

METHODS OF EARLY DIAGNOSIS OF CHRONIC GRANULAR PERIODONTITIS

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Relevance. The high prevalence of destructive forms of chronic periodontitis and the insufficient effectiveness of known methods of their treatment make the problem of finding new methods and means of rehabilitation of patients with this pathology urgent (Danilova N.B., 2000; Bayramov G.R., 2010). According to the data on the number of requests for emergency dental care in medical dental institutions, patients with acute and aggravated chronic periodontitis account for 75% (Robustova T.G., 2007). The cause of inflammatory processes in the maxillofacial region is the untimely treatment of patients for dental care and a low level of endodontic treatment (Ivanchenko O.N., Popov S.N., Alexandrov M.T., 2010). An analysis of the literature convinces us of the insufficient attention paid by the authors to the assessment of the role of local immune disorders in chronic periodontitis. At the same time, in other dental diseases, in particular, in chronic catarrhal gingivitis, chronic generalized periodontitis, osteomyelitis of the maxillofacial region, a large pathogenetic role of immune and metabolic disorders developing in the oral cavity has been established. Cytokines, the complement system and immunoglobulins are important and functionally universal groups of humoral factors of immune status that implement inflammatory processes.

The effect on the microflora of a complex branched system of macro- and microchannels of the tooth root can be carried out using two main methods: mechanical treatment of root canals and medicinal, through the use of various antiseptics. Many authors consider the most important conditions for successful endodontic treatment to be the most thorough mechanical treatment of root canals. However, most scientific studies of the last decade allow us to conclude that such views are unconvincing. Many researchers have concluded that a significant proportion of root canal walls remain insufficiently untreated. This hypothesis is confirmed by other studies conducted using an electron microscope.

Therefore, it becomes clear that as a result of mechanical treatment alone, it is impossible to achieve sterility of the root canals. In dentistry, there are 3 types of odontogenic granuloma: subcostal, submucosal and subcutaneous. The clinical course of the process in chronic granulating periodontitis, complicated by odontogenic granuloma, is more calm. Complaints of pain in the tooth or a focus in the soft tissues are often absent. With subcostal granuloma, there is a swelling of the bone tissue of the alveolar process of a rounded shape, in the area of the affected tooth. The mucous membrane over this area often remains unchanged, but minor inflammatory phenomena are possible, gradually increasing during the exacerbation of the inflammatory process. Submucosal granuloma is defined as a limited dense focus located in the submucosal tissue of the transitional fold or cheek in the immediate vicinity of the periodontitis tooth, which was the source of infection, and associated with it with the help of a string.

In some cases, palpation of the outer surface of the alveolar process or jaw can reveal a dense scarring in the area of the transitional fold at the level of a tooth. This helps to establish a "causal" tooth.

Radiography with a contrast mass injected through the fistula passage is able to confirm the clinical assumption. The accurate diagnosis of chronic granulating periodontitis is based on the clinical picture and X-ray data. On a targeted X—ray, with this type of periodontitis, characteristic signs are found - a focus of bone tissue rarefaction in the area of the tip of the root. The periodontal line in this area becomes invisible due to the infiltrating growth of granulation tissue, leading to the destruction of the walls of the bone well, as well as dentin and root cement. Their surfaces become uneven. This unevenness is more clearly revealed from the bone tissue, into which small outgrowths go from the periodontium. The compact plate of the alveolar wall is found only in the lateral sections. In the presence of odontogenic granulomas in soft tissues, the destructive focus at the tip of the root always has a small size. In patients with marginal granulating periodontitis, similar changes are detected in the marginal periodontium, where bone resorption occurs horizontally and vertically.

Conclusion. The chronic focus of infection is currently considered as a source of heterosensitization and autosensitization, which often leads to severe complications such as endocarditis, rheumatism, and nephritis. Streptococcal allergy plays a special role in this case. The data of modern studies indicate the influence of inflammatory periapical foci on the state of nonspecific resistance of the body.

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