

INDICATIONS OF INFLAMMATION IN THE PERIODONTAL POCKETS IN PATIENTS WITH SURINKAL DIFFUSE PARODONTITIS

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Relevance. In patients with surinkal diffuse periodontitis, the depth of the periodontal pockets was studied using a graded periodontal wedge, making measurements at 6 points around each tooth being examined (three points on the vestibular surface and three points – on the oral surface).

The severity of periodontitis in patients examined was determined based on the depth of the periodontal pockets and the degree of destruction of bone tissue. Thus, the depth of the parodontal pocket for mild levels of chronic diffuse parodontitis is 3 mm, in an X-ray examination, the symptoms of initial destruction of the interdental walls were studied. At intermediate levels of chronic diffuse periodontitis, the depth of the periodontal pockets was found to vary from 3 to 6 mm. Destruction of bone tissue in the cortical plate and interdental wall was observed in an X-ray study with variations in Root Length up to V. Severe levels of chronic diffuse parodontitis were found based on the results of the examination, the presence of parodontal pockets more than 6 mm, pathological twitching of teeth at 2-3 degrees, desaturation of the cortical plate and bone tissue at a length more than V than the root length of the fourth group of patients [1.3.5.7].

Inflammatory-destructive index (yadi) A in patients with Surinkali diffuse periodontitis. I. Studied by the Grudyanov method.

Yadi-determines the ratio of cells contained in inflammatory infiltrate and is calculated by the following formula:

$$YADI=(L+G+F)/M$$

Where L is the percentage of leukocytes in connective tissue cells;

G-percentage of open-core mononuclears;

F-fibroblast percentage 4

M-percentage of cytopathological mononuclears.

Determines the indications for the provision of preventive measures, indicating a high risk of the development of an inflammatory process in the tissues of Yadi – parodont. The image of the formula reflects the relative amount of cells in the soft tissues of the parodont, indicating the intensity of the foci of inflammation and describing the severity of destructive changes.

Depending on the increase in inflammation, the number of segment-core leukocytes increases before, the number of monocytes also observed an accelerated increase. With the aggravation of inflammation, the appearance and increase in the number of open-core monocytes also appeared, separate protruding cells, which were assessed as fibroblasts from conditional Ravish. The Association of the increase in fibroblast cells with the development of granulation tissue, usually in parodont, was assessed by the destruction of parodont tissue of patients in the research group [2.4.6].

Inflammation:

- increased vascular permeability
- activation of the fibrinolytic system
- phagocyte migration

- monocyte activation

Proliferation:

- fibroblast migration and proliferation

- collagen synthesis

- growth of veins

In the denominator there are intact monocytes, which occur when the inflammatory process decreases as the amount increases. As their value increases, the yadi indicator decreases. Yadi indicators reflected the presence and intensity of periodont tissue damage with the inflammatory process. High levels of yadi value correlations have been demonstrated with the periodont disease stage. At the same time are relative indicators of the amount of epitheliocytes with cytopathology symptoms in cell Pulas. The norm assessed yadi = 20-650, yadi = 900-1600 average, yadi = 750-1650 medium weight, yadi = 700-1600 heavy level, yadi = 700>6000 Heavy 1 level with Yadi - 90>5 very heavy level.

Conclusion. An increase in Yadi = 630 in the first group of patients with surinkali diffuse periodontitis, yadi = 1150 in the second group of patients, Yadi = 1650 in the third and fourth groups of patients were determined based on analytical indicators of examination narajas.

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