



**RESULTS OF CLINICAL-DENTAL EXAMINATION CONDUCTED IN
PATIENTS WITH CHRONIC RECURRENT PERIODONTITIS WITH
BRONCHIAL ASTHMA**

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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.

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, 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.

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.

Asthma is a heterogeneous disease, that is, it has many causes. The most common of them are:



Reason	Reason Description
Household allergens	One of the substrates of the development of bronchial asthma is allergies. It can occur on almost anything: from pet hair to book dust. Studies also show the important role of dust mites in the formation of asthma. The earlier the child has had contact with them, the earlier the first asthmatic attack will be provoked.
Genetic causes	Currently, scientists have been able to identify genes that affect the appearance of the disease. But for now, the possibility of applying this knowledge in practical healthcare has yet to be explored.
Working conditions	Contact with harmful substances at work leads to the development of occupational asthma. An allergic reaction may occur after years of work and will require a mandatory change of activity from the patient. In the occupational risk group, welders, painters, food industry workers, etc
Other reasons	There are also factors predisposing to the appearance of asthma. These include: gender (boys are more likely to get sick before the age of 12, then the trend is the opposite), frequent respiratory tract infections, excess weight, and other allergens.

Symptoms of bronchial asthma

This disease is characterized by a triad of specific symptoms:

- Cough
- Wheezing breath
- Shortness of breath on exhalation

The severity of the disease depends on the severity of these symptoms. Currently, there are a large number of ways to control the course of bronchial asthma. Therefore, if you notice manifestations of this pathological process in yourself or your loved ones, contact a specialist.

Complications of bronchial asthma

With a prolonged course of bronchial asthma, a large number of complications can develop. These include:

- Respiratory failure
- Emphysema
- Spontaneous pneumothorax
- Heart failure
- Endocrine diseases
- Disorders of the nervous system, etc.

Who is more likely to have disorders in the oral cavity?

The most vulnerable group of patients are children. They have a large number of anatomical and physiological features that lead to the development of pathological changes on the background of asthma. In the chronic course of the disease, the protective properties of the mucous membrane in the oral cavity decrease.

The effect of drugs

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.

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.

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