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Improving the Effectiveness of Treatment of Pulp Lesions in Patients with Chronic Periodontitis

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Abstract: Periodontitis is an inflammatory disease affecting the periodontal tissues. In dentistry, there is another disease with a similar name - periodontal disease. It is characterized by the same changes, but they develop without an accompanying inflammatory process. Periodontal tissues include the gums, blood vessels, ligaments, and bone. All these structures firmly fix the teeth and ensure their normal nutrition. With the development of the inflammatory process, these functions are disturbed, which leads to the appearance of specific symptoms. The main risk of periodontitis, like periodontal disease, is the development with subsequent loss of tooth mobility. Therefore, both diseases require early diagnosis and effective treatment.

Keywords: Classification and types of periodontitis, Acute and chronic periodontitis.

The acute course of the disease is characterized by the sudden appearance of severe symptoms that cause severe anxiety. Therefore, acute forms of periodontitis are considered relatively convenient, because patients often seek medical help.

Chronic periodontitis, on the other hand, is prone to a long asymptomatic course. Symptoms are mild and patients may ignore them. During the period of exacerbation of the disease, the clinical picture becomes more obvious, but not everyone meets with a dentist. At the same time, the disease continues to develop, so sooner or later such patients will still need medical care.

Local and general periodontitis

The degree of periodontal tissue damage can be different. If the inflammatory process spreads to one area of the jaw, they talk about local periodontitis. As a rule, in such cases, one or more nearby teeth are affected. Even with a long course, the local inflammatory process, as a rule, does not spread to neighboring teeth.

With general periodontitis, all periodontal tissues (or most of them) in the upper or lower jaw are affected. This form is very dangerous, because without proper treatment it can lead to the loss of most of the teeth. However, even if the patient seeks medical help in time, the problem cannot be solved quickly. Treatment of gum periodontitis in its general form is usually long-term and complex.

Levels of periodontitis

Depending on the severity of the disease, periodontitis is divided into 3 degrees or stages.

In mild cases, the general condition of the body remains unchanged. Local manifestations include periodontal pockets up to 3.5 mm deep, gingival inflammation, redness, and swelling. Pathological mobility of teeth is not detected.

Moderate periodontitis is characterized by an increase in the depth of periodontal pockets up to 5 mm, a decrease in the height of the interdental membrane, and the appearance of pathological tooth mobility. At this stage, the patient may experience dental impaction, gaps between teeth, traumatic occlusion and displacement of teeth. The general state of health also changes. Patients may complain of weakness, fatigue and poor appetite.

Manifestations with severe periodontitis reach a maximum level. The depth of periodontal pockets is 6 mm or more. Due to significant bone resorption, severe tooth mobility and fan-shaped divergence develop. Complications in the form of abscess also often develop, which affects the general condition.

The severity of periodontitis plays an important role in treatment planning, so it is always determined at the diagnostic stage.

Causes and risk factors of periodontitis

Localized periodontitis is limited to one or several teeth, so it develops under the influence of local unfavorable factors. These include: Periodontitis causes

incorrect occlusion;

mechanical damage to one or more teeth;

improperly installed seal;

improperly fitted or poorly manufactured prostheses.

Localized periodontitis is a common form, but it has a favorable course and rarely leads to the development of complications.

The generalized form, on the contrary, is less common, but more severe. The main reason for the development of periodontitis is poor oral hygiene. This helps to deposit plaque on the surface of the enamel and gums. This plaque is a favorable environment for the life of microorganisms living in the oral cavity. In such conditions, bacteria multiply actively and release toxins and other aggressive substances. The latter provokes an inflammatory reaction, which ultimately leads to the development of general periodontitis.

There are also a group of risk factors, the presence of which increases the likelihood of developing periodontitis. The most important of them is the lack of vitamins in the diet and accompanying endocrine diseases. It is known that vitamin C deficiency contributes to the development of inflammatory and destructive changes in the periodontium, increases the fragility of blood vessels and slows down the process of collagen synthesis. Vitamin A is involved in the epithelization of the gums, therefore, with its deficiency, the resistance of the mucous membrane to various irritants decreases, which increases the likelihood of complications.

If we talk about endocrine diseases, periodontitis often develops in patients with diabetes mellitus, diseases of the thyroid gland and gonads. These diseases themselves do not lead to the development of inflammation, but at the same time they create favorable conditions for the life of microorganisms and contribute to a decrease in the nutrition and blood supply of periodontal tissues.

The risk of developing periodontitis increases with pathology of the immune, digestive and circulatory systems. Therefore, patients with such diseases are at risk and need regular dental examinations.

Signs and symptoms of periodontitis

Mild periods of periodontitis are usually asymptomatic. The patient may experience moderate discomfort, slight bleeding gums and redness. These symptoms are often ignored and therefore are not a reason to seek medical help.

In the later stages, the symptoms of periodontitis become more obvious. These can be:

severe bleeding of the gums;

pain when pressing or eating;

bad smell that is difficult to get rid of with home treatment;

increase the spaces between the teeth;

significant tooth mobility;

discharge of pus from gum pockets;

increased sensitivity to hot and cold foods;

visual lengthening of the teeth due to the effect of the neck.

These signs may be combined with general symptoms that include fever, weakness, fatigue, and poor appetite.

If you experience any symptoms from your gums and teeth, you should see your dentist. Early stages of periodontitis respond well to treatment using conservative methods, while advanced forms require long-term, complex and expensive treatment.

Diagnosis of periodontitis

Diagnosis begins with a consultation with a general dentist or periodontist. The doctor examines the oral cavity and orders an additional examination, which may include the following methods:

X-ray of the jaws. This basic examination provides general information about the condition of the teeth and bone tissue.

Rheoparodontography. This method is used to determine the condition of periodontal tissue vessels.

Ultrasonic osteometry. The study shows bone density.

Shiller-Pisarev test. It involves staining the mucous membrane with a special solution that identifies the foci of inflammation.

Microbiological culture from the oral cavity. It allows to determine the composition of microorganisms and their sensitivity to antibacterial drugs.

Determination of periodontal index and bleeding index.

A comprehensive examination allows you to determine the degree of periodontitis, identify concomitant diseases and complications, and plan further treatment based on this information.

Treatment of periodontitis

Treatment of periodontitis It is necessary to carry out preparatory measures before treatment of periodontitis. These include removal of supragingival and subgingival deposits, as well as sanitation of the oral cavity. Removing soft plaque and tartar is a mandatory step, because in this case one of the main causes of periodontitis is eliminated. Professional hygiene methods are used for teeth cleaning - ultrasonic cleaning, Air flow cleaning, scaling, mechanical cleaning.

Hygiene of the oral cavity implies the elimination of all associated dental diseases. As a rule, most patients with periodontitis have caries and its complications - pulpitis. Correction is also carried out in the case of improperly installed fillings, deformations and fractures of prostheses. The main task of the preparatory stage is to create the most favorable conditions for healing. This, in turn, affects the effectiveness of treatment.

Anti-inflammatory therapy, splinting and surgical treatment are used to eliminate periodontitis symptoms and restore normal tooth anatomy.

Anti-inflammatory therapy for periodontitis

Anti-inflammatory drugs can be prescribed locally or systemically. Local treatment includes rinsing the mouth and periodontal pockets with antiseptic solutions and applying special gels to the gums. These procedures can be performed both in the dentist's office and at home. Common therapy includes prescribing pills, injections, or drops. The main groups of prescribed drugs are non-steroidal anti-inflammatory drugs and antibiotics.

Splinting for periodontitis

Splinting is used to eliminate tooth mobility and prevent the development of periodontitis. In this case, temporary and permanent methods of fixing teeth can be used.

Temporary spearing

Temporary splinting is used when there is severe mobility characteristic of severe forms of periodontitis. In this case, the goal of treatment is emergency fixation of teeth and prevention of their loss. Today, modern and aesthetic materials are used as temporary tires - composite and acrylic. They are fixed using adhesive compounds and hold the teeth firmly for several days. Temporary splinting does not require preparation and can be done in the shortest possible time. However, this design has a short service life. Therefore, temporary tires should be replaced with permanent tires in the future.

Permanent splinting

With permanent braces, you can fix your teeth for a long time. Such structures are installed after preparation, which consists in preparing (grinding) the teeth. Usually, the dentist creates a small depression on the inner surface of the tooth, into which a strongly reinforced thread is inserted and covered with a composite material. To increase the strength, you can use several threads laid in a special way (in several rows or in the figure of eight). The service life of permanent tires is on average several years.

Semi-permanent splinting

Another method is semi-permanent splinting. As a rule, it is used to fix front teeth. Structures can be removable or non-removable. Fixed splints are made of composite material and are attached to pre-prepared teeth with adhesive bonds. Removable dentures look like clip-on partial dentures. They are usually worn at night and used after surgery. Semi-permanent splints last from a few months to a year.

Surgical methods of treatment of periodontitis

Surgical treatment is used to eliminate infected periodontal pockets that remain after conservative treatment. Usually, this condition occurs with deep pockets, intraosseous defects and other complications. Another group of surgical treatment methods allows to get rid of gum and bone tissue defects. Three main methods are used to achieve these goals:

Closed curettage. With this treatment, it is possible to remove granulation tissue from periodontal pockets and clean the oral cavity from subgingival deposits. Closed curettage involves mechanical curettage without incisions. Among the disadvantages of this treatment is the lack of visual control. Therefore, closed curettage is not used for deep periodontal pockets due to low efficiency.

Open curettage. Unlike the previous method, it is performed by separating the gums, which can significantly increase the effectiveness of the intervention. First, incisions are made in the mucosa, which allow the gums to be cleaned, and the granulations and dental deposits in the periodontal pockets are removed under visual control. If there are bone tissue defects, they can be eliminated in one step, which is an important advantage. However, open curettage is a more traumatic operation and has more contraindications.

Flap operations. As the name suggests, their essence is to form a cover from the gums. This allows access to the underlying bony tissue and neck of the tooth. Depending on the characteristics of periodontitis, the dentist can perform bone grafting, removal of areas of non-viable mucosa, and grinding of roots.

After surgical treatment, the patient needs postoperative care, which includes rinsing the mouth with an antiseptic, anti-inflammatory treatment and, in some cases, prophylaxis with antibiotics. To consolidate the results of treatment, it is important to give up bad habits and eat properly. An individual list of recommendations that must be strictly followed is made for each patient.

Prevention of periodontitis

Prevention of periodontitis in children and adults is based on eliminating the causes that lead to the development of this disease. The most important point is regular and correct oral hygiene. For this purpose, regular cleaning of the teeth with a toothbrush is not enough. To effectively remove hard and soft dental remains, you need to use dental floss, special brushes and an irrigator. You should also visit the dentist at least twice a year and follow professional oral hygiene.

When the first signs of gingivitis or any other dental disease appear, you should immediately seek qualified medical help and do not self-medicate.

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