

REGIONAL PREVALENCE OF COMPLAINTS ASSOCIATED WITH HYPERTROPHIC GINGIVITIS IN PATIENTS

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Abstract. Currently, the prevalence of dental diseases worldwide remains relatively high, including conditions such as dental caries and periodontal diseases. It is estimated that 60–90% of children globally suffer from dental caries, while according to the World Health Organization (WHO), chronic periodontal diseases affect approximately 15–20% of the adult population

Keywords: dental diseases, subjective symptoms, prevalence rate.

Introduction. To date, similar to many somatic diseases, the identification and comparative analysis of patient complaints remain essential for the study and evaluation of dental diseases. This is because patients' subjective perceptions often correspond with the results of objective examinations and are necessary for differential diagnosis and the determination of appropriate treatment strategies.

Materials and Methods. The study included 2,774 patients aged 18 to 55 years undergoing outpatient treatment. Patients completed a questionnaire and underwent an individual clinical examination, during which the reasons for seeking dental care were identified. These included gingival bleeding, halitosis, itching, dentin hypersensitivity, tooth mobility, and pain during chewing of solid food.

Results and Discussion. The obtained results were interpreted and analyzed first according to women living in rural and urban areas, and then by their age groups.

The prevalence of complaints related to dental diseases among women of reproductive age is presented in Table 1.

Table 1

Prevalence of Dental Complaints in Healthy Women Living in Rural and Urban Areas

Complaint	Bagot District, n=986	Yangibazar District, n=933	Urgench city, n=855
Night pain	15,62±1,16	12,0±1,06	12,98±1,15

Food impaction in cavities		36,71±1,54	39,34±1,60	36,84±1,65
Presence of cavities		38,95±1,55	46,62±1,63	48,42±1,66
Esthetic defects		6,09±0,76	6,32±0,80	9,59±1,01*
Gingival bleeding		9,13±0,92	5,14±0,72	6,90±0,87
Gingival redness		5,38±0,72	7,07±0,84	9,36±1,00
Halitosis		8,62±0,89	8,36±0,91	7,60±0,91
Tooth mobility		6,69±0,89	5,68±0,76	1,52±0,42
Swelling		3,14±0,56	3,11±0,57	1,87±0,46
Pain during chewing		3,65±0,60	2,67±0,68	3,16±0,60
Gingival itching		4,26±0,64	5,14±0,72	5,26±0,76
Gingival pain		1,42±0,38	1,07±0,34	1,29±0,39
Pain	severe	4,46±0,66	3,32±0,59	4,68±0,72
	dull (aching)	8,22±0,87	4,61±0,69	6,43±0,84
	short-term	2,94±0,54	4,07±0,65	1,87±0,46
Sensitivity to hot/cold		1,01±0,32	0,96±0,32	0,23±0,16
Gingival bleeding during brushing		3,14±0,56	3,11±0,57	0,82±0,31

It should be emphasized that not all examined women of reproductive age reported complaints characteristic of dental diseases. The number of individuals who did not report complaints regarding their dental health amounted to 176 (17.85±1.22%) and 158 (16.93±1.23%) in the rural districts (Bagot and Yangibazar), respectively, while in the urban area (Urgench city) this figure reached 138 (16.14±1.26%). As can be observed, no statistically significant differences were identified among the three regions in terms of the number of individuals without complaints about their dental health ($p>0.05$).

Thus, no differences were found between rural and urban women of reproductive age regarding the presence of symptoms of dental diseases. However, these data reflect only the results of the current medical examination and do not account for dental diseases and their associated symptoms observed throughout the lifetime.

If we consider the frequency of complaints during dental examination and their analysis, it can be seen that the most common complaints were the presence of dental cavities and food impaction within them. No practically significant regional differences were observed in complaints regarding the presence of dental cavities—38.95±1.55% (n=384) in Bagot district, 46.62±1.63% (n=435) in Yangibazar district, and 48.42±1.66% (n=414) in Urgench city. This trend was also maintained

for food impaction in dental cavities and the discomfort associated with it— $36.71 \pm 1.54\%$ ($n=362$), $39.34 \pm 1.60\%$ ($n=367$), and $36.84 \pm 1.65\%$ ($n=315$), respectively ($p>0.05$). It is evident that these dental changes were not dependent on place of residence, lifestyle, occupation, or level of education.

Another clinical sign that caused discomfort among the studied women was pain associated with dental diseases. During dental examination, this symptom was observed with similar frequency in both rural districts and the city— $15.62 \pm 1.16\%$ ($n=154$), $12.00 \pm 1.06\%$ ($n=112$), and $12.98 \pm 1.15\%$ ($n=111$), respectively ($p>0.05$). Pain was also analyzed according to its characteristics. No statistically significant differences were found among severe, dull (aching), and short-term pain types (Figure 1).

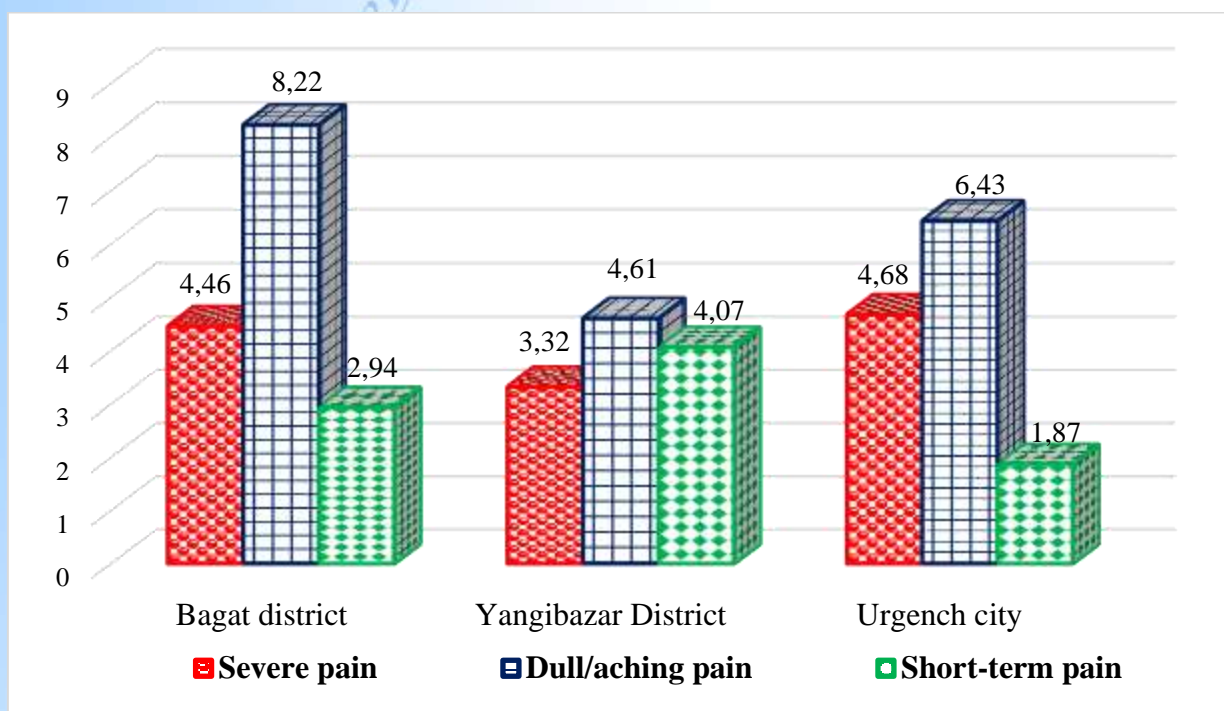


Figure 1. Indicators of pain complaints of various nature among women of reproductive age residing in different regions, %

In all three regions, dull (aching) pain was relatively predominant ($p>0.05$); however, this does not provide sufficient grounds to conclude that this type of pain was dominant overall, as its detection rate was not significantly higher than that of other pain types.

Complaints related to the gingiva, such as gingival bleeding, gingival pain, and gingival itching, were also comparatively analyzed across regions.

No interterritorial differences were identified in gingival bleeding ($p>0.05$). This complaint occurred in 5.14–9.13% of cases. Similar results showed that the frequency of gingival itching was $4.26\pm 0.64\%$ ($n=42$), $5.14\pm 0.72\%$ ($n=48$), and $5.26\pm 0.76\%$ ($n=45$), respectively. As can be seen, no statistically significant interterritorial differences were found in this case ($p>0.05$).

Women reporting gingival pain constituted a minority (1.07–1.42% of cases), and no clear regional differences were identified (Figure 2).

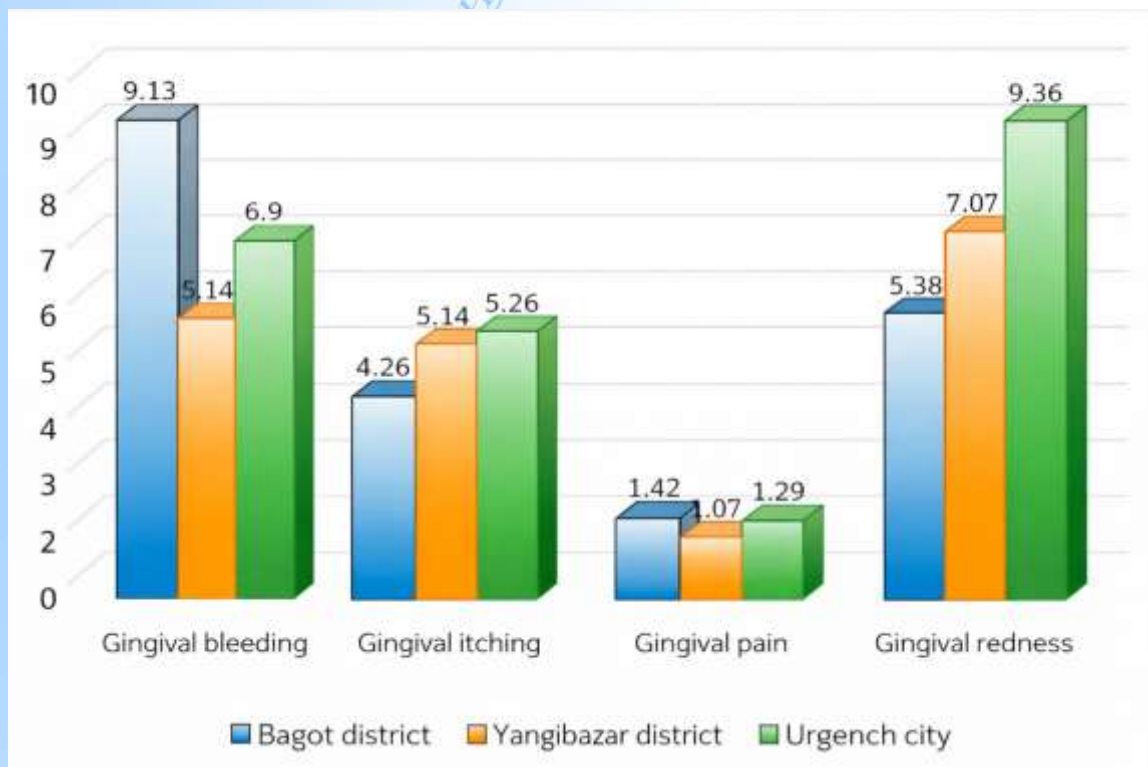


Figure 2. Parameters of the regional prevalence of gingival complaints among women of reproductive age, %

The following specific features were identified for these three complaints: gingival complaints occurred less frequently than other complaints (1.07–9.13% of cases); gingival pain was significantly less frequent than gingival bleeding, which does not indicate the absence of a direct relationship between these complaints; and no statistically significant interregional differences were found in the detection of complaints such as bleeding, itching, and gingival pain ($p>0.05$).

Another gingival-related complaint was gingival redness, which occurred within the range of the above three complaints— $5.38\pm 0.72\%$ ($n=53$), $7.07\pm 0.84\%$ ($n=66$), and

9.36±1.00% (n=80), respectively. No interregional differences were observed either in absolute or relative values ($p>0.05$), indicating that the level of complaints was similar among rural and urban women.

Thus, the study of the prevalence of complaints associated with dental diseases among women of reproductive age permanently residing in rural and urban areas showed that among all complaints, the most frequent were the presence of dental cavities (38.95–48.42%) and food impaction in these cavities (36.71–39.34%), with no differences in absolute or relative (%) values between regions. Four pain-related complaints were observed much less frequently than the aforementioned complaints, and no significant differences were found for night pain, persistent severe pain, dull pain, or short-term pain ($p>0.05$). Among pain types, night pain (12.0–15.62%) and dull pain (4.61–8.22%) were observed more frequently compared to other types (severe and short-term pain), although overall occurrence remained relatively low. Gingival complaints (bleeding, redness, itching, and pain) also occurred within this quantitative range (1.07–9.36%), and no interregional differences were observed in this case as well ($p>0.05$).

Therefore, no differences were identified between rural and urban women in terms of complaints associated with dental diseases related to dental cavities, pain, and pathological processes in the gingiva. No differences were also found for other reported complaints (halitosis, tooth mobility, swelling, sensitivity to hot and cold, etc.) ($p>0.05$).

Conclusion. Among the 17 identified complaints, two demonstrated regional differences: esthetic defects and gingival bleeding during tooth brushing. Rural populations reported esthetic defects at rates of 6.09±0.76% (n=60) and 6.32±0.80% (n=59), whereas the urban population reported 9.59±1.01% (n=82), with statistically significant differences between these indicators in both cases ($p<0.05$).

This difference was approximately 1.57 and 1.52 times higher, respectively. Complaints of gingival bleeding during brushing were less frequent among urban women compared to rural women—0.82±0.31% (n=7) in urban areas versus 3.14±0.56%, n=31 (Bagot) and 3.11±0.57%, n=29 (Yangibazar) in rural areas. The prevalence of this complaint was 3.83 and 3.79 times lower in the urban population compared to rural women ($p<0.001$). The differences between these two complaints can be explained by greater attention to esthetic concerns and improved oral hygiene awareness in urban populations.

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