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Clinical and Morphological Substantiation of the Diagnosis of Chronic Disseminated Periodontitis in Chronic Viral Hepatitis B and C

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Abstract: The diagnostic paradigm of chronic disseminated periodontitis in patients with underlying systemic conditions requires comprehensive understanding of both local and systemic pathophysiological processes. Chronic viral hepatitis B and C infections represent significant immunomodulatory conditions that substantially influence the clinical presentation, progression, and morphological characteristics of periodontal disease, necessitating refined diagnostic approaches that account for these complex interactions.

Keywords: Chronic viral hepatitis B and C, periodontal diseases, chronic generalized periodontitis, chronic gingivitis.

Introduction. Parenteral infection of viral hepatitis (VH) pathogens is one of the most serious and urgent problems of science and practical healthcare. Currently, at least 9 types of human VH are known (A, B, C, D, E, G, F, TT), they Particular attention is paid to parenteral viral hepatitis with liver cirrhosis characterized by chronic forms. and hepatocellular carcinoma. Currently more than 350 million people are carriers of this infection, and every year 2 million a close person dies from diseases associated with hepatitis. Chronic hepatitis is a systemic disease affecting the oral cavity with high frequency pathology [8]. Spectrum of extrahepatic pathologies in chronic hepatitis damage to the glands and oral mucosa [4]. Along with this, various development of inflammatory periodontal diseases in chronic hepatitis of etiology information on the frequency and mechanisms of formation of joint diseases characteristics, treatment effectiveness are low and contradictory [3,4]. This determines. Clinical signs of periodontal diseases in patients with hepatitis B and C relevance of studying diagnostic criteria. Development of inflammatory periodontal diseases in the oral cavity and in general is closely related to the disruption of body immunity protection [8], therefore, by analyzing the composition of cytokines assessment is important in both cases, in the development of methods for treating gingivitis and periodontitis against the background of chronic diseases. Hepatitis Apoptosis and proliferation of gingival epithelial cells. Diagnostic and prognostic significance of chronic diseases of various etiologies there is no information in hepatitis. For the treatment of inflammatory periodontal diseases against the background of chronic hepatitis universal pathogenetic approaches to liver and periodontal damage It is clear that it should be built taking into account the mechanisms. Ursodeoxycholic acid (UDCA) in patients with chronic hepatitis the effectiveness of its use in the complex treatment of inflammatory periodontal diseases The study appears promising, it has a very large effect, among them is cytoprotective, antiapoptotic, immunomodulatory effects have been proven [1,3].

The purpose of this study is to study periodontal diseases in chronic hepatitis B and C substantiation of the clinical and morphological state of tissues.

Materials and research methods. Clinical and morphological features of periodontal tissues periodontal diseases against the background of chronic hepatitis B and C. 35 people - main group, as well as 20 people without somatic pathology a deep periodontal examination was conducted on the patient. They are accepted as a comparison group was done. Diagnostics of Periodontal Diseases of the All-Union Society of Dentists on the terminology and classification of periodontal diseases, approved

by the Plenum of the Oliy Majlis of the Republic of Uzbekistan (1983), of the Republic of Uzbekistan "On Education." Comprehensive clinical examination of periodontal tissues for patients and a radiological examination was conducted.

Changes in the color of the gingival mucosa, degree of gingival bleeding. Index assessment of the condition of periodontal tissues has also been simplified. Green-Vermilion hygiene index . X-ray examination of the dentoalveolar system of certain groups of teeth and intraoral contact images of orthopantomography, bone density assessment (densitometry) in Prology densitometrida (USA) dikromatic x-ray absorption biometry was performed.

Results and discussion. At the first stage of the study, we studied viral and dental examination of patients with chronic hepatitis of unknown etiology We studied the situation. Extrahepatic manifestations of chronic hepatitis % were diagnosed with chronic HCV hepatitis (26.9%), steatogepatitis (7.4%), relatively significantly more ($p<0.05$). Dental extrahepatic manifestations of chronic HCV infection

Xerostomy within the framework of Sjögren's syndrome was diagnosed in 7.7% of patients is expressed by. Xerostomy had complications of cheilitis (7.7%), glossitis (5.8%), stomatitis (5.8%). Shegren syndrome is accompanied by general severe periodontitis. Chronic HCV hepatitis 78.8% and 61.1% of patients with chronic steatohepatitis. Chronic clinical and instrumental analysis of the condition of periodontal tissues clinical course and severity of periodontal damage in hepatitis with the etiology of damage and the degree of clinical and laboratory activity. Inflammatory periodontal diseases are more severe. Against the background of chronic active hepatitis of viral or alcoholic etiology, pronounced cytolysis is observed chronic generalization of moderate severity (46.2-50%) in most patients development of periodontitis, less frequently mild (26.8-27.8%), general periodontitis is characterized by severe (13.5-16.5%) and chronic general catarrhal gingivitis (13.5-5.5%). Chronic non-alcoholic steatogepatitis most often mild chronic periodontitis (52.8%), less common common moderate periodontitis (22.2%), chronic common catarrhal gingivitis (16.7%) or severe periodontitis (8.3%). Probably, chronic hepatitis of viral and alcoholic etiology against the background of periodontal development of more severe forms of the disease chronic HCV infection and ethyl is associated with an immunosuppressive effect characteristic of alcohol [6,7]. Toxic ethanol damage to the periodontium in conditions of impaired liver function due to its effect is not done. Between the severity of inflammatory periodontal diseases and the activity of hepatitis.The connection is established. Periodontal with high activity of the pathological process in the liver damage signs are more pronounced than low activity [1]. Cholestatic syndrome is a more pronounced change in the periodontium and tooth is accompanied by the destruction of the bones of alveolar processes. Chronic hepatitis and external skeleton in cholestasis in patients with inflammatory diseases of the periodontium and the degree of systemic decrease in bone mineral density of the peripheral skeleton (osteoporosis and osteopenia) with the severity of the clinical condition of the periodontium and the degree of resorption alveolar processes ($r = 0.683$) [4]. Chronic periodontitis in the study of cell renewal processes gingival epithelium with moderate apoptosis, unlike gingivitis is characterized by the predominance of proliferative activity of cells. Chronic gingivitis significant changes in the proliferation and apoptosis of gingival epitheliocytes was not observed [5]. Gingival compared to steatohepatitis (I K1 67-351.5±1) in chronic HCV hepatitis. Proliferation and apoptosis of epithelial cells (I Shch-b7 -38.0 ± 1.7%, Iapopt -0.72 + 0.06) more pronounced changes are observed. Iapopt -0.71±0.05, $p<0.05$). Undoubtedly these changes occur in the periodontium, which is more severe against the background of viral liver damage is determined by the nature of inflammatory-destructive changes. At the second stage of our study, chronic hepatitis against the background of chronic hepatitis generalize the pathological process in the liver and gums in patients with periodontitis are divided into two groups of equal age.Proliferative activity of gingival epitheliocytes in inflammatory periodontal diseases activity and apoptotic death of local regulatory mechanisms, primarily, it is based on the disruption of cytokine homeostasis. The study of the content of cytokines in the oral fluid showed that gingivitis in oral fluid (IL-f, INFU) and anti-inflammatory mediators (RAIL, IL-10) increase.), this is cellular and humoral immunity between populations of immunocompetent cells reflects the

maintenance of equilibrium and simultaneously leads to the development of inflammatory processes shows the activation of recovery mechanisms [6]. Chronic periodontitis with immunosuppressive properties (IL-10) and IL-1 local cytokine balance with a predominance of a high-concentration mediator is described by. It should be noted that the concentration of IL-hyp in periodontitis has exceeded the increase in RAIL levels, which is undoubtedly associated with periodontal disease is of great importance in the development of the country. Increase in the amount of the studied cytokines in the oral fluid severity of periodontitis (gyl-ip ~ 0.633, ril = 0.518, hil_yu = 0.582), periodontal depth of pockets (hyl-ip - 0.558), associated with the PMA index (hyl-1p = 0.620), PI index (hil-ip =0.593) and tooth milk bleeding rate (hil.10 = 0.604). That's it changes in the concentration of IL-lp, RAIL and IL-10 in the oral fluid can be considered a criterion for the severity of chronic periodontitis. Therefore, dental caries is an important factor in the morphogenesis of chronic periodontitis. disruption of mucosal epitheliocyte proliferation and apoptosis processes against the background of disrupted local cytokine regulation, of the gingival epithelium cellular renewal processes shift towards proliferation. chronic periodontitis. A recurrent inflammatory-destructive process occurs.

Conclusion. Clinical picture according to the index indicators in the dynamics of the diseaseassessment was conducted in the 1st group on days 15-16 from the start of therapy, periodontal almost all indicators reflecting the severity of the pathology are significant. compared to the group with traditional therapy methods. Side effects of the use of cycloferon liniment in patients of group 1 not observed, the preparation is well-reviewed. Clinical examination of patients for 6 months allows us to say this exacerbation of periodontitis was observed in 12% of cases in the 1st group, and in 48% in the 2nd.

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