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Pathological Changes In The Microflora of the Oral Cavity in Children With Disabilities

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Relevance of his research. The development of the most effective methods of treating diseases of Parodont tissues, as well as its implementation in practice, has occupied one of the first places in the research of authors of scientists from Uzbekistan, Russia and abroad in the last decade.

The peculiarities of knowing etiological factors 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).

A report by the BST scientific team based on an examination of the population of 53 countries in the world has its 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 in youth, the presence of foci of chronic infection, chewing-a violation of the basic functions of the speech apparatus, a decrease in the quality of life in patients – is not a complete list of the consequences caused by periodont diseases, they make it possible to consider this pathology not only as a medical, but.

According to BST Reports, 80% of children suffer from gingivitis. Chronic catarrhal gingivitis is 35-85% among parodont disorders in children. The largest specific gravity corresponds to gingivitis of light to medium weight. Changes in the Parodont tissue are observed in 50% of children aged 7-8 years, with the prevalence of gingivitis increasing with age to sexual maturity, with 90% of children aged 12 years having gingivitis[1.3.5.7.8.9.11.13.15.17.19].

Scientists believe that gingivitis is often painless and can remain untreated for many years. As the inflammation progresses to within the parodont, gingivitis progresses to another nosological form, parodontitis. Chronic catarrhal gingivitis is considered not only an inflammation of the parodont, but also the quality of the body's response to the aggressive action of microbes present in the teeth, as a result of which a non-ichthytisated factor negative effect of its own character is formed, which leads to dysmetabolic damage to epitheliocytes and microtomyrs.

Modern conceptions of disease pathogenesis in Parodont tissues play a leading role in the parodontopathogenic microflora – infection-inflammation factor, which is primarily considered the cause of the formation of inflammatory processes in parodont tissues in adolescents and young adults. In children with a violation of microecology occurs in the oral cavity due to the excess growth of conditionally-pathogenic microflora and the formation of inflammatory processes. In the pathogenesis in children, a large role is played by the increase in the frequency of occurrence of the specific gravity

of conditionally-pathogenic microorganisms: Str. pneumouiae, St. Louis. aureus, Str. viridans, Klebsiella pneumoniae, Str. β-haemolyticus, Pseudomonas aeruginosa.An increase in the severity of the disease is observed with an increase in the likelihood of parodontopathogenic microorganisms in the gum pockets, above all in all patients with a severe form of intermedia, Bacteroides forsithus, Porphyromonas gingivalianication. With an increase in the clinical severity of the formation of an assumption of periodontopathogenic microorganisms occurs. In children, the formation and acceleration is observed with a violation of colonial resistance in the oral cavity. Violation of colonial resistance and inflammatory processes are the most important links in stkg pathogenesis that require correction [2.4.6.8.10.12.14.16.18].

Results and analyzes. Chronic catarrhal gingivitis is considered one of the most common periodont diseases in childhood. The results of numerous studies testify to health as well as the extremely negative effects of the chronic infectious inflammatory process in the soft tissues of the parodont in the accumulation of risk factors that in parallel lead to the transition of catarrhal gingivitis to a more severe and difficult corrective disease – diffuse parodontitis.

According to data in the literature, until full sexual maturity in children, the body's immune defense is now beginning to form, and the presence of many caries-foci of chronic infection in the teeth, low levels of hygiene in the oral cavity lead to the development of licking processes and the formation of gingivitis, which go into complex forms of periodontitis.

Effective treatment of gingivitis in childhood is a no-delay, superior measure to the recovery of the soft tissues of the parodont and subsequent prevention of the acceleration of the inflammatory-destructive process in the parodont in adulthood. To date, however, there is no optimal scheme of treatment, prevention and rehabilitation of patients with it, depending on their specificity in clinical manifestations of chronic catarrhal diffuse gingivitis, which is due to its versatility and etiological and pathogenetic mechanisms in its development. Taking into account all this, it is necessary to take into account as much as possible the most significant factors that lead to the formation of chronic forms of the disease in the development of treatment-prophylaxis and rehabilitation measures and strive to get a qualitative picture of the etiological and pathogenetic nature of the disease and, on the basis of this,

An extremely relevant practical aspect is the identification of leading bacteria that provoke the inflammatory process in the tissues of the gums of patients with chronic catarrhal gingivitis. In addition to leading etiological triggers of various clinical manifestations of the disease, as well as providing biosidality in the oral cavity in the first place, a large role belongs to the state of local immune microbiocenosis in the oral cavity [19.21.23.24].

Insufficient information of generally accepted clinical indicators in the expression of inflammation in the tissues of the gums prompted us to look for simple and popular methods for diagnosing and treating in children.

In this chapter, the peculiarities of the microbiocenosis of gum tissue in children with healthy Pathology were studied.

The quantitative and qualitative analysis of the microflora of the tooth-gum Wasp helped to establish their norm in healthy children in the control group. In healthy school-age children, it was observed that the total number of anaerobic and facultative group microbes is largely at the same level. It should be mentioned that the leading place in the facultative group of microbes belongs to staphylococci and streptococci. The Epidermal Staphylococcus and Streptococcus salivarius stamps form the largest group among the grammusbat coccus group. Grammanphium is low in flora and was mainly manifested by the Esherich, Proteus and Klebsiella.

Studies of the frequency of occurrence of microorganisms in the control group of children with limited capacity have shown that streptococci are superior in frequency of occurrence, thus Str.salivarius is in almost 100% of cases, second to Str.mutans 65%. Gram-negative microbes have

been found to be slightly less than one: escherichias were found in 15%, Proteus in 10%, Klebsiella in 3%, and Droid fungi in more than 17% of cases [17.18.20.22.24].

With the development of SCG diseases in the oral cavity of children with disabilities, the ratio of microflora changes slightly. In the mild form of SKG, there is a sufficiently reliable displacement of microorganisms in the facultative Group, a decrease in the amount of microflora of the anaerobic group. Str.against the background of a decrease in the amount of salivarius, Str.mutans kokk Flora has been found to grow. Some types of negative flora have a tendency to grow. This is especially noticeable in microbes belonging to Proteus. This species characterizes the growth of this microflora, predicts the possible development of decay processes.

Significant changes in the quantitative and qualitative types of oral microflora were found in the mid-to-severe presentation. A decrease in the amount of lactobacilli by almost 2 times was established, which testifies to a sharp shortage of anaerobic flora. It should also be mentioned that there is a significant increase in the formation of Gram-negative and Gram-negative flora. Studies of staphylococcal culture have found a decrease in the amount of epidermial staphylococci and the occurrence of tilla Staphylococcus in the amount of 3.97±0.15 Koe/ml, in fact, in the norm it should not be formed.

Conclusion. When observed in children, marked the growth of Escherichia, Proteus, and klibsiel strains in studies of the Gram-negative flora. In this group, it should be mentioned that the microflora of the Proteus has grown significantly, from 1.30±0.04 Koe/ml to 4.95±0.21 Koe/ml in the norm, from which the increase is occurring in order 3-4. Against this background, there was also an increase in fungi of the Candida type, which are able to call the development of candidiasis stomatitis when it accumulates in large quantities. The character of the frequency of occurrence of microorganisms in the Middle-heavy and heavy nightshade was as follows: the leading places were occupied by fungi of the tilla Staphylococcus and Sandida species and Proteus, respectively: 50%, 60% and 45%.

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