

PREVALENCE OF HYPERTROPHIC GINGIVITIS OF THE GUMS AMONG ADOLESCENTS

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Relevance of the study: The occurrence of chronic hypertrophic gingivitis in adolescents in Uzbekistan is due to the high percentage of prevalence of inflammatory periodontal diseases at a young age and the tendency to increase the severity of this pathology in working age, the presence of even all interdental means for hygienic oral care and determines the relevance of the problem of gingivitis prevention. treatment and prevention of various inflammatory diseases. Periodontal disease in adolescence is a pathological and socially significant disease.

Most often, the hypertrophic hormonal form of gingivitis develops in women in the second and third trimesters of pregnancy, which is also associated with hormonal changes in the body. In this case, hormonal gingivitis develops, which causes an imbalance of estrogens and progesterone in the body. Gum hyperplasia during pregnancy can be general and local. The general lesion of the gum tissue of the tooth is characterized by an increase in its volume, pronounced hyperemia. According to statistics, 40-100% of pregnant women have hyperemia, swelling and bleeding of the gums, which spontaneously disappear after childbirth, gradually increase. When diagnosing hypertrophic gingivitis in adulthood, it should be borne in mind that this may be due to immaturity, since there is a certain synergy between the functions of the pituitary gland, thyroid gland and gonads. Recent decades have been marked by a number of discoveries in the field of studying the effect of estrogen deficiency on specialized remodeling of oral tissues. The positive effect of estrogens on tissues affects osteoblasts by stimulating the local production of growth factors (insulin-like growth factor-1, osteoprotegerin, growth factor-B) and reducing the production of interleukin-1 and RANKL ligand, and is evaluated using a nuclear factor receptor activator.

Hormonal gingivitis can also be detected when taking hormonal medications, including combined oral contraceptives. Lesions are mainly localized on the front teeth and usually occur in the gingival papilla, and this is often observed in young people. In recent decades, adolescents have not only increased the prevalence of periodontal pathology, but also significantly changed their differential composition depending on the growth of their most severe forms. Biological changes during this period are regulated by neurosecretory factors and hormones that accelerate somatic growth, the development of the sex glands, their endocrine and external secretion. In the early stages of chronic hypertrophic gingivitis, periods of intense inflammatory reaction alternate with periods of remission. The authors associate this feature of the disease with endocrine changes during this period. At the same time, periodontal tissues are not fully formed and are in a state of physiological stress for a long time. Hormonal imbalance associated with puberty affects the gum epithelium, which, in turn, depends on the clinical and functional characteristics of the periodontium. From these positions, the oral cavity is considered as an ecological system in which various biological processes interact with each other, causing multidirectional pathological processes.

Due to the well-known fact about the effect of metabolic disorders in adolescents on increased estrogen secretion in chronic hypertrophic gingivitis in Uzbekistan, Orekhova L. Yu. et al. studied the condition of periodontitis in such patients and showed the predominance of severe forms of periodontitis. Thus, a review of the literature data showed that impaired estrogen secretion contributes to the development of periodontal pathologies, since periodontal disease has a genomic effect on target cells sensitive to hormones and estrogen-containing periodontal tissues. When diseases with hypoestrogenism occur against the background of a decrease in bone density (osteoporosis, osteopenia), hyperplastic processes with hyperestrogenism are also observed.

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