

VALUATION OF A RETROSPECTIVE ANALYSIS OF SURGICAL TREATMENT OF INFLAMMATORY AND DYSTROPHIC PERIODONTAL LESIONS ACCORDING TO THE EPARTMENT OF SURGICAL DENTISTRY TSDI

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ANNOTATION

This article presents data on a retrospective analysis of the surgical treatment of inflammatory and dystrophic periodontal lesions and the reasons for patients to refuse treatment for the period from 2009-2019, carried out at the Department of Surgical Dentistry TSGI. It is scientifically substantiated that the most common common factors are gastrointestinal diseases, and among local factors, tooth position abnormalities should be indicated. It has been proved that a negative history often forces patients to abandon promising methods of surgical treatment, as many patients are aware of increased sensitivity of the teeth and exposure of the necks of the teeth after the procedure. Therefore, this problem remains relevant today.

KEYWORDS: retrospective analysis; correlation relationships; chronic periodontitis.**RELEVANCE**

The study of the etiology and pathogenesis of chronic generalized periodontitis remains relevant today. Despite the large number of studies conducted, the development of new methods of diagnosis and treatment, the incidence of periodontitis has a tendency to steady growth. Despite the fact that the role of periodontopathogenic microflora in the development of this pathology is not in doubt.^[3,6] it is not possible to explain all aspects of the etiopathogenesis of periodontitis in the light of microbiological theory. Periodontitis is characterized by the specific nature of microflora with a predominance of anaerobic forms. The most virulent are communities of periodontogenic strains, such as *Aggregatibacter actinomycetemcomitans*, *Porphyromonas gingivalis*, *Prevotella intermedia*, *Bacteroides forsythus*, *Treponema denticola*, *Weilona recta*.^[2,4] *Campylobacter rectus*, *Tannerella forsythia*, *Prevotella nigrescens*, *Eikenella corrodens*, *Peptostreptococcus micros*, *Eubacterium nodatum* also have periodontopathogenic activity. The formation of periodontal microbial complexes is associated with the interaction of microorganisms within the community on mutually beneficial conditions, when the vital products of some strains serve as a source of nutrition for others, and the exchange of genetic material is possible in order to increase resistance to antibacterial drugs. The altering effect of bacteria on periodontal tissues is mediated through endo- and exotoxins and proteolytic enzymes, which can increase the permeability of the gingival epithelium, disrupt collagen synthesis by fibroblasts, and inhibit cell activity.^[1,5,7,8]

The modern treatment program for chronic periodontitis includes several items, starting with the therapeutic (professional cleaning teeth, removing stones and plaque), orthopedic (grinding, wearing an orthopedic design) and ending with surgical methods (closed or open curettage, Widmann-Neumann surgery, the use of osteoplastic materials or allografts). One of the tasks of international and national consensus documents for the treatment of chronic periodontitis is to inform patients about the goals of therapy and the various ways to achieve these goals. For this, various educational programs have been developed, which today have become widespread at various stages of treatment of patients with chronic periodontal diseases. The education factor significantly reduces the number of emergency and rehospitalizations, especially in patients with severe course.

Rehabilitation of patients with chronic inflammatory and dystrophic periodontal lesions is of particular importance today, given the fact that doctors of various specialties are involved in the treatment of CVI - from a dentist general practitioner, dentist, orthopedic dentist - as a result, in practice, it is rarely possible to achieve their coordination and good cooperation with patients, and, as a result, - and adequate treatment of CID. The situation is aggravated by the short duration of the patient's contact with the doctor, often the insufficient capabilities of the doctor or medical institution, which is the relevance of the study.

OBJECTIVE

To conduct a retrospective analysis of the surgical treatment of inflammatory and dystrophic periodontal lesions and to study the reasons for patients refusing treatment according to the Department of Surgical Dentistry of the Tashkent State Dental Institute.

MATERIALS AND RESEARCH METHODS

To achieve this goal, we analyzed the results of treatment of 15,478 case histories for a 10 year period (2009-2019). Of the 15,478 case histories, 5681 (36.7%) were diagnosed with chronic periodontitis. Out of 5681 case histories, 1453 (25.6%) were diagnosed with severe generalized chronic periodontitis.

The summary records of the work of dentists of public and private dental clinics in Tashkent over a 10 year period (2009-2019) are analyzed. An analysis of 867 Medical records of a dental patient and 365 reporting forms No. 39-2 / at 95 dentists was carried out.

The sample size for analysis of the reasons for patients refusing treatment was approved in accordance with WHO recommendations (2019).

To conduct an exploratory study and identify possible patient refusals from treatment, a special questionnaire was developed, including along with passport data (name, age, gender, place of residence, profession), questions about previous and related diseases, eating habits, bad habits, regularity brushing, awareness of the

methods and means of oral hygiene, as well as data on the condition of the teeth and periodontium.

Statistical data processing was carried out using variational statistical methods and included the Student-Fisher test, the nonparametric Mann-Winnie test, the Wilconson test and the Krakesk-Wallis test for indirect samples.

The results of the study. As a result of the studies, it was found that most often patients complained of bleeding gums (87%), bad breath (23%), sore gums when brushing and eating (35%), tartar (60%), exposure teeth necks (25%), tooth mobility (12%). The presence of bad habits (smoking) was noted by 45% of patients. They were familiar with the method of brushing teeth and regularly brushed their teeth 2 times a day (55% of patients in the morning after breakfast and at night, 21% of patients in the morning before breakfast and at night), 15% of patients once a day, 9 irregularly % of patients.

As a result of the anamnesis, the following parameters were established: the duration of the disease in the main group and the comparison group averaged 6.3 ± 2.4 , 5.3 ± 1.8 , respectively; the social level averaged 1.8 ± 0.7 , 2.1 ± 0.9 with a norm of 2.1 ± 1.0 ; physical activity averaged 0.52 ± 0.46 , 0.64 ± 0.35 with a norm of 0.61 ± 0.37 ; the smoking factor averaged 0.45 ± 0.43 , while in the control group it was 0.52 ± 0.42 . The motivation factor internal and external was also calculated. The motivation factor in all groups was satisfactory low.

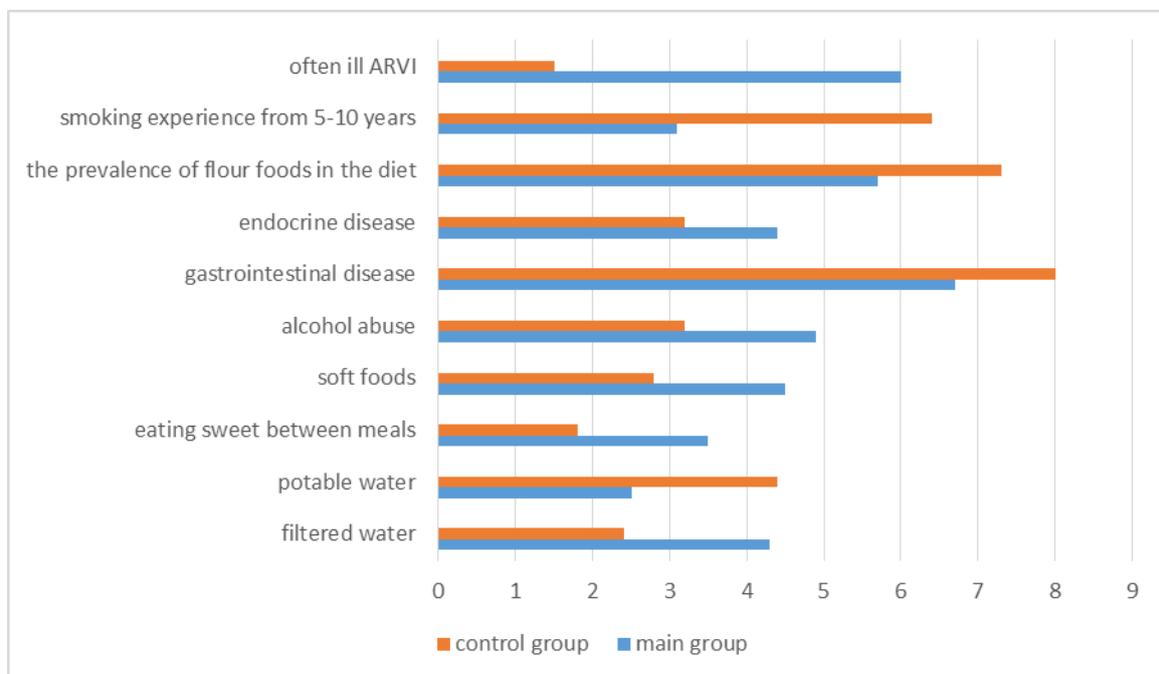


Chart 1: The frequency of occurrence of common risk factors in the interviewed patients.

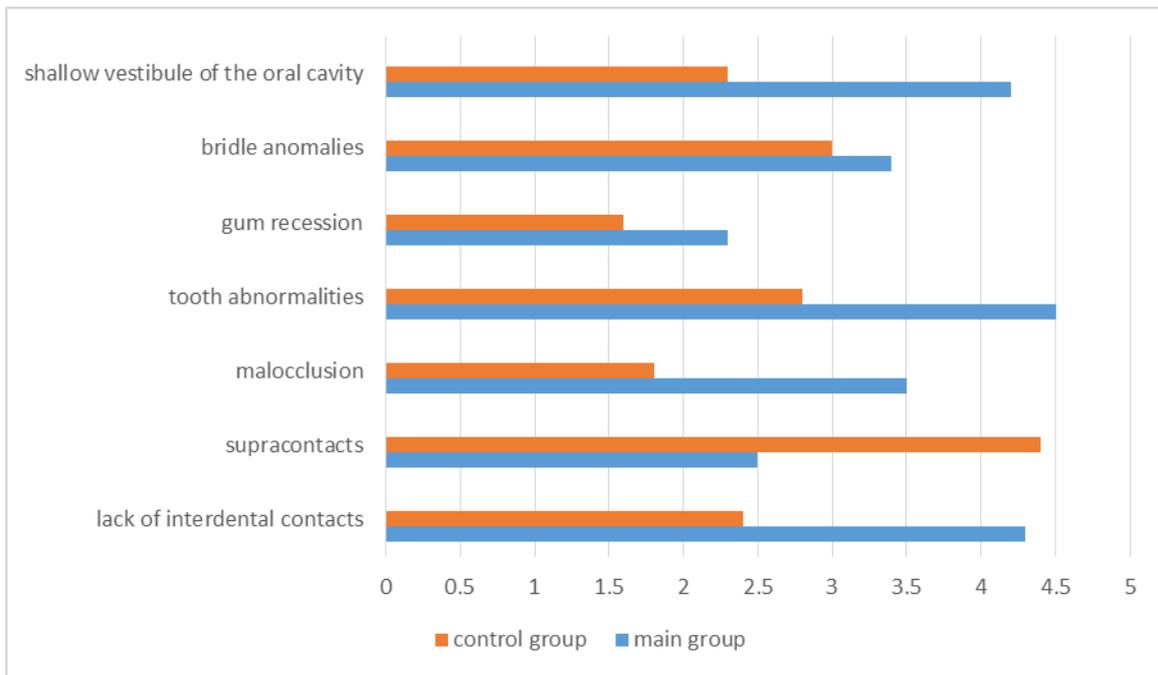


Diagram 2: Frequency of occurrence of local risk factors in the interviewed patients.

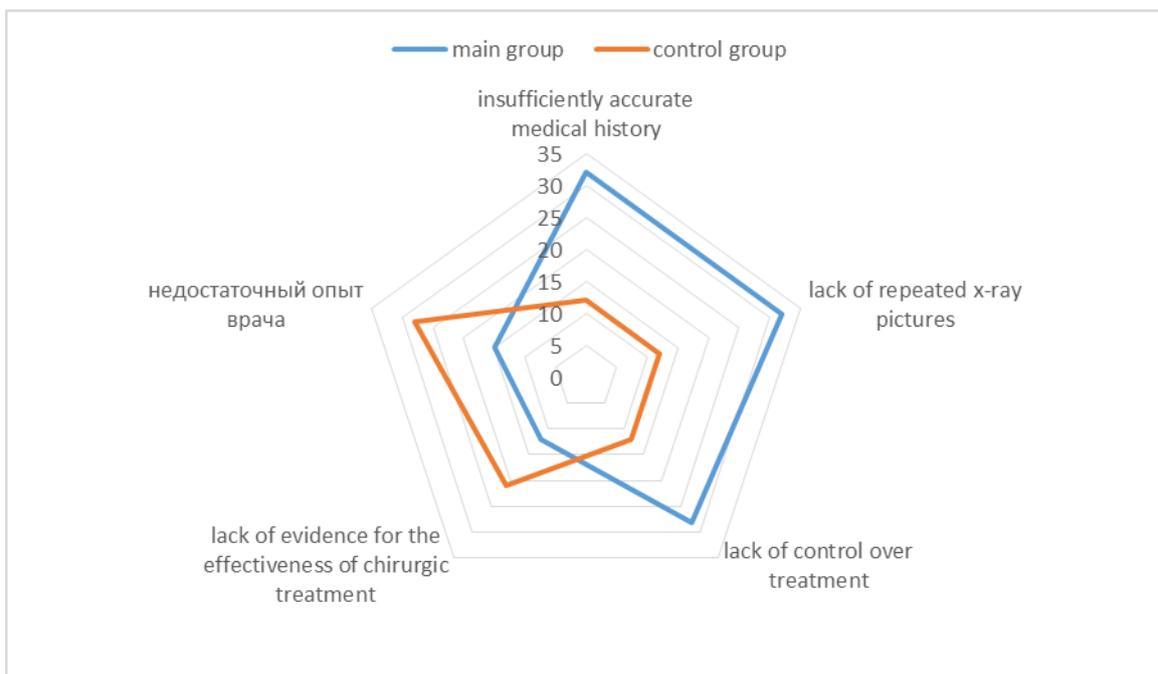


Diagram 3: Reasons for patients refusing surgical treatment according to the Department of Surgical Dentistry TSDI.

After analyzing the results of treatment, it can be found that the reasons for patients refusing treatment in many cases were due to an insufficiently accurately collected history (86.7%), which led to the absence of repeated x-

rays (76.9%), proving remission of periodontal disease and in connection with this is the lack of monitoring of treatment (81.2%).

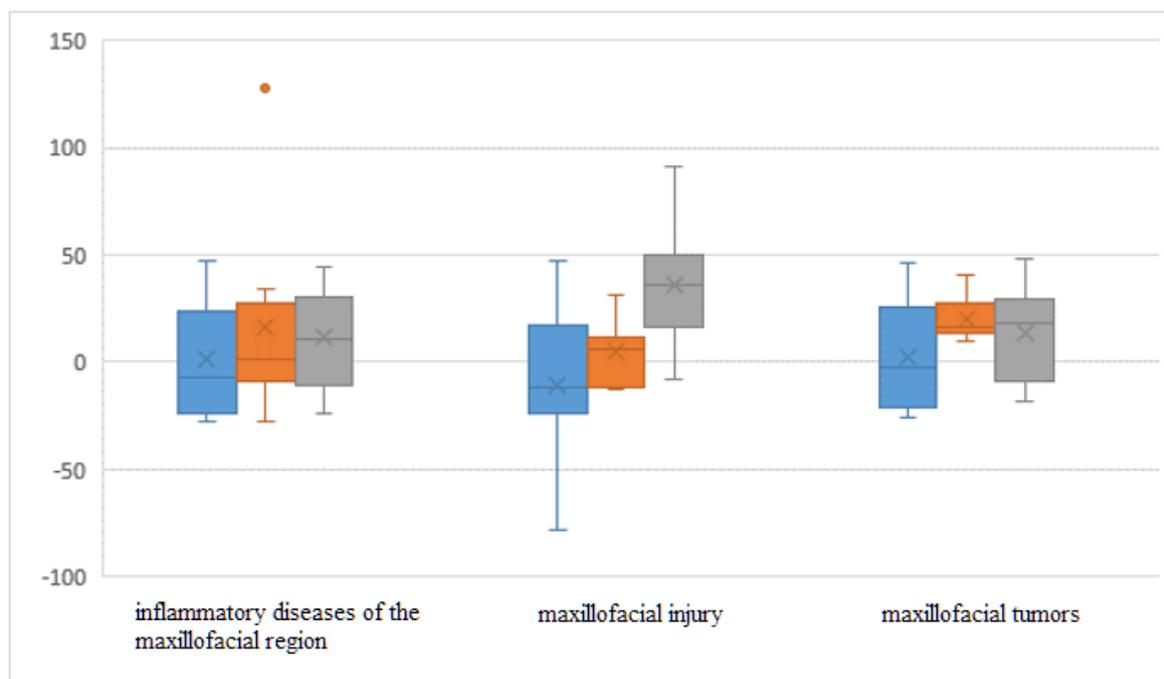


Diagram 4: Kruskal-Wallis criterion in the evaluation of retrospective analysis.

In this diagram, it is noted that inflammatory periodontal diseases and TLS tumors have an average frequency of spread, occupying an average of 54.37% of the most common nosological diagnoses. Moreover, injuries of HMOs occupy a leading place according to case histories that we studied in 2009-2019.

Findings

1. According to the results of the study, and after conducting multivariate retrospective correlation analysis, we came to the conclusion that the reasons for patients refusing surgical treatment were the unsuccessful experience of the previous treatment, relapse of the disease, tooth sensitivity after applying therapeutic procedures and exposure of the neck of the teeth, which led to aesthetic and physical discomfort.
2. A retrospective analysis also showed that the most common common factors were gastrointestinal disease, which is consistent with published data, and among local causes, tooth position abnormalities were the main predisposing factors for the development of the disease.

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