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IMPROVING THE TREATMENT-PREVENTION OF CHRONIC RECURRENT PARADONTITIS IN THE MILITARY.

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ABSTRACT

This article presents a number of scientific results obtained in the course of research on improving methods of treating diseases of the oral mucosa in the military, as well as paradontitis, including the significance of any disease in modern society is determined by the prevalence of this disease among the population, the severity and severity of the consequences, the economic losses of the patient and his family or society as a whole.

Keywords

periodontium, collagenase, elastase, fibrinolysin, chondroitin sulfatase, microcirculation, odontogenic focus.

At the global level, special attention is paid to research work aimed at improving the treatment of diseases of the oral mucosa in the military, including paradontitis. In this, it is important to identify the clinical-functional features of the specific course of symptoms of viral inflammatory diseases associated with oral diseases in modern dentistry, assess the place of dental and physiotherapeutic measures in the complex treatment process, develop a comprehensive step-by-step approach plan that takes into account the somatic condition of patients, offer therapeutic and preventive methods based on.

In the military, a number of scientific results were obtained in studies on the improvement of the treatment of diseases of the oral mucosa and paradontitis, including: “the importance of any disease in modern society is determined by the prevalence of this disease among the population, the severity of the severity of the severity of the consequences, the economic losses of the patient.

The level of timely diagnosis and treatment remains low among patients when infected with diseases of the oral cavity. Each of these existing methods of systematic Diagnostics is aimed at determining the indicator of the structure or function of the body's tissue. It should be borne in mind that in clinical practice, the examination of patients is carried out relatively rarely.

The immunogenic property decreases coarser in Lyophilic drying than in formalinated. V. I. Judging by savelev's data, even when Canning is carried out in

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the most weak solutions of formalin, there is a loss of tissue viability. M. N. Nazarenko has observed in dynamics that formalinated transplants undergo a slow process of settling into the body in older patients. N. I. According to Loktev, when using porous autosuyak, bone formation is 100%, then bone formation in a formalized allosuyak is 68.7%, while when using a protein-depleted and degreased bone graft, it is only 45.3%. The above evidence suggests that the use of such transplants in surgical treatments of periodont diseases is ineffective. Demineralized bone transplantation, due to its strong osteoinductive nature, manifests itself in a faster recovery of bone tissue defects compared to other allosuyaks. The morphogenetic bone protein, which is part of the demineralized allosuction and controls osteogenesis, together with the growth factor of the skeleton, controls the formation and number of new cells. This suggests that the osteogenic nature of demineralized bone grafts is superior to that of frozen and formalized allosuyak.

In addition, the possibility of adding antibiotics and enzymes to the transplant increases its persistence in infection, making it possible to use such a translantate in inflamed tissues. But the characteristic of immunogenicity, developed to one degree or another, is a common drawback inherent in such transplants. In some cases, as a result of this, symptoms of inflammation can also be observed in the tissues around the transplant. Brefosuyak. Brefosuyak based on bone tissue of the human embryo being considered a transplant, it maximizes the risk of immunological conflict between embryonic-donor and resistant tissues, activating the process of substance exchange faster compared to the use of other types of transplants.

The embryoplast is considered the active promoter, i.e. stimulator, of reparative osteogenesis and has a low level of immunogenicity. But some scientists oppose the use of embryoplasts in a clinical experiment, because, in their opinion, bone tissue with sufficient quality during 3 months of pregnancy does not have time to form. Therefore, it is recommended to use a brefoplast from the bone tissue of the fetus at 5-7 months. The transplanting material based on brefosuyak and togay bears the name "brefoosteoplast". This material is distinguished by its plasticity, providing an opportunity to fully replenish the lost volume of bone tissue and improve the process of reparative regeneration. But due to the low biomechanical stagnation of the brefoosteoplast, it is rapidly absorbed in the bone. Another drawback of it is that in this material there is no synchronization of the processes of resorption and bone formation. Collagen-retaining materials. Large horned among experts use of solubilized collagen from cattle Derma interest in the issue is great. When processing this material, its antigenicity properties decrease, these properties give teplopeptides related (but they do not disappear completely, so sometimes cases of hypersensitivity can be observed).

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V. S. Ivanov argues that collagen-based osteoplastic materials (kollaost, hydroxyapol, kollapol, gapkol, linkogap, synthost, kollap) are well given to shaping in bone cavities, densely fill the cavities, tightly cling to the walls of the wound and, alternatively, maintain their porosity, which, in turn, ensures its hemostatic character. The high hygroscopicity of the material makes it possible to enrich it with various antibiotics, antioxidants and anti-inflammatory drugs, thereby preventing the risk of developing complications. But in the intense inflammatory and proteolysis processes observed in periodontitis, Nativ collagen preparations are absorbed and cannot maintain anti-inflammatory and bone-forming properties for a long time. Due to this, its use with hydroxylapatite (GA) in order to increase the stagnation of collagen in the biological environment it is desirable. Hydroxylapatite. In order to generate the process of reparative osteogenesis in the field of implantation, research has been carried out on the use of calcium-phosphate ceramics since. But in a clinical experiment, it was noted that when using such drugs, the process of bone formation is slow or not at all. As a result, the use of samples of solid calcium - phosphate ceramics for clinical purposes was established.

Hydroxylapatite-based materials are conditionally classified into 2 Groups: 1) absorbed hydroxylapatite, which in turn are also separated into finely dispersed hydroxylapatite (e.g. ostim-100) and absorbable GA powder (GA-100). 2) Non-Absorbable hydroxylapatite, which includes powdered hydroxyapol, granulates and block ceramics. Absorbable GA is synthesized at room temperature and has strong absorption and melting properties in the biological environment. Non-absorbable GA is synthesized at a temperature of 800-1000s, in which it undergoes a condensation crystalline form, resulting in a chemically stable property and being nearly insoluble in water. An advantage of ga over other osteoplastic materials is that it forms a solid chemical compound with bone tissue. GA is widely used in laxative operas, for the purpose of filling bone defects of the parodont tissue. As a result, the rate of pathological tooth decay decreases, the risk of exacerbation and recurrence of inflammatory processes disappears, the processes of Osteo - and cementogenesis are restored, tooth – gum attachment is restored, and the depth of pathological periodontal pockets is reduced, all of which can be justified in radiological examinations.

A good result can only be achieved in 44% of cases under conditions of use without hydroxylapatite when conducting laxative operas. Biocitals. At the moment, there is a lot of information about the production of new types of materials, including, in combination with micro - and Macroelements of a wide spectrum, materials that preserve the hardening gels of natural polymers (protein, chondroitin - sulfate, chitin, hyaluronic acid). Based on a natural polymer extracted

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from algae, materials used to fill periodontal pockets have been developed. The effect of this material on the wound is expressed in the presence of its absorbency, thermoisolation, moisture retention, and hemostatic property. A new material used for plastic purposes is biopolymer-biocital. It includes 30% li ga and algigel. It is in the form of a porous or match grain and stores inside itself solutions of antiseptic and anti-inflammatory drugs in water.

When comparing the effectiveness of various osteoplastic materials, it is known that at present, among them are collagen preservatives, biocytes, hydroxylapatite and their concomitant comps with membranes used for directed regeneration of tissues are considered the best materials. The use of collagen-retaining materials is expressed by the addition of Xenogenic collagen to the bone matrix being seen, while GA improves the regeneration and mineralization of bone tissue. The use of the above materials in combination with membranes increases their regenerative properties. In addition, membranes prevent epithelium from growing between tissues. But the result of the treatment does not depend solely on the material used. Based on such results, we must choose an individual treatment for each patient. The above-mentioned points prove that the effect of the treatment work we are carrying out depends on our adherence to all its stages.

The main basis of the result of treatment is the formation of a blood clot and its capture in the wound area, which, in turn, is reparation and sometimes the regeneration spring of the ligamentous apparatus), it can be said that osteoplastic materials serve as a key factor in the property of retaining blood clots in the roots of teeth devoid of periodont tissue, forming a connective tissue Artificial membranes for the directed regeneration of parodont tissues. S was the first to suggest that membranes could be used in lactic operas performed at parodont. Nyman and co-authors have used and demonstrated in their practice. They used a filter consisting of the smallest flies (Millipore) placed between the surface of the tooth root and the gum tissue.

In this way, favorable conditions are created for the growth of tissues involved in the formation of periodontal lobes by preventing the cells in the formed gum clot from attaching to the bare root surface. Its essence lies in the fact that only periodontal tissue can transform into cementoblasts and simultaneously inhibit the cellular growth of other tissues. And as a result of this, the appearance of a new tooth gum compound is ensured. Experiments carried out show that a complete restoration of dental connective tissue occurs as a result of preventing the growth of the epithelium of the gums. At the same time, neither bone nor gums can ensure the formation of a new surface or form a joint in the form of bone ankylosis. A. According to Nojima and co-authors, periodontal boylam tissue stores metaosteoblasts in itself, which, in turn, can develop into osteoblasts and

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cementoblasts over time. This is evidenced by the fact that, as a result of treatment, periodontal Boyle cells form a new connective tissue Boyle with the formed root cement. As for the disadvantage of non-absorbable membranes, in this case, after the regeneration of connective tissue is achieved, that is, after 4-6 weeks, re-operationalization is carried out for the purpose of their removal: after the interdental suckers are cut and small-scale vertical incisions are made, the gums are opened and the membrane is removed.

To maintain adequate blood supply, only two adjacent intertribed teeth at a time perform an operation of wax Operationalism technique. After anesthesia, vertical and horizontal incisions are made, separating the clot. The inside of the roots and clot is cleaned mechanically and chemically. Depending on the size of the defect, the shape and size of the membrane are selected. 2 mm from the border. with the help of a special sewing material at a distance, the membrane is hardened at a distance that should be raised to the tooth neck. After that, the clot is placed in place and fastened with knotted sutures between the teeth. In addition, collagen-based absorption membranes are also used. Tissue enzymes of the human body are active in relation to such collagen structures. a) mucous membrane–the appearance of dental deposits after the separation of the lining of the bone; B) dental deposits, granular tissues are taken, and the bare root surfaces are saturated with 18% citric acid in an applique way; V, G) the choice of the desired membrane and the tightening of the membrane at the enamel-cement border (2 mm from the enamel-cement border. should be higher); d) the appearance of the membrane after fastening; E) the clot is placed in its place and sutures are inserted from the ketgut; J) after 8 weeks, the membrane is re-operated and removed; Z) the membrane-holding sutures are taken; I) the membrane is removed; K) the clot is re-sutured. S.Pitaru and other authors developed double-layer membranes.

Their outer layer is made up of collagen and the inner layer is treated with heparin sulfate and fibrin, a growth factor, which influence the proliferation of cells that make up the periodontal ligament. When such membranes are applied, treatment efficiency increases from 65% to 95%. When bone transplants with collagen membranes are used together, it has been observed that in 93% of cases, not only connective tissue derivatives, but also defects are filled with bone in 50% of cases. When the absorption and non-absorption membranes were compared, they were not found to be strictly superior to each other. Conversely, the use of the same type of membrane also resulted in different outcomes, meaning that the outcome is more dependent on the size of the defect.

When it comes to absorption membranes, the vicrylic mixture, lactate acid and collagen derivatives have more regenerative properties compared to the cells that form the periodontal bond. In addition to non-absorbable membranes, these

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membranes provide an opportunity to increase the connective tissue joint and bone volume by 2-3 times. In bone defects in the bifurcation area, no type of membrane provides the possibility of complete bone formation. Since the absorption membranes are stored for up to 6 weeks, they perform a protective function during the most acute period. Thus, it is this property that all membranes exhibit, and their effect on periodontal ligament cell generation is not necessarily significant.

Treatment of the surfaces of the tooth roots with substances that enhance cell growth, perfection of methods of joint use of pallets, increases the clinical effect in the use of membranes. Root surfaces should be treated so that the opening of the tooth roots, which occurs as a result of gum resection, and the internal surface of the resulting periodontal pockets cannot be completely cleaned mechanically. Otherwise, a strong connection between the surface of the tooth root and soft tissue does not arise when such areas are closed with a mucous membrane-a lining of the bone, therefore, the effectiveness of the result of the operation performed in a short period of time decreases sharply or disappears altogether. Vestibuloplasty is performed in a small state of the oral cavity corridor, and when deepening it, the wound surface formed is closed with a clot formed from the lower lip. The operation is performed in the following sequence. The mucous membrane of the lower lip is facing the gum with its base, but to it 0.5-0.7 cm. a straight-angled clot is formed that does not reach (so that the nutrition of the clot is not disturbed). Lacquer width is suitable for a small hallway, length is 1 cm. should be up to. The mucosal lining is separated from the underlying tissue. Through the resulting injury, the Supra-Bony veil is separated from the highly attached muscle stalks to the bottom of the oral corridor (m. mentalis, t. incisivus labii inferioris). The clot is pushed towards the alveolar tumor and tilted to the resulting depth. On the lip, a defect is formed in the form of a less broad dash, which is sutured and occluded by sliding the surrounding tissue.

Some authors recommend deepening the part of the oral corridor through meeting triangular clots, just like lengthening the lower lip and Tongue Groove. If there are pull-ups in the corridor of the mouth that are explained by the incorrect attachment of the muscles in the oral cavity, the mucous membrane is 1 cm along the curvature of this pull. cut in length. The bag is separated from the point of attachment to the bone, and the tissues are moved to the bottom of the corridor. The wound is sutured. Such operas are held in the area where each drawer is located. In vestibuloplasty, which deepens the oral corridor, thin, separated skin clots and other methods of free tissue transplantation can be used. After vestibuloplasty, it will take 10-15 days to deepen the corridor part of the mouth with the help of orthopedic and orthodontic apparatus. There are several types of vestibuloplasty, such as Edlan-Meykhar, Glickman, Kruchinsky and Artyushevich,

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and its modifications, as well as methods used in conjunction with laxative operas. The result of surgical treatment of periodontitis is directly related to complex measures that include a number of treatment procedures, such as conservative and rational dental prosthetics.

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