SIR Publishers
CENTER FOR INTERNATIONAL SCIENTIFIC PUBLICATIONS
JOURNAL OF NURSING AND WOMEN'S HEALTH
ISSN(Online): 2984-8083
SJIF Impact Factor |(2023): 5.034|
Volume-7, Issue-1, Published |20-01-2024|

METHODS FOR EXAMINING DENTAL DISEASES IN PATIENTS WITH BRONCHIAL ASTHMA

https://doi.org/10.5281/zenodo.10593829

DSc., **Kazakova Nozima Nodirovna**
Bukhara Medical Institute
Alavdinov Salokhidin Zievutdinnovich
Fergana, CAMU non-governmental Medical University

ABSTRAKT

This article describes the frequency of dental diseases in patients with bronchial asthma, upper respiratory tract permeability disorders in patients with bronchial asthma, types of allergens, clinical signs, treatment and preventive measures.

Key words

xerostomia, dentistry, heterogeneous disease, household allergens, emphysema, bronchodilator, glucocorticosteroid, alveola.

Bronchial asthma is a serious problem in all countries of the world, including the Republic of Uzbekistan, which is also associated with a clear increase in the frequency of occurrence, the number of complications, exacerbation of the disease. Studies in recent years have shown that about 2 million people in Uzbekistan suffer from bronchial asthma, of which about 1 million have severe forms of the disease. The prevalence rates for patients with bronchial asthma in the population are 30% mild, 50% moderate, and 20% severe bronchial asthma.

In patients with bronchial asthma, the oral cavity has a significant effect on the decrease in the protective properties of the mucous membrane, which creates unfavorable conditions for the hard tissues of the tooth and periodont tissue, increases the effect of microflora and other pathogenic factors. There is information about the presence of disorders in the immune system in patients with bronchial asthma, prone to the appearance of inflammatory periodontal diseases.

Both an attack of bronchial obstruction and a relatively calm period of the disease require the appointment of medications, in particular glucocorticosteroids. At the same time, along with a positive effect, these drugs lead to a decrease in the natural protective barrier of the oral mucosa and dysfunction of immune defense systems. This can significantly complicate adequate therapy of the disease, contributing to the development or progression of local and general inflammatory diseases.

SIR Publishers
CENTER FOR INTERNATIONAL SCIENTIFIC PUBLICATIONS
JOURNAL OF NURSING AND WOMEN'S HEALTH
ISSN(Online): 2984-8083
SJIF Impact Factor |(2023): 5.034|
Volume-7, Issue-1, Published |20-01-2024|

During the study period, patients with chronic recurrent periodontitis with bronchial asthma, divided into 3 large groups of patients with chronic recurrent periodontitis with bronchial asthma in the main group, a comparison group of patients with chronic recurrent periodontitis who did not suffer from bronchial asthma, in the control group was formed from volunteers of the same contingent.

We studied the condition of the mucous membrane of the lips, lunges, 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.

In our main group of patients, no healthy parodont and mild Grade parodont were found during the study. 51.78% of patients had a mid-level periodont and 48.21% of patients had a mid-level periodont. Mid-level parodont dominated.

In our comparison and control group patients, a healthy parodont dominated (60.0% and 46.7%). The comparison group found a mid-level parodont of 20.0% in our patients. A severe degree of parodont was found in 2 patients in a comparison group. A severe degree of parodont did not occur in our control group patients.

Bronchial asthma requires treatment not only during exacerbation, but also during remission. Most patients are prescribed glucocorticosteroids (GCS). These drugs are used in inhalation form in order to act on the cells of the respiratory tract as quickly as possible. Glucocorticosteroids have a positive effect on the control of bronchial asthma, however, they significantly reduce the defenses of the oral cavity.

Study of dental status in children with bronchial asthma

In order to conduct a full-fledged study, dentists needed to analyze a number of indicators:

- General condition of the body
- The prevalence of caries in children with asthma
- Assessment of the quality of oral hygiene
- Presence/absence/degree of bleeding gums
- Determination of acid-base balance in the oral cavity
- Study of the composition of the oral microflora.
- Enamel resistance to external influences (including bacterial ones)

The result of the study was that in children with bronchial asthma, caries in the oral cavity was detected much more often. It is believed that this trend is due to xerostomia. Xerostomia is dryness in the oral cavity. Impaired salivation is one of the causes of caries in patients without bronchial asthma. It is thanks to the composition of saliva that most of the protective properties of the mouth are realized.

SIR Publishers
CENTER FOR INTERNATIONAL SCIENTIFIC PUBLICATIONS
JOURNAL OF NURSING AND WOMEN'S HEALTH
ISSN(Online): 2984-8083
SJIF Impact Factor |(2023): 5.034|
Volume-7, Issue-1, Published |20-01-2024|

It was also revealed that children with bronchial asthma were more likely to visit the dentist due to candidiasis stomatitis. The reason for this pathological process is considered to be changes in the acidity of saliva. The shift in the acid-base balance leads to the fact that Candida fungi begin to multiply more intensively. A characteristic symptom of candidiasis stomatitis is the appearance of a white curdled plaque in the oral cavity.

Therapeutic and preventive measures in patients with bronchial asthma

Dentists recommend the following to patients with bronchial asthma:

• Regular professional cleaning of the oral cavity

It is recommended to visit a dentist for this purpose at least 4 times a year. During professional cleaning, all dental deposits are removed, which reduces the risk of damage to the tooth by pathogenic microorganisms.

• Strengthening teeth

This procedure is especially relevant in childhood. It is recommended to strengthen tooth enamel with the use of calcium and fluoride preparations. Please note that even their home use must be coordinated with the attending physician!

• Controlled brushing of teeth

High—quality hygiene is the best prevention of dental diseases. Therefore, it is recommended to visit the dentist several times for a controlled dental cleaning. During the procedure, the dentist will teach you how to properly care for your teeth and oral cavity.

How to treat teeth in patients with bronchial asthma?

Patients with bronchial asthma are at risk for allergic reactions. Unfortunately, many medications can provoke an asthma attack on the background of allergies. Therefore, patients with bronchial asthma necessarily need specialized training. If the patient seeks medical help for the first time after the disease is detected, the dentist tells about the rules of premedication. Premedication is taking medications on the eve of treatment to prevent complications. In particular, with bronchial asthma, antihistamines should be started 5 days before the planned intervention. It is important to remember that the dentist does not select antihistamine drugs. Therefore, if you want to choose the optimal drug for yourself, contact an allergist-immunologist.

Preventive (preventive) inhalation with a short-acting bronchodilator is also recommended 30 minutes before dental intervention. For this purpose, it is recommended to use a medication prescribed by your doctor.

It is also important for patients with bronchial asthma not to forget to take medications with them to stop the attack. In case of an allergic reaction, the dentist will be able to help you with the most appropriate medications.

SIR Publishers
CENTER FOR INTERNATIONAL SCIENTIFIC PUBLICATIONS
JOURNAL OF NURSING AND WOMEN'S HEALTH
ISSN(Online): 2984-8083
SJIF Impact Factor |(2023): 5.034|
Volume-7, Issue-1, Published |20-01-2024|

LITERATURES

1. Данилевский Н.Ф., Леонтьев В.К., Несин А.Ф., Рахний Ж.И. Заболевания слизистой оболочки полости рта. - М.: Издательство ОАО "Стоматология"

2. Sharipova Gulnihol Idiyevna. DISCUSSION OF RESULTS OF PERSONAL STUDIES IN THE USE OFMIL THERAPY IN THE TREATMENT OF TRAUMA TO THE ORAL MUCOSA// European Journal of Molecular medicinevolume 2, No.2, March 2022 Published by ejournals PVT LTDDOI prefix: 10.52325Issued Bimonthly Requirements for the authors.

3. Sharipova Gulnihol Idiyevna. THE EFFECTIVENESS OF THE USE OF MAGNETIC-INFRARED-LASER THERAPY IN TRAUMATIC INJURIES OF ORAL TISSUES IN PRESCHOOL CHILDREN//Academic leadership. ISSN 1533-7812 Vol:21Issue 1

4. Karshiyeva D.R.,The Importance of Water Quality and Quantity in Strengthening the Health and Living Conditions of the Population//CENTRAL ASIAN JOURNAL OF MEDICAL AND NATURAL SCIENCES. Voleme: 02 Issue: 05I Oct 28 2021 Page 399-402

5. Karshiyeva D.R.,The Role Of Human Healthy And Safe Lifestyle In The Period

Of Global Pandemic-Covid 19//The American Journal of Applied Sciences.Voleme: 02 Issue: 11-15I November 28, 2020 ISSN: 2689-0992. Page 78-81

6. . Sharipova G. I. The use of flavonoid based medications in the treatment of inflammatory diseases in oral mucus //Asian journal of Pharmaceutical and biological research. India. – 2022. – T. 11. – №. 1. – C. 2231-2218. (Impact factor: 4.465)

7. Sharipova G. I.Changes in the content of trace elements in the saliva of patients in the treatment of patients with traumatic stomatitis with flavonoid-based drugs // Journal of research in health science. Iran. – 2022. – T. 6. – № 1-2. – C. 23-26. (Scopus)

8. Sharipova G. I. Paediatric Lazer Dentistry //International Journal of Culture and Modernity. Spain. – 2022. – T. 12. – C. 33-37.

9. Sharipova G. I. The effectiveness of the use of magnetic-infrared-laser therapy in traumatic injuries of oral tissues in preschool children //Journal of Academic Leadership. India. – 2022. – T. 21. – №. 1.

10. Sharipova G. I. Discussion of results of personal studies in the use of mil therapy in the treatment of trauma to the oral mucosa //European journal of molecular medicine. Germany. – 2022. – T. 2. – №. 2. – C. 17-21.

JOURNAL OF NURSING AND WOMEN'S HEALTH
ISSN(Online): 2984-8083
SJIF Impact Factor |(2023): 5.034|
Volume-7, Issue-1, Published |20-01-2024|

11. Sharipova G. I. Peculiarities of the morphological structure of the oral mucosa in young children // International journal of conference series on education and social sciences. (Online) May. Turkey. – 2022. – С. 36-37.

12. Sharipova G. I. Dynamics of cytological changes in the state of periodontal tissue under the influence of dental treatment prophylactic complex in young children with traumatic stomatitis // Multidiscipline Proceedings of digital fashion conference April. Korea. – 2022. – С. 103-105.

13. Sharipova G.I. Assessment of comprehensive dental treatment and prevention of dental diseases in children with traumatic stomatitis // National research in Uzbekistan: periodical conferences: Part 18. Tashkent. -2021. - S. 14-15.