

MODERN METHODS OF DIAGNOSIS AND TREATMENT OF GINGIVITIS

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Abstract: As is known, Gingivitis is an inflammation of the gums without violation of the integrity of the tooth-tooth connection. If not treated in a timely manner, gingivitis can turn into a destructive form of periodontal disease - periodontitis. This article discusses modern methods of diagnosing and treating gingivitis.

Keywords: gingivitis, gum inflammation, diabetes mellitus, peptic ulcer disease, chronic hepatitis, periodontitis.

Introduction

As is known, gingivitis (gingivitis - Latin gingivitis) is an inflammatory disease of the gum mucosa, most often occurring in children in adolescence, up to 98%. The development of the most effective methods of treating periodontal tissue diseases, as well as their implementation in practice, has been one of the first places in the research of Uzbek, Russian and foreign scientists in the last ten years. Often, common factors explain the high susceptibility of some people to periodontal inflammatory diseases. Among them are physiological periods of life, such as puberty, pregnancy, menopause; harmful habits (smoking); diseases (diabetes mellitus, peptic ulcer disease, chronic hepatitis, hypo- and hyperthyroidism, leukemia, HIV infection, etc.); viral infections (influenza, ARVI); hypo- and avitaminosis (syphilis, pellagra); taking medications (cytostatics, immunodepressants, oral hormonal contraceptives). The BST scientific group's report, based on a survey of the population of 53 countries around the world, highlights the high prevalence of periodontal disease. In 5 years, the frequency of gingivitis in certain regions can reach 30-40%, periodontal disease occurs in 55-89% of people aged 15-19, and in 65-98% of people aged 35-44.

Loss of a large part of the teeth at a young age, the presence of chronic foci of infection, disruption of the main functions of the chewing and speech apparatus, a decrease in the quality of life of patients - this is not a complete list of the consequences caused by periodontal diseases, which allow us to consider this pathology not only as a medical, but also as an important social problem. Gingivitis usually occurs due to the

accumulation of microbial plaque on the teeth as a result of poor oral hygiene. The development of gingivitis can also be caused by improper orthodontic treatment, which, together with poor oral hygiene and teeth, provokes the intensive development of pathogenic microorganisms. Bacteria (less often viruses, fungi) are the direct cause of gingivitis (Streptococcus oralis, Bacteroides gingivalis, Porphyromonas gingivalis, Actinomycetes comitans, Prevotella intermedia, Actinomyces israelii).

Risk factors for gingivitis:

- Smoking;
- Poor oral hygiene;
- Immunodepressive conditions;
- Inability to seek adequate dental care;
- Malnutrition;
- Dental calculus;
- Children aged 3 to 6 years;
- Diabetes;
- Pregnancy;
- Vitamin C deficiency;
- Depression;
- SARS, influenza, angina, AIDS, tuberculosis and other diseases;
- Poisoning of the body with heavy metals (mercury, bismuth, lead);
- Use of oral contraceptives;
- Pricus pathology;
- Problematic fillings;
- Nasal breathing disorders.

PATHOGENESIS

Biofilms (mainly Actinomycetes, Tannerella forsythia, Fusobacterium nucleatum, Spirochetes, Synergistetes) are responsible for the development of dental caries and the development of gingivitis, caries, periodontitis.

Gingivitis is more common in men than in women. The disease is widespread in groups of people with unfavorable socio-economic conditions, as well as those who do not have access to adequate dental care and are mentally retarded.

Symptoms of gingivitis are of 2 types: acute, chronic

Catarrhal gingivitis is the most common form of the disease and is the acute form. The main symptoms are redness of the gums, slight swelling, often the formation of soft and hard plaque on the teeth. When brushing your teeth, you may notice inflammation and bleeding of the gums.

Chronic gingivitis is characterized by the fact that the patient does not experience pain, but the inflammation lasts a long time and is weak. Therefore, chronic gingivitis is most often diagnosed during preventive examinations by a dentist.

In chronic gingivitis, bleeding is occasionally noted when brushing your teeth, bad breath, redness and swelling of the pulp. When the disease becomes acute, the gums become bright, swollen and bleed. The accumulation of plaque on the tooth is observed, sometimes they damage the hard tissues of the tooth.

Desquamative gingivitis is characterized by intense redness and abundant desquamation (displacement of one layer) of the gum epithelium.

Hypertrophic (hyperplastic) gingivitis occurs rarely and is often associated with endocrine changes in the body. This type of disease can be observed in adolescents (juvenile gingivitis), pregnant women, and people with diabetes. In hypertrophic gingivitis, the size of the milky-milky suckers increases.

The disease is accompanied by bleeding gums, pus discharge, the gums acquire a brownish-blue color, an unpleasant odor from the mouth, plaque accumulates on the teeth, pseudo-pathological pockets form.

The severity of hypertrophic gingivitis is determined by the severity of gum hyperplasia: mild - up to 1/3 of the tooth crown, moderate - up to 1/2, severe - more than 1/2.

Simple marginal is most often observed in childhood and is associated with poor oral hygiene.

It is characterized by severe itching, soreness, bleeding and ulceration of the ulcerated gums.

Atrophic gingivitis

It is characterized by a decrease in the volume of the gum tissue.

Acute necrotizing ulcerative gingivitis is classified separately in KXT-10. The causative agents of the disease are bacterial infections, mainly *P. intermedia*, fusobacteria and anaerobes, as well as spirochetes such as *Borrelia* and *Treponema*.

The mucous membrane of the mouth becomes inflamed, bleeding, an unpleasant odor is noted, necrosis of the interdental spaces occurs. The disease occurs in young people (17-30 years old) due to insufficient compliance with oral hygiene. It can occur with ARVI, flu, angina, AIDS, tuberculosis and other diseases.

Depending on the course of gingivitis, appropriate treatment is carried out: it can be professional cleaning of the oral cavity or surgical treatment. In severe or long-term gingivitis, systemic use of antibiotics such as penicillin, tetracycline, doxycycline, metronidazole, ciprofloxacin, clindamycin is possible. Paracetamol or ibuprofen is prescribed to relieve pain in the gums. Usually it ends with complete healing, since the tooth-gingival connection is not damaged.

Prevention of gingivitis:

- Compliance with oral hygiene (toothpastes, gels, rinsing);
- Quitting smoking;
- Use of electric toothbrushes;
- Use of metronidazole dental gels, for example, "Metrogil Denta";
- Oral rinses in the form of tablets, such as Ambazone, 2,4-dichlorobenzyl alcohol, amylmetacresol;
- Rinsing the mouth with solutions containing chlorhexidine, hydrogen peroxide, ethanol, thymol, cineole, methyl salicylate, menthol, methylparaben, benzalkonium chloride, fluoride or xylitol. Scientific studies conducted in recent years have shown that mouth rinses containing essential oils have a beneficial effect;
- Use of toothpastes containing triclosan;
- Taking calcium supplements.

The above preventive measures are also used to treat gingivitis. The use of dental floss is not recommended.

Gingivitis should be distinguished from periodontitis and periodontitis. The main feature that distinguishes gingivitis from other periodontal diseases is that the inflammation affects only the gum tissue, while other structures (periodontal ligaments holding the tooth in the jaw, bone tissue) remain unchanged. Normally, the depth of the tooth-milk connection is 1-1.5 mm, with the destruction of the tooth-milk connection, periodontal pockets (4 mm or deeper) are observed, which is a symptom of periodontitis. Gingivitis does not have periodontal pockets, but with the hypertrophic form of gingivitis and gum inflammation in general, small periodontal

pockets may appear. Along with these signs, periodontal pockets, exposure of the tooth necks, and their mobility are not characteristic of gingivitis - these signs indicate damage to the bone apparatus. For the purpose of differential diagnosis, radiography is used - a change in the height of the intraalveolar ridges is not characteristic of gingivitis.

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