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Early Diagnosis and Treatment of Odontogenic Inflammatory Diseases

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ABSTRACT

Today, patients with odontogenic inflammatory diseases make up dental diseases by 10-20%. And 30 - 70% of odontogenic inflammatory diseases are abscesses and phlegmon, perfecting the diagnosis of these diseases and effective treatment are considered one of the urgent problems. It is important to develop special treatment measures in children with this disease.

Introduction

One of the most pressing problems of Dentistry is acute odontogenic inflammatory processes (Gubin M.A., 2013; Yesin V.N., 2000; Karnaukhov A.T., 1999). Despite the development of new methods of combating odontogenic inflammatory diseases, the number of children with inflammatory diseases has a tendency to increase, especially in children who are often sick. (Robustova T.G. and others, 2011; Shargorodsky A.G., 2010 and others).

It is known that the diagnosis and treatment of inflammatory diseases of the tooth – jaw system is one of the main problems of Pediatric Dentistry. According to a number of authors, inflammatory diseases of the tooth –jaw system account for 21% of all surgical diseases in childhood, 52% of dental diseases.

Many issues of etiology, pathogenesis, prevention and treatment of purulent – inflammatory processes of the tooth-jaw system have not yet been resolved, which explains the constant interest and attention of researchers to them (Roginsky V.V., Korinskaya N.N., 1996; Ushakov R. B. 1995; Kawai T. and others, 1998 and others).

Meanwhile, it is known that acute inflammatory processes of tooth – jaw syndrome in children often develop with a decrease in the immunological reactivity of the body, and the course of the disease and the likelihood of complications are largely determined by the initial parameters of immunity.

The course of odontogenic inflammations in children has a number of features due to the relative maturity of the child's tooth – jaw system and tissues, the imperfection of immunity, the

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abundance of lymphatic tissue, the presence of anatomical and physiological features of the structure of the teeth, as well as an increase in the antimicrobial permeability of the jaws, ease of.
The results of numerous epidemiological studies show that each child suffers from an average of 3 to 5 episodes of acute respiratory viral infections (Orvi) per year. The highest level of acute respiratory infections is observed in young children, preschool children and younger schoolchildren. Children in the first 3 years of life are more often diagnosed with Orvi 2-2.5 times during the year than children aged 10 years and older. Repeated respiratory infections lead to a violation of the functional state of the body, can cause a lack of adaptation and lead to the development of chronic pathology [1.3.5.7.9.11.13.15.17.19.21].
This tooth – jaw disease odontogenic purulent inflammation indicates the relevance of the problem in surgery. The course of surgical diseases in children with re-respiratory infections is determined by complex immune mechanisms and their interaction with the hormones of the pancreas, pituitary gland, thyroid gland and adrenal gland.
Suppression of the immune system, metabolic disorders, a decrease in pain sensitivity change the clinical picture and course of many surgical diseases, which can lead to serious diagnostic errors and negatively affect the result of surgical pathology. (Galimov O.V. and others, 2018; Zaitseva E.L., 2018; Piaggesietal, 2018).
Odontogenic inflammatory diseases and their complications in children who are often sick have certain characteristics characterized by pronounced microcirculation disorders, the presence of microthrombi, dystrophic and necrotic processes, the predominance of the inflammatory component over reparative, the formation of cell proliferation. Phagocytic activity of leukocytes, incomplete phagocytosis, high levels of microbial contamination of wound tissue, decrease in general and local immunological reactivity (N. I. Kamzalakova, 2000, A. Yu. Takmakova, 2003, D. S. Schade, E. S. 19819, E. Bull.).
As we know, the prevalence of odontogenic inflammatory pathologies is not prone to decline, the treatment process is laborious and long, and the frequency of complications is constantly high. The hearth of odontogenic inflammatory processes is a source of hetero - and autosensibility of the body and is one of the leading factors in the development of both local and General Pathology. The spread of odontogenic inflammatory diseases among children develops as a result of severe forms of acute purulent - inflammatory diseases and complications of common infectious diseases such as influenza, tonsillitis, infectious hepatitis, etc.
Early diagnosis of the course of odontogenic purulent-inflammatory processes is widespread in dentistry and leads to the development of severe complications [2.4.6.8.10.12.14.16.18.20].
The course and prevalence of odontogenic inflammatory diseases in children depends on the following factors:
1. primary and secondary prevention of dental caries, as well as insufficient treatment of complex forms of dental caries.
2. non-timely treatment of primary dental diseases, as well as non-compliance with the rules of oral personal hygiene.
3. a decrease in the sensitivity of odontogenic microflora to antibiotics.
It is known that most often odontogenic inflammatory diseases are caused by the transition of the normal microflora of the oral cavity to pathological microflora. The development of odontogenic purulent inflammations actually occurs due to a decrease in the capabilities of the immune system for compensation.

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The presence of temporary immunosuppression, the Trigger mechanism of which is caused by infectious diseases, for example, flu, tonsillitis, etc., also provokes the development of odontogenic inflammatory diseases.

Purpose of the study it consists in improving the methods of complex treatment of children with odontogenic inflammation.

Research material and methods: In the complex treatment of children with odontogenic inflammation, 122 patients with odontogenic inflammation were taken. In our scientific research, patients were studied in 3 groups.

Group I odontogenic inflammatory disease complication dental – jawtisim 49 patients with abscesses and phlegmon were examined and complex treatment was carried out in children.

II Group odontogenic inflammatory disease complication 53 patients with tooth – jaw periostitis were examined and complex treatment was carried out in children.

III group odontogenic inflammatory disease complication dental-jawtisim 20 patients with odontogenic osteomileti were examined and complex treatment was carried out in children.

Research findings and discussions. In the complex treatment of complications of odontogenic inflammatory diseases in the examined patient children through bacteriophage drugs, which is fundamentally different from the traditional method of treatment, a reduction in the healing period of the disease was achieved.

The Cross-Group distribution of sick children with complications of odontogenic inflammatory diseases by age, gender is shown in Table.

Table

Inter-group distribution in children with complications of odontogenic inflammation, depending on age and gender.

Groups	Number of boys	Number of girls	0-6 number of seniors	6-12 number of seniors	12-18 number of seniors	Total number
I	28	21	20	19	10	49
II	29	24	16	27	10	53
III	12	8	2	9	9	20

In children with complications of odontogenic inflammation, in Group I, boys made up 28 people, and girls-21 naafr. This group indicates a high tendency for boys to get sick in relation to girls. In both groups II and III, a higher incidence was found in boys.

Patients with complications of odontogenic inflammation were diagnosed in children on the basis of objective, subjective and laboratory tests. In the groups in which the examination was carried out, the laboratory analysis made it possible to determine the positivity. When comparing the results of the analysis in patients, it was found that the patient was at a high level in the group.

Mechanisms of action of bactiriophagous agent on odontogenic inflammatory diseases:

Bacteriophage is a homologous bacterium that adsorbs in the cell membrane, enters the cell and encounters it into lysis. Acting on the specific virus of the bacterium, the composition is influenced by selective, only viral phages of bacteria - Staphylococcus aigeis. Bacteriophage high activity and effectiveness ensures the Prevention of complications of odontogenic inflammatory diseases. Methods of application, bacteriophage means penetrate into the blood and lymph and have an

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astringent effect on inflammatory mediators. The main part of the bacteriophage is excreted by the kidneys, has a disinfecting effect in the urinary tract, and the rest has been found to be excreted through the gastrointestinal tract. Bacteriophage odontogenic has the property of antiseptic and antibacterial action on inflammatory diseases.

The application of bacteriophage to the injury site is determined individually, depending on the size of the affected tissue. It is recommended to spray into the oral cavity after removing pus from the jarochat area. On subsequent commuting days in patients, the bacteriophage is placed in the infected cavity using drainage [23.25.27.28].

This process is carried out 1 time per day, for 3-5 days. If the oral cavity is drained, bacteriophage is administered 5-10 ml 2 times a day. Bacteriophage is used to wash, drip, send soaked turund. For treatment in cases of purulent inflammation of the oral cavity, the remedy is used for rinsing and is prescribed at the same time. In the treatment of stomatitis and chronic general periodontitis, the remedy is used in the form of a mouthwash at a dose of 10-20 ml 3-4 times a day, and is also applied to the periodontal pockets of turunda impregnated with piobacteriofag for 5-10 minutes. For preventive purposes, bacteriophage is used in the treatment of post – operative and odontogenic inflammation, as well as in the Prevention of diseases of the gums and oral cavity, in the Prevention of infectious complications in the amount of 40 ml after surgery. In the treatment of odontogenic inflammatory diseases, the dosage of bacteriophage is determined depending on the condition of the patients. If chemical antiseptics were used to treat wounds before using the drug Staphylococcus bacteriophage, it was recommended to thoroughly wash the wound with a sterile 0.9% sodium chloride solution.

Odontogen allows you to identify a violation of the effectiveness of chewing formed from a complication of purulent-inflammatory diseases and early diagnosis of its complications. The cost-effectiveness of treatment as a result of early diagnosis of pathological changes in the tooth – jaw system in sick children formed from complications of odontogenic purulent-inflammatory diseases restoration of the normal physiological state of the chewing efficiency of patients thus allows to prevent complications of complete termination of clinical signs of the disease, reducing the duration of the course of treatment [22.24.26.27.28].

Conclusions.

In the complex treatment of patients with all three groups of patients with complications of odontogenic purulent inflammatory diseases with bacteriophage drugs, a reduction in the day of recovery of patients was achieved from 7 days to 5 days in the first group, from 5 days to 3 days in the second group, and from 14 days to 10 days in the After a complex course of treatment of patients, a complete restoration of the state of chewing efficiency was achieved.

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