bacterial origin [7]. One of the brightest manifestations of this period are changes in the state of organs and tissues of the oral cavity, both periodontal and teeth [1,2,4].

When studying the mechanism of development of the pathology of oral tissues during pregnancy, the presence of extragenital and gynecological diseases, the number of pregnancies, the trimester and complications of pregnancy, the woman's age and other reasons are of great importance. The existing diseases and pathologies of the oral cavity, which are complicated by the onset and development of pregnancy, are of no small importance [4,9].

According to different authors, in the physiological course of pregnancy, the prevalence of dental caries is 91-92%, periodontal tissue diseases occur in 90% of cases, lesions of previously intact teeth (with a predominantly acute course of the carious process) - in 38% of pregnant patients. In half of pregnant women and parturient women, the so-called gingivitis of pregnant women is observed with a physiological course already at 2-3 months of pregnancy [1,8]. In the future, as pregnancy develops, periodontitis progresses continuously, and only in the postpartum period does the clinical picture improve slightly [10].

Keywords: herpetic stomatitis , herpetic stomatitis in pregnant women.

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СТОМАТОЛОГИЧЕСКОЕ ОБСЛЕДОВАНИЕ БЕРЕМЕННЫХ С ГЕРПЕТИЧЕСКИМ СТОМАТИТОМ

АННОТАЦИЯ

Беременность - физиологическое состояние женского организма, которое часто сопровождается обострением различных хронических патологических процессов вследствие повышенных требований, предъявляемых в этот период к органам и системам. При наступлении беременности происходят глубокие гормональные сдвиги и изменения иммунологической реактивности, которые неблагоприятно отражаются на клинике латентно протекающих различных хронических заболеваний бактериального генеза [7]. Одним из ярких проявлений данного периода являются изменения в состоянии органов и тканей полости рта, как пародонта, так и зубов [1,2,4].

При изучении механизма развития патологии тканей полости рта в период беременности большое значение имеет наличие экстрагенитальных и гинекологических заболеваний, количество беременностей, триместр и осложнения беременности, возраст женщины и другие причины. Немаловажное значение приобретают имеющиеся заболевания и патологии полости рта, осложняющиеся при наступлении и развитии беременности [4,9].

По данным разных авторов при физиологическом течении беременности распространенность кариеса зубов составляет 91-92%, заболевания тканей пародонта встречаются в 90 % случаев, поражение ранее интактных зубов (с преимущественным острым течением кариозного процесса) - у 38 % беременных пациенток. У половины беременных и рожениц так называемые гингивиты беременных наблюдаются при физиологической течении уже на 2-3 месяце беременности [1,8]. В дальнейшем, по мере развития беременности пародонтопатии непрерывно прогрессируют, и только в послеродовом периоде клиническая картина немного улучшается [10].

Ключевые слова: герпетический стоматит, герпетический стоматит у беременных.

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HERPETIK STOMATIT BILAN HOMILADOR AYOLLARNI STOMATOLOGIK TEKSHIRISH

ANNOTATSIYA

Homiladorlik-bu ayol tanasining fiziologik holati bo'lib, u ko'pincha ushbu davrda organlar va tizimlarga qo'yiladigan talablarning oshishi tutayli turli xil surunkali patologik jarayonlarning kuchayishi bilan birga keladi. Homiladorlikning boshlanishi bilan chuqur gormonal o'zgarishlar va immunologik reaktivlikdagi o'zgarishlar yuz beradi, bu bakterial genezning yashirin davom etadigan turli xil surunkali kasalliklari klinikasida salbiy aks etadi [7]. Ushbu davrning yorqin namoyonlaridan biri og'iz bo'shlig'i organlari va to'qimalarining, ham periodontal, ham tishlarning holatidagi o'zgarishlardir [1,2,4].

Homiladorlik paytida og'iz to'qimalarining patologiyasini rivojlantirish mexanizmini o'rganishda ekstragenital va ginekologik kasalliklarning mavjudligi, homiladorlik soni, homiladorlikning trimestri va asoratlari, ayloning yoshi va boshqa sabablar katta ahamiyatga ega. Homiladorlikning boshlanishi va rivojlanishi bilan murakkablashadigan og'iz bo'shlig'ining mavjud kasalliklari va patologiyalari muhim ahamiyatga ega [4,9]. Turli mualliflarning fikriga ko'ra, homiladorlikning fiziologik davrida tish kariesining tarqalishi 91-92% ni tashkil qiladi, periodontal to'qimalarning kasalliklari 90% hollarda uchraydi, ilgari buzilmagan tishlarning shikastlanishi (kariyer jarayonining o'tkir kursi bilan) - homilador bemorlarning 38% da. Homilador ayollar va tug'ruqdagi ayollarning yarmida homilador ayollarning gingivitlari homiladorlikning 2-3 oyligida fiziologik kursda kuzatiladi [1,8]. Keyinchalik, homiladorlik davom etar ekan, periodontopatiyalar doimiy ravishda rivojlanib boradi va faqat tug'ruqdan keyingi davrda klinik ko'rinish biroz yaxshilanadi.

Kalit so'zlar: герпетик стоматит, Bremendagi herpatik stomatit.

In connection with the appearance, development or exacerbation of diseases in the oral cavity with the onset of pregnancy, the purpose of our research is to determine the algorithm for examining pregnant women with herpetic gingivitis and periodontitis.

The result of the examination of pregnant women with periodontal diseases was the establishment of the type, form, severity, nature of the course of the disease, the identification of general and local etiological and pathogenetic factors.

The clinical examination included the identification of complaints and the collection of anamnesis.

To assess the hygienic state of the oral cavity, the hygiene index (IG) OHI-S index, Greene J.C., Vermillion J.R., 1964, was used.

Plaque index - DI-S and stone index - CI-S were used to determine the presence and amount of plaque, as well as supragingival and subgingival calculus.

The value of the total index (OHI = DI+CI) from 0 to 1.2 indicated a satisfactory condition of oral hygiene; from 1.3 to 3.0 - poor sanitary condition of the oral cavity.

Gingival inflammation was quantified using the papillary-marginal periodontal index (PMA) according to Sohour J. and Masseler M., 1948, modified by Parma P., 1960.

The complex periodontal index (CPI) according to Leus, 1989, which belongs to the indices of the first type, was used for epidemiological studies. Index criteria: 0.1 - 1.0 - risk of periodontal disease; 1.1 - 2.0 - mild degree; 2.1 - 3, 0 - moderate and ≥ 3.1 - severe.

Tooth mobility was assessed according to G.M. Barer and T.I. Lemetskaya (1966) as follows: 1 degree - the tooth is displaced in the vestibulo-oral direction by no more than 1-2 mm; 2 degree - more than 3 mm; Grade 3 - the tooth is mobile in all directions and even vertically.

Early signs of inflammation were determined by the presence of bleeding. Bleeding was assessed by H.P. Muhlemsnn and S.Sow (1971) in the area of 16, 12, 44, 32 and 36 teeth.

Women who applied to the clinic of therapeutic dentistry were grouped according to age and trimester of pregnancy. In the dynamics of pregnancy, the periodontal condition was assessed in 132 women in the first trimester; 110 - in the II trimester; 95 - in the III trimester, the control group consisted of 50 non-pregnant women with intact periodontium.

In the future, when compiling study groups, the same principle was followed.

When studying the epidemiology of periodontal diseases, the state of periodontal tissues was assessed using the community periodontal

index (CPI), developed by WHO/FDI experts for epidemiological dental surveys of the population.

Registration of data for the CPITN index was carried out according to the following pairs of signs of codes: 0 - no pathological signs; 1 - bleeding after examination; 2 - subgingival tartar;

3 - pathological pocket 4-5 mm deep; 4 - pathological pocket with a depth of 6 mm or more. The analysis of the results was carried out by assessing the number of examined sextants of the dental arches belonging to a certain CPITN code, as well as by the average values of CPITN in the survey groups.

The index assessment of the state of periodontal tissues was carried out in dynamics: before the start of treatment, after the end of treatment, in the third trimester and in the postpartum period.

The next stage of the study is to establish the features of the main pathogenetic mechanisms for the development of periodontal diseases during pregnancy. For this, a comparative analysis of clinical symptoms, microcirculation, microbiological, biochemical mechanisms of development of periodontitis in the same women with intact periodontal disease, gingivitis, HPLS, HPTS and HPTs in the dynamics of pregnancy development - I, II and III trimesters was carried out. The comparison groups consisted of non-pregnant women of comparable age and socioeconomic status. The average age of women in the groups ranged from 26.3 ± 0.81 to 28.82 ± 1.13 years. The number of pregnant women in the groups was comparable in percentage terms.

The effect of pregnancy on peripheral microcirculation in periodontal tissues was carried out using laser Doppler flowmetry (LDF). The microcirculation of blood in the capillaries of the gingival mucosa in the region of 42-43 teeth was studied. Registered the value of the average blood flow - M (perf.ed.); fluctuation of the flow of erythrocytes (flux) - σ (perf.un.); coefficient of variation (Ky), characterizing the vasomotor activity of microvessels; the state of active and passive mechanisms of microcirculation, the ratio of which characterizes the microcirculation efficiency index (IEM).

Currently, much attention is paid to oxidative stress due to its high significance in the development of periodontal diseases, in the pathogenesis of which is an inflammatory-destructive process. Intensity of LPO in oral liquid and blood serum was assessed by the level of CL and concentration of MDA. Functional state of AOS was assessed by activity of CAT, SOD and GP. The relationship between gingivitis and periodontitis in pregnant women and the state of the LPO-AOS system with the period of pregnancy was determined. Chemiluminescence spectrophotometric methods were used.

The leading place in the system of antimicrobial protection belongs to normal autot flora of oral mucosa. The constancy of the microbial composition of the oral cavity is maintained largely due to the properties of normal microflora to resist pathogenic and conditionally pathogenic microorganisms [3]. Increased hormone production during pregnancy dramatically increases the risk of developing inflammatory periodontal diseases; periodontal diseases in pregnant women arise and worsen due to imbalance among resident species under the influence of pregnancy factors that disrupt homeostasis of the oral ecosystem [4].

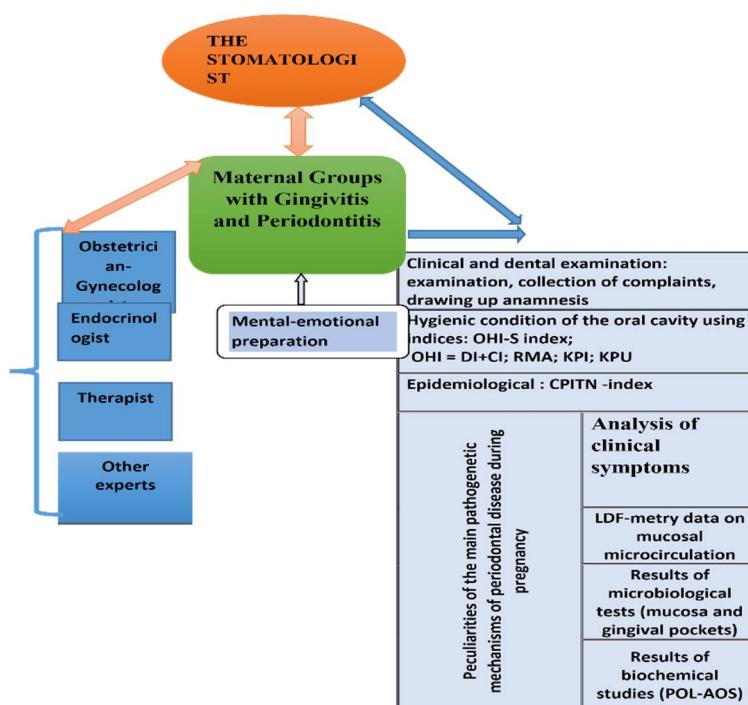
Oral fluid was collected from all the examined pregnant women by mucous membrane flushing and serial dilutions were prepared and isolated on various nutrient media. The genus identity was determined by the substances produced by certain microorganisms.

The role of many mechanisms in the pathogenesis of periodontitis has been proved, with periodontal microflora being the primary trigger mechanism in the development of the pathological process in periodontal tissues, which initiates the pathological process. To determine the composition of microflora we studied the content of periodontal pockets (PC), which was obtained using sterile paper endodontic pins (size №25), which were dipped into the gingival sulcus or the deepest PC to its bottom and left for 10 seconds. Microorganisms were determined by real-time polymerase chain reaction (PCR) using a DT-96 detection amplifier and a set of reagents from NPO DNA-Technology, Russia. Pathogenic microflora were detected depending on pathology and gestational period.

For an objective assessment of the periodontal tissues condition, an index assessment was performed in all pregnant women, which was necessary to identify the data obtained. The index assessment was performed dynamically in the periods: before treatment, in the third trimester, and in the postpartum period. According to the obtained index assessment of the periodontal condition, a treatment plan was individually developed for pregnant women [5,7,9,10].

Stomatological care during pregnancy is governed by the need to create the most favorable conditions for fetal development and increased predisposition of a woman's body to the development of pathological changes in the periodontium. Restrictions associated with the technology of dental treatment are of no small importance. Restriction of X-ray diagnosis, anesthesia drugs, chair position and others [6,7].

Thus, for the examination and treatment of pregnant women with gingivitis and periodontitis, the algorithm scheme in Fig. 2 is presented.



Pic.1. A Algorithm of examination and treatment of pregnant women with gingivitis and periodontitis.

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ЖУРНАЛ РЕПРОДУКТИВНОГО ЗДОРОВЬЯ И УРО-НЕФРОЛОГИЧЕСКИХ ИССЛЕДОВАНИЙ

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