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FEATURES OF CONSERVATIVE TREATMENT

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Annotation: In the article present information about possibility of the use of the patented author composition at medical treatment of alveolitis, attended with pain of different intensity on a background a developing inflammatory reaction in the indicated area and by destruction of bone structures.

Keywords: Alveolitis, destruction of bone structures, medical composition.

In all 33 patients were treated with diagnosed alveolitis in age from 23 till 57 years. 18(54, 5 %) patients made a basic group, 15(45, 6 %) - control group. There were not differences in an amount men and women. Efficiency of curative measures was estimated by comparison clinical and X - ray criteria in both groups. A clinical criterion consisted in fixing of the nearest after a removal complications (presence or absence of pain syndrome, hyperemia and appearance of edema in area of locus morbi), X - ray - in 6-12 months (renewal of bone structures of the damaged small hole). For 18 patients of basic group at local therapy used authorial medicinal composition basis on calcium hydroxyl-apatite synthesized - the bioinert filler of defect of small hole, appearing as a result of difficult removal tooth, halting resorption of bone tissues, stimulated of bone remodeling. One of the most common and common complications that occur after tooth extraction surgery is alveolitis and prolonged socket bleeding. A number of researchers indicate that the incidence of alveolitis varies from 3.4 to 42.8% of all post-extraction complications. Some authors who have published their own studies based on the study of the epidemiology of post-extraction complications focus on two leading initiating factors contributing to the development of the described pathology - infectious and traumatic triggers. But the reasons listed above do not exhaust the reasons leading to alveolitis of the tooth socket. A certain role is played by the high fibrinolytic activity of the tissues of the socket, the "quality" of the oral fluid, the resulting immunological changes, the presence of concomitant diseases, etc. Most of the treatment methods developed and introduced into everyday practice are aimed at quickly eliminating inflammatory phenomena in the socket of an extracted tooth. The goal declared above is achieved in several ways. Firstly, stopping the post-extraction process is possible with the use of pharmacological drugs - antibacterial and anti-inflammatory drugs. Secondly, a positive effect is possible when using physical methods of influence. But it should be noted that medications intended for conservative treatment of an inflamed and destroyed socket do not always provide the expected therapeutic effect. One of the significant circumstances is the rate of leaching of the latter from the locus morbi (during eating, talking or any other minimal muscular load from the muscles of the oral cavity). During treatment, the inflamed socket, unprotected by a blood clot, is subject to additional infection by resident microflora inhabiting the oral cavity. The pathological process is aggravated by the ingestion of food debris, etc. Another group of reasons leading to alveolitis is associated with behavioral characteristics patient. For example, the patient does not follow the dentist's recommendations for oral care after tooth extraction or his oral hygiene leaves much to be desired (i.e., unsatisfactory). According to the literature, the unsatisfactory hygienic condition of the patient's oral cavity and his lack of proper skills in caring for teeth and gums is a direct predisposing factor to the development of alveolitis after tooth extraction surgery. Conducted studies regarding the role of the hygienic state of the oral cavity of patients on the risk of developing

post-extraction alveolitis indicate a significant increase in the values of hygienic indices by 2-4 times.

A total of 33 patients with diagnosed alveolitis aged from 23 to 57 years were treated. 18 (54.5%) patients made up the main group. 15 (45.6%) - control group. No significant gender differences were identified among those who applied. The effectiveness of treatment measures was assessed by comparing clinical and radiological criteria in both groups. The clinical one consisted of recording the immediate complications after removal (the presence or absence of pain, hyperemia and the appearance of swelling in the locus morbi area), the radiological one - after 0.5-1 year (restoration of the bone structures of the damaged socket). Methods of professional oral hygiene included not only consultation with a doctor in order to create positive motivation in the patient to follow the rules of oral hygiene, but also supervised brushing of teeth. Medication support was carried out using oral irrigation with antiseptic solutions. According to modern protocol, chlorhexidine solution was usually used as an antiseptic. If necessary, the latter could be replaced with furatsilin, potassium permanganate, triclosan or infusions (decoctions) of medicinal herbs (leaves of peppermint, St. John's wort, sage, eucalyptus, chamomile or calendula flowers, etc.). At the end of the antiseptic treatment, dental plaque was directly removed using an ultrasonic scaler. The treated tooth surfaces were polished with abrasive pastes. The total duration of professional teeth cleaning lasted at least 40 minutes.

In 33 patients, alveolitis of the extracted tooth socket was diagnosed, the clinical picture of which was manifested by general signs of trouble, indicating intoxication of the body (increased body temperature 38.5-39.0 ° C, weakness, pallor, dizziness, fatigue, drowsiness or, conversely, insomnia etc.) and vivid local symptoms. The latter was characterized by severe pain in the area of the extracted tooth socket. As a rule, no blood clot was found in the tooth socket. The socket itself and the tissues around it were hyperemic and edematous in the locus morbi area. Not only mucous discharge was detected from the affected socket, but also a strong unpleasant odor from the mouth. The reaction of the regional lymph nodes (submandibular and cervical) consisted of an increase in the latter, their differently expressed pain on palpation, mobility, etc.

In 15 patients in the control group, local interventions in the treatment of alveolitis of the socket included: conductive anesthesia, antiseptic treatment of the oral cavity and the socket of the extracted tooth, its curettage, and the introduction of a special tampon with a drug into the treated tooth socket (for example, iodoform turunda with an anesthetic). The specific treatment algorithm in the control group was carried out as follows: local anesthesia using 2% lidocaine (xicaine) or 4% articaine (ultracaine, septonest, alfacaine) in ampoules or carpules. Then, irrigating with a warm antiseptic solution (using a syringe with a blunt needle), using a choice of drugs widely used for this purpose: hydrogen peroxide, furatsilin, chlorhexidine, ethacridine lactate, potassium permanganate, etc., washed out particles of disintegrated blood from the tooth socket clot, leftover food. The next manipulation is curettage: using a sharp surgical spoon, carefully, without injuring the walls of the socket, the remains of decayed tissue (granulation tissue, bone fragments, teeth) were removed from it. During surgery, the patient was repeatedly irrigated with a locus morbi antiseptic solution, dried with a sterile gauze swab, powdered with anesthesin powder, and a gauze swab soaked in iodoform liquid was placed in the cleaned hole. If necessary, after surgical treatment of the hole using the above method, the patient was prescribed painkillers (non-narcotic analgesics, non-steroidal anti-inflammatory drugs, etc.), a gentle diet and antiseptic baths were recommended.

In 18 patients of the main group, local therapy used the original medicinal composition, the basis of which was calcium hydroxylapatite (Fig.) - a bioinert filler for a socket defect formed as a result of a complex tooth extraction, which stopped the resorption of bone tissue and “spurred up” bone remodeling.

In addition to the above-mentioned GA, the author's composition consisted of contrical (aprotinin), etidronic acid, diphenhydramine and polyoxidonium. Etidronic acid inhibits bone resorption, prevents calcium loss from bone tissue, and acts as a moderate anti-inflammatory drug. Diphenhydramine is an antihistamine that inhibits the conduction of nerve impulses in the autonomic ganglia, has anti-inflammatory properties, reduces capillary permeability, and acts as an antiallergic and local anesthetic drug. Contrical is a proteolysis inhibitor, a polyvalent protease inhibitor. Polyoxidonium is an immunomodulator with pronounced detoxification activity, increases the resistance of cell membranes to the cytotoxic effects of drugs and chemicals, reducing their toxicity, and is non-allergenic.

Thus, the data from a clinical study on the conservative treatment of alveolitis with subsequent analysis of the results of X-ray studies suggest that local interventions using a new medicinal composition in combination with Cholisal gel are preferable. Author's medicinal composition containing hydroxylapatite calcium, etidronic acid and other components introduced into the cleaned hole provided a high clinical effect: inflammation quickly stopped (pain, redness and swelling of injured tissues disappeared), and bone structures were more fully restored.

List of used literature:

1. Робустова Т. Г. Одонтогенные воспалительные заболевания / Т. Г. Робустова. - М., 2006. - 664 с.
2. Суслов Е. М. Лечение и профилактика альвеолитов / Е. М. Суслов, А. Э. Гуцан // Здравоохранение. - Кишинев, 1989. - № 3. - С. 53-56.

Хоружа Р. Ю. Застосування при мюцевих медикаментозних втручаннях Холюалу пщ час надання невщкпадноУ допо-моги патентам, як страждають на хрошчний рецидивуючий афтозний стоматит / Р. Ю. Хоружа // Современная стоматология. - 2010. - № 2 (51). - С. 53-57. Цимбалистов А. В. Профессиональная гигиена полости рта / А. В. Цимбалистов, Г. Б. Шторина, Е. С. Михайлова. -СПб. : Институт стоматологии, 2002. - 47 с.

3. Мухаммадали Махаматсоли Угли Кадыров. "Нарушения развития жевательного аппарата в постэмбриональном периоде" Science and Education, vol. 4, no. 4, 2023, pp. 313-317.

4. Мухаммадали Махаматсоли Угли Кадыров Нарушения развития жевательного аппарата в постэмбриональном периоде // Science and Education. 2023. №4. URL: https://cyberleninka.ru/article/n/narusheniya-razvitiya-zhevatelnogo-apparata-v-postembrionalnom-periode (дата обращения: 07.11.2023).

5. Мухаммадали Махаматсоли Угли Кадыров Тканевые изменения в жевательно-речевом аппарате при ортодонтическом лечении аномалий // Science and Education. 2023. №4. URL: https://cyberleninka.ru/article/n/tkanevye-izmeneniya-v-zhevatelno-rechevom-apparate-pri-ortodonticheskom-lechenii-anomaliy (дата обращения: 07.11.2023).

6. Qodirov M. BOLALARDA GINGIVIT KASALLIKLARNING PROFILAKTIKASI VA DAVOLASH //Евразийский журнал медицинских и естественных наук. – 2023. – Т. 3. – №. 4 Part 2. – С. 39-42.

7. Muhammadsolik o'g'li Q. M., Zulfiqorovich T. T. SYMPTOMS OF INJURY THAT OCCUR IN THE DISEASES OF THE MOUTH //Galaxy International Interdisciplinary Research Journal. – 2022. – Т. 10. – №. 4. – С. 377-380.

8. Муйдинова Б. А., Усмонов Б. А. У., Каримкулов Н. А. Эффективность лечения осложненных форм красного плоского лишая слизистой оболочки полости рта //Вопросы науки и образования. – 2018. – №. 21 (33). – С. 69-71.

9. угли Абдувалиев Н. А. и др. Кўкрак ёшидаги болаларда краниометрик кўрсатчикларнинг ўсиш динамикасини ўрганиш //Science and éducation. – 2021. – Т. 2. – №. 5. – С. 82-86.

10. Ravshanbek o'g'li R. R. et al. INFECTIOUS DISEASES OF THE MOUTH OF THE MOUTH //Galaxy International Interdisciplinary Research Journal. – 2022. – Т. 10. – №. 4. – С. 374-376.

11. Shoalievich T. D. et al. Results of endodontic application of various antibacterial agents and clinical and microbiological features //European science review. – 2019. – №. 3-4. – С. 51-53.

12. Раимжонов Р. Р. У. ИЗУЧЕНИЕ ВЛИЯНИЯ ФАКТОРОВ ПИТАНИЯ НА РАЗВИТИЕ ЗУБОЧЕЛЮСТНОЙ СИСТЕМЫ У ДЕТЕЙ //Re-health journal. – 2022. – №. 2 (14). – С. 202-206.

13. Раимжонов Р. Р., Пулатов Х. Т. Кукрак ёшидаги болалар бош сохасига оид курсаткичлардаги жинсий тафовутларини бахолаш //Polish Science Journal. – 2021. – №. 5. – С. 38.