TO ASSESS THE STATE OF MICROBIOCENOSIS OF WOUNDS AND ORAL FLUID IN CHILDREN WITH ABSCESSES AND FACIAL PHLEGMONS

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Relevance: According to the literature, acute purulent periostitis develops rapidly in young children. The transition from the stage of acute inflammation of the pulp or periodontitis can occur in a few hours and proceed with pronounced inflammatory phenomena.

There are practically no works reflecting the frequency and features of the course of acute purulent periostitis, depending on the age and the "causal" tooth. There are isolated works devoted to the study of nonspecific factors of oral cavity protection, wound microflora and oral fluid in children with acute purulent periostitis.

In recent years, a number of works have been published that testify to the effectiveness of the use of bacterial lysates in inflammatory processes of the oral cavity. However, we have not found specific recommendations for their use in the complex treatment of periostitis.

During the examination, it was revealed that an increase in body temperature in acute odontogenic purulent-inflammatory diseases of the maxillofacial region in children was accompanied by an increase in the intensity of the pain symptom and a change in its nature. In the course of the study, we noted that the use of cold in periostitis increased the pain to severe. As for osteomyelitis and phlegmon, hot stimuli were the most powerful provoking factor in the appearance of the above symptoms. Swallowing was difficult in most patients and was mainly observed in patients with submandibular, pterygomandibular, phlegmon, retromolar, retromolar disorders, as well as with oral fundus phlegmons and Johnsul-Ludwig's angina. Difficulty swallowing and chewing in 85% (relative to patients) of cases - with phlegmon and in 57.6% of patients with osteomyelitis of the jaws acted as a provoking factor, increasing pain. In 12 (21.8%) patients with osteomyelitis and 68% of patients with phlegmon, difficulty in speech function was noted. These speech disorders were mainly associated with the appearance of a painful symptom in the temporomandibular joint, which was provoked by the pronunciation of difficult letters of the sound series, while the pain became unbearable. In addition, in various clinical forms of acute odontogenic inflammatory diseases, the influence of various negative emotions on provocation and enhancement of local pain in the CHLO in acute odontogenic inflammatory diseases was evaluated. For example, in 37.5% of patients with osteomyelitis, negative emotions significantly provoked pain, in 66.6% of patients with phlegmon and in 57.5% of cases in patients with periostitis. As for the time of pain symptom intensification, almost all patients had it at night and in the morning, which can be explained by the increased influence of the vagus nerve on the intensity of pain.

Conclusions:

1. The frequency of acute odontogenic periostitis of the jaws in children increases as the formation of the root tip is completed. So, incisors are most often the cause of periostitis by the age of 2, and in 3-5 years, temporary molars are the cause of periostitis.

2. The clinical picture of acute odontogenic periostitis depends on the age of the child: in the period of formed milk bite (2-5 years) general signs of inflammation are more pronounced due to hyperergic reaction during the shift period (6-9 years), local signs of inflammation and their general manifestations correspond to the severity of the disease. During the formation of a permanent bite (10-13 years) the picture of periostitis is dominated by local signs of inflammation.

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