Improvement of Periodontitis Treatment Methods

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Relevance. In most cases, the therapeutic action is aimed at eliminating deformations, defects, and disproportions of the face, and the doctor should know and feel the individual harmony of the architectonics of each patient's face, the violation of which can have negative consequences – the loss of the individuality of the face. This may be the reason for a decrease in the attractiveness of the face to others. Namely, the desire to be attractive is inherent in most people, since an attractive face helps to establish interpersonal contacts, facilitates the solution of tender and career problems [Kovalenko A. V.(2011), Talalaeva E.V.(2012), Almstrand A.C., Josefson M., Bredberg A.(2010), A.P. Shurbeleva.(2003)].

Despite this, the authors' opinions on the prevalence and pathogenesis of this anomaly differ markedly. It is indicated that according to Bogatyrkov D.V. et al. (2003), facial asymmetry occurs only in 1.3–2% of cases, whereas scientists at the University of North Carolina (1997) revealed clear signs of facial asymmetry in 34% of the examined patients, and Farkas L.G. and Chung G. (1981), using special anthropometric methods, found asymmetry in all the examined individuals.

According to E.Y. Nikolaeva, such a difference in data can be explained, for example, by a wide variety of types of facial asymmetries: skeletal, functional, muscular, articular, as a result of neoplasms or inflammatory processes, as well as post-traumatic asymmetries resulting from improper fusion of the jaws after fractures. There is still no consensus on the question of whether E.Y. Nikolaeva (2009) comes to the conclusion of what is considered an asymmetry.

The purpose of this study The aim is to improve methods for measuring morphometric features and diagnosing morphofunctional disorders of the maxillary system in people with chronic pathologies of the respiratory system.

The research material and the methods used to perform this research work. The facial skeleton and dental system of 300 healthy people and 300 people with chronic pathologies of respiratory systems aged from 18 to 60 years will be examined. The main criteria for the selection of people in the study group will be confirmed by morphometric, rengenological, orthopedic methods and clinical and laboratory studies. It should be noted that the examined will also be divided into age groups: by age 18-24 years, 25-34 years, 35-44 years and 45-60 years old and by severity of chronic respiratory pathology.

Parodontitis and other common chronic inflammatory diseases have several influencing risk factors such as tobacco smoking, psychological stress and depression, alcohol consumption, obesity, diabetes, metabolic syndrome and osteoporosis. In a series of studies, it has been shown that bacterial products, toxins and inflammatory products can spread to other foci of inflammation in the body when hygiene processes are carried out as a result of mechanical disruption of the integrity of the bioplionka.

In individuals with the right level of immune reaction, such transient bacteremia may not cause much harm. However, the immune system is weakened, such as diabetes, with diseases of the upper respiratory tract, making sufferers more prone.

At the same time, their influence on each other is bilateral. Having diabetes in a patient leads to the fact that the hyperyinflammatory response to the pathogenic microbiota of the parodont is reversible, worsens the return of inflammation and calls for a slowdown in recovery, which leads to a rapid violation of the parodont. Chronic generalized parodontitis, in turn, has a negative effect on glycemic levels in patients with diabetes mellitus and leads to the development of diabetic complications.

The effect of parodontopatogens on the course of diabetes mellitus is explained by an increase in the level of systemic inflammatory mediators, which increases insulin resistance. Metatahlil data allow us to talk about the fact that the treatment of generalized parodontitis in patients with diabetes mellitus leads to an improvement in glycemic index.

A number of authors in their work confirms the thesis that there is a bilateral relationship between diabetes and parodontitis, in which diabetes increases the risk of parodontitis occurring, while inflammation of the parodonte negatively affects the glycemic index. Terminal stage cases of macroalbuminuria and renal insufficiency increase 2 and 3 times, respectively, in diabetics with severe parodontitis compared to diabetics without severe parodontitis. In addition, the risk of cardiorenal death (ischemic heart disease and diabetic nephropathy) in diabetics with severe parodontitis is 3 times higher than in diabetics without severe parodontitis. Treatment of parodontitis is associated with a reduction in glycimated hemoglobin HbA(1C) by 0.4%. At the same time, the authors came to the conclusion that the health of the oral cavity and the treatment of parodont are an integral part of the treatment of diabetes.

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