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Indicators of The Spread of Chronic Granular Periodontitis

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Annotation. Currently, inflammatory diseases of the dental pulp and periodontal tissues remain the most common complications of dental caries. Most often, the indication for tooth extraction is chronic inflammatory processes that occur in the periapical tissues. Chronic granulating periodontitis and chronic granulomatous periodontitis, despite the successes achieved in improving existing methods of conservative treatment, still remain difficult to control pathological processes of the jaw bones, often leading to extensive purulent-inflammatory complications. Periodontitis is a fairly common pathology, often requiring additional treatment, and often tooth extraction. First of all, it is necessary to note the significant prevalence of this pathology. According to the conducted statistical reports, the incidence of inflammatory diseases of the pulp and periodontal is 40% of the total attendance.

Keywords: inflammatory diseases, statistical reports, despite the successes, fairly common pathology

Introduction

In terms of absolute figures, in 2010 there were 22.8 million complaints about complicated caries. Considering that at the age of 35-45, most patients already have 4-5 extracted teeth, most of which are due to inflammatory processes in periodontal tissues, the urgency of this problem becomes clear. It should be added to the above that teeth with inflammatory processes in the periodontium often cause the most severe odontogenic inflammatory processes, including acute odontogenic sepsis, intracranial inflammatory processes, odontogenic mediasthenitis, autoimmune diseases of the heart, kidneys, joints. Some authors are convinced that in 98-99% of cases, periodontitis is the root cause of extensive phlegmon of the maxillofacial region, which pose a serious threat to the health and life of the patient. The exceptional importance of this problem is also indicated by the fact that teeth with necrotic pulp, with a focus of inflammation in the apical part of the root, are foci of chronic infection and are capable of causing all kinds of foci-conditioned diseases - these are pathological conditions of organs and body systems, the origin of which is associated with a certain localized focus. Among them, chronic periodontitis is in the first place in the oral cavity (excluding chronic tonsillitis). Even the small size of periapical foci plays a serious role in the pathogenesis of such severe chronic diseases as endocarditis and nephritis. Diseases caused by complications of dental caries account for 25% to 41% of the adult population in the "KPU". Pulpitis is a fairly common pathological process and accounts for about 54% of the structure of dental diseases in patients under 45 years of age, and the inflammatory process in periodontitis in more than 50% of cases is the reason for tooth extraction in the age group of patients over 45 years of age. Such a high prevalence of inflammatory diseases of periodontal tissues is directly related to the low effectiveness of existing methods of conservative treatment of pulpitis and periodontitis at new stages of dental development.

According to many researchers, it is noted that it is extremely difficult to achieve maximum anti-inflammatory results from the use of antiseptics and antibiotics when acting on the microbial landscape of

the root canal. Scientific studies have proven that the sensitivity of odontogenic microbial flora to penicillin and streptomycin was not detected in 33-52% of cases. It should be said that in recent years, a decrease in the sensitivity of microorganisms to the action of various antiseptics and broad-spectrum antibiotics has been especially often noted. There are various explanations for this fact. Observations show that cases of reduced sensitivity of microflora to antibiotics are more common in people who have previously taken these drugs for a long time for any medical reasons. A number of researchers attribute this to the fact that microorganisms adapt to antibiotics, which can be inherited in a number of generations. Reducing the sensitivity of root canal dentin microorganisms to antibiotics and antiseptics directly depends on the effectiveness of conservative therapy of chronic periodontitis using these medications. In modern therapeutic dentistry, a large number of new treatment methods have appeared, in particular ultrasound therapies for dental diseases, which made it possible to obtain the maximum bactericidal effect from ultrasound treatment of root canals, which is especially important in the treatment of chronic granulating periodontitis, when the effect of traditional antibacterial and antiseptic measures is not high.

Destructive forms (granulating, granulomatous, cystogranulomas) prevail among HAPS. The prevalence of destructive forms of chronic periodontitis in the structure of periodontal diseases ranges from 9% to 21%. The causes of HAP can be infectious, traumatic and medicinal in nature. Traumatic AP is the result of damage to the tooth: bruises, microtrauma, fractures, damage as a result of excessive load on the tooth, etc., which leads to the destruction of the periodontium and the dental bed with the subsequent development of inflammation. Drug-induced AP can develop as a result of ingestion of aggressive substances into periodontal tissues, devitalizing drugs, antiseptics, formalin, ethylenediaminetetraacetic acid (EDTA), etc. This causes the development of the periarticular inflammatory process. Traumatic and drug-induced AP are quite often complicated by the addition of pathogenic microflora and, accordingly, turn into infectious AP. Infectious AP is often a complication of pulpitis, as a result of which pathogenic microflora penetrates through the apical opening into the periodontal ligament tissue and forms an inflammation zone around the tip of the tooth root. Periodontal damage during endodontic treatment is also important - the infected contents of the root canal get behind the tip of the root. It should be noted that, depending on the path of penetration of infectious agents, AP is divided into intradental and extradental. Extradental AP develops as a result of the transition of the inflammatory process from the surrounding tissues in sinusitis, osteomyelitis, etc. The occurrence, severity of the course and effectiveness of treatment are influenced by risk factors for the development of HAP: the state of the body's immunoreactivity, sensitization of periodontal tissues, violation of local immunity, structural features of the CCM and a number of social factors. The general condition of the patient has a significant effect on the course and outcome of the inflammatory process in the oral cavity and in the periapical tissues. It has been shown that dysmicroelementosis, especially disorders in iron metabolism, significantly aggravates the course and worsens the prognosis in patients with HAP. The development of periodontitis can also be facilitated by common diseases: metabolic disorders, pathology of the endocrine system, especially diabetes mellitus, chronic diseases of the gastrointestinal tract, chronic pathology of the bronchopulmonary system. Sometimes the cause of the development of chronic periodontitis may be a fairly common malformation of the hard tissues of the tooth in the lateral incisors of the upper jaw - dens invaginatus (dens in dente). Dens invaginatus (dens in dente) is considered as one of the most common malformations of teeth, which occurs in 0.5 - 10% of cases. Chronic periapical foci of odontogenic infection are observed in men, which is probably due to the peculiarities of oral hygiene and rare access to the dentist. Among the causes of periodontal inflammation, a significant place is given to microorganisms and their toxins entering the periodontium from the root canal. HAP can be asymptomatic, which creates conditions for the long-term existence of pathogenic microflora, that is, a focus of latent infection that has a sensitizing effect on the patient's body. The outcome depends on the pathogenicity of microorganisms in

the focus of infection, the duration of the existence of this focus and the immunoreactivity of the body. The problem of HAP remains relevant, since a long-term inflammatory process in the periapical tissues is often the cause of odontogenic purulent-necrotic processes in the maxillofacial region, the formation of foci of chronic infection, loss of permanent teeth, as a result - the immunosuppressive state of the patient, a decrease in social adaptation and quality of life. Studies conducted by J. Petersen and co-authors have revealed that HAP, without appropriate effective treatment, contributes to atherosclerotic vascular damage and is a risk factor for coronary heart disease. Despite the successes achieved, the problem of the effectiveness of treatment of HAP is one of the most urgent in modern dentistry. Often, after endodontic treatment of permanent teeth, they are removed, since it is not possible to stop the inflammatory process and complications may develop - the formation of fistulas, cysts, slow regeneration of bone tissue in the periapical region. All this confirms the insufficient effectiveness of the available methods of treatment of periodontitis: satisfactory results of conservative treatment of AP are observed only in 61.1 - 74% of cases. Exacerbation of HAP can lead to the development of abscesses and phlegmon, and this is already a serious threat to the patient's life. The failures of treatment of HAP in the elderly account for about 70%. This is the reason for the removal of up to 80% of teeth, molar roots and is accompanied by the development of a number of deformities of teeth, dentition and occlusion. The above justifies the ongoing search for effective methods of diagnosis and treatment of AP, which would, on the one hand, be aimed at maximum preservation of the tooth, and on the other - at the radical elimination of the source of infection.
Chronic granulating periodontitis. Pathological anatomy. The microscopic picture of this form of chronic periodontitis in the apical part of the tooth root shows significant thickening, swelling and hyperemia of the root sheath. In the area of the affected area, the surface of periodontal tissues is uneven and represents an overgrowth of sluggish granulations. Microscopic examination of the tissues of the periapical region revealed an overgrowth of granulations in the apical part of the root. The number of granulations gradually increases and spreads to the adjacent parts of the periodontium and the bone wall of the alveoli. The increase in the size of this lesion is accompanied by resorption of bone tissue around the inflammation site and gradual replacement of bone tissue with granulation. At the same time, resorption of dentin and root cement sites is observed. On the periphery of the inflammatory focus, in some of its areas, there is a neoplasm of bone tissue. Often, in the central part of the periapical focus, especially with an exacerbation of the inflammatory process, separate foci of purulent melting of granulation tissue appear. As a result of periodic exacerbations, the granulating focus in inflamed periodontal tissues gradually moves to new areas of the dental alveoli, mainly spreading towards the vestibule of the mouth, which in some cases leads to the appearance of usures in the compact plate of the bone of the alveolar process. The outflow of purulent exudate and the germination of granulations contribute to the further appearance of a fistulous course. It happens that the granulating lesion gradually spreads into the adjacent soft tissues and forms a subcostal, submucosal or subcutaneous granuloma. After opening them, fistulas remain, including on the skin of the face.
Chronic granulating periodontitis is the most unfavorable form of chronic periodontitis and shows a very diverse clinical picture. Complaints with this type of periodontitis are different. Most often, patients complain of pain that occurs when eating solid food, in some cases, the pain increases with pressure on the tooth. In chronic granulating periodontitis, exacerbations of varying intensity are often noted. The activity of the inflammatory process is manifested by periodic pains that occur in the tooth when pressing on it or when biting.

Conclusion. On the mucous membrane that covers the alveolar process in the area of the apical part of the root with a granulating focus in the periodontium, there is usually a slight hyperemia and swelling, when pressed with tweezers or a probe on the gum, an instrument imprint appears on it. When adjacent soft tissues are involved in the pathological process, a fistula appears on the mucous membrane, which is located more often in the projection area of the apical opening of the affected tooth in the form of a

pinhole or a small area of bulging granulations. During remission, the fistula may close for some time, but during the next exacerbation, hyperemia and swelling of the mucous membrane are observed at the site of the former fistula, a small accumulation of purulent exudate forms, which later pours into the oral cavity. As a result of successful treatment of chronic granulating periodontitis, a small scar remains in place of the healed fistula. When a granulating lesion sprouts from the periodontium under the periosteum and into the soft tissues surrounding the jaw submucosa and subcutaneous tissue, odontogenic granuloma occurs.

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