



A Comparative Description of the Results Of The Treatment Of Chronic Catarrhal Gingivitis In Children With Disabilities With Different Methods

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Abstract: The peculiarities of knowing the etiological factors of catarrhal gingivitis in children with disabilities play a large role in the prevention and treatment of the disease. Often common factors explain the high susceptibility of some people to periodont inflammatory diseases. Among them are physiological periods of life, such as puberty, pregnancy, menopause; harmful habits.

Keywords: diabetes mellitus, ulcer disease of the stomach, chronic hepatitis, hypo - and hyperthyroidism, leukemia, HIV-infection

Introduction

The peculiarities of knowing the etiological factors of catarrhal gingivitis in children with disabilities play a large role in the prevention and treatment of the disease. Often common factors explain the high susceptibility of some people to periodont inflammatory diseases. Among them are physiological periods of life, such as puberty, pregnancy, menopause; harmful habits (smoking); diseases (diabetes mellitus, ulcer disease of the stomach, chronic hepatitis, hypo - and hyperthyroidism, leukemia, HIV-infection, etc.); viral infections (influenza, ORVI); hypo - and avitaminoses (tsinga, pellagra); there is an intake of drugs (cytostatics, immunodepressants, oral hormonal contraceptives). The scientific team's report, based on an examination of the population of 53 countries in the world, has a place in the high prevalence rate of parodont disease. In 5 years, the frequency of gingivitis in individual regions can reach 30-40%, in 15-19 – year-old individuals, periodont diseases occur 55-89%, at 35-44 years-65-98%. Loss of a large part of the teeth at a young age, the presence of foci of chronic infection, chewing-violation of the basic functions of the speech apparatus, a decrease in the quality of life in patients – not a complete list of the consequences caused by periodont diseases, which makes it possible to consider this pathology not only as a serious medical.

As local factors leading to the development of catarrhal gingivitis, tooth damage (Crown fracture, tooth dislocation, etc.), neck caries, improper bite, dental (dystopia, tightness) and oral soft tissue abnormalities (short extension of the lips, small access); unsatisfactory Dental Care, Tartar, filling, dental prostheses, aesthetic wines or defects in the installation of orthodontic apparatus, etc. [1.3.5.7.9.11.13].

The mucous membrane of the oral cavity is almost always involved in the pathological process of various diseases and pathological conditions. However, the character of these changes is very diverse, depending on the etiology, individual identities of the organism, age, physical

condition, genetic status, etc. For this reason, the diagnostic value of the symptoms of mucous membrane changes, as well as the treatment and preventive tactics of the doctor, will vary.

Effective treatment of gingivitis in childhood is an untenable, preemptive measure of the recovery of the soft tissues of the parodont and subsequent, in adulthood, elimination of the acceleration of the inflammatory-destructive process in the parodont. However, to date, patients with chronic catarrhal diffuse gingivitis, due to its specificity in clinical manifestations, do not have an optimal scheme of treatment prevention and rehabilitation, which is due to the versatility of etiological and pathogenetic mechanisms in its development [2.4.6.8.10.12.14.16.18.20.22.24].

Many literary sources testify to the fact that dental Carache is considered one of the chief etiopathogenetic buggies in the development of parodont diseases and caries. It is the treatment and prophylaxis of diseases, all types of which are directed to eliminate the main causal factor and control its formation. The simplest and most effective way to clean dental Carache is mechanical cleaning using a toothbrush.

The use of an electronic toothbrush is able to significantly facilitate the daily maintenance of the oral cavity. In addition, these brushes are equipped with a timer that calculates the time of 2 minutes, cleans the tooth and gum tissue of better quality. Electronic toothbrushes are effective from ordinary brushes only if the working part vibrates around at the same time – this allows you to clean up 27% more tooth decay and reduce 12% of gum diseases.

The Electronic Toothbrush vibrates to produce a massage effect that improves blood circulation in the capillaries of soft tissues and, consequently, prevents inflammatory processes in the oral cavity. This is especially important for adolescents who are more prone to gingivitis than other diseases of the gums. The electronic brush is extremely important in childhood. It is known that children do not like, do not know or do it incorrectly.

Many authors, describing the advantages of electronic brushes over Manual brushes, found that after one to three months of use, the inflammatory response of the gum decreased by 11% and in gingivitis by 6%, while when used for more than three months, it decreased by 21% and 11%, respectively. Ultrasound, which produces ultrasonic brushes, can be used to perform STR.mutans are able to break the carash-forming chains of bacteria, damage their bark and even break the method of fastening on the surface of tooth enamel at a distance of 5 mm from the carash. Careful attitude to tooth enamel and gums in both children and adults, simplicity and ease of use.

To study the effectiveness of using an electronic toothbrush, we have divided 1 and 2 treatment-prevention groups into subgroups A and B. In subgroup A of both groups, individual oral hygiene was performed using Manual brushes. Electronic toothbrushes (etch) were used in the B subgroup of children with chronic catarrhal gingivitis. Child segregation by subgroups is given [13.15.17.19.21.23.25].

Children with chronic cataraol gingivitg used anti-inflammatory toothpastes with chlorhexidine and triclozangan at both DPGS.

Chlorhexidine is a drug that acts on Gram-positive and Gram-negative microflora, facultative aerobes and anaerobes, as well as reduces bacteria that cause the formation of dental Carache in oral fluid by 80-90% and prevents the absorption of microorganisms on the enamel surface. It also has a prolonged effect on toothpaste, is able to maintain a long period on the enamel surface due to adsorption and allows children to get lost more and more in the oral cavity.

The second preparation, which is part of anti-inflammatory toothpaste, triclozan, effectively resists drojja fungi, gram-positive and Gram-negative bacteria, which are involved in the stage of formation of dental plaque. Triclozane in certain concentrations can have both bacteriostatic and bacteriocid effects. In an additional way, interdental means of oral hygiene were used, dental elixirs, extracts of medicinal plants.

Conclusion. Individual hygiene in the oral cavity, carried out using the rate of deposition of Manual and erythrocytes, took 2 weeks. At the beginning of the examination, the children took a Professional Hygiene Course in the oral cavity, which included hygiene lessons on the algorithm we developed. A comparison of the indexes studied 2 weeks after the use of Manual and etch is reflected.

It can be seen from the data that a reliable positive effect was observed when both types of toothbrushes were used, but the effect on all studied indicators when using erythrocyte deposition rates in subgroup "B" was significantly better, and higher reliability was lower compared to subgroup "A" and control group using Manual toothbrushes. At the same time, it can be said that both parodontal and hygiene indices are highly reliable improvements.

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