

Modern Interpretations of the Mechanisms of Development of Pathological Processes in Periodont Tissue

Islomov Timurbek Botir o'g'li., Atoeva Maqsad Amanovna

Bukhara State Medical Institute Named After Abu Ali Ibn Sino. Bukhara, Uzbekistan

e-mail: [maqsad atoeva@bsmi.uz](mailto:maqsad.atoeva@bsmi.uz)

Relevance of the study. Among Parodont diseases, the most common form of pathology is inflammatory pathologies. Periodontal disease is a periodontal chronic inflammatory disease, the advanced form of which is characterized by the loss of periodontal ligaments and the destruction of the surrounding alveolar bone. This is the main cause of tooth loss and one of the biggest threats to oral health. It is estimated that approximately 800 species of bacteria have been identified in the oral cavity and that the host response altered by complex interactions of bacterial infection and behavioral factors such as smoking can lead to periodontal disease. The purpose of the review is two types: in different populations, it is important to assess the prevalence of periodontal disease, risk factors and its relationship to systemic diseases.

The purpose of the study. it consists in studying the mechanisms of development of pathological processes in the tissues of the periodont. Has been associated with discussing strategies and measures to prevent and control periodontal disease. Periodontal disease is the most common disease of the oral cavity in humans, which is observed with licking. The prevalence of periodontal disease and incidence statistics vary due to inaccuracies, misclassification of cases, number of teeth, and areas examined. According to the 2007-2009 Canadian health measures survey, measuring the loss of periodontal ligament attachment is the gold standard in reporting the prevalence of periodontal disease. In young patients, it can be assumed that triggers with a local effect (traumatic occlusion, dense location of teeth and other anomalies associated with their condition, teeth and tooth rows, The Shape of the bite, local injury factors) do not have a direct damaging effect on the tissues of the periodont, but, at the expense of a deterioration in the quality of hygiene in The World Health Organization (who) created the global oral health data bank using the general periodontal index (KPI). 9 this global oral health data has been collected from major epidemiological studies in different countries to show the prevalence of periodontal disease in adolescents, adults and elderly people. The KPI index has a score of 0 to 4, describing the periodontal status of population-level individuals. KPI score 0 indicates that there is no periodontal disease; 1 score indicates milk bleeding in the probe; 2 points indicate the presence of stones and bleeding; 3 points indicate shallow periodontal pockets up to 4-5 mm; 4 points represent deep periodontal pockets 6 mm or higher. Similarly, estimates are found in 14-47% of the adult population in developed countries and 36-63% in developing countries. However, in developed countries, there is a higher percentage of people with periodontal pockets of 4-5 mm. A large proportion of older people (ages 65-74) have periodontal pockets of 6 mm or higher compared to adult populations in developed and developing countries. In general, periodontal disease affects about 20-50% of the world's population. A number of factors increase the risk of periodontal disease. These risk factors, which can and cannot be altered, help to increase the clinical significance of periodontal disease.

In the data of a number of literary sources, several factors such as the invasion of periodontopathogenic microorganisms into the parodont tissue in the development of the disease, quantitative parameters of cytokines, matrix metalloproteinase, low concentration of various interleukins in the oral fluid, vascular endothelial dysfunction have been studied, in the analysis or interaction

(Usmanova Sh.R., 2018; Abdullaev D.Sh., 2019; Usmanov P.R., 2022). In separate scientific observations, it is noted that a violation of the parodont trophic level associated with a deterioration in the functional and organic nature of microcirculation has an important place, and in such cases, one of the important aspects in treatment is the need to combat tissue hypoxia (Gerez V.S., 2011). hypoxia that occurs in tissues has been noted to activate free radical oxidation processes. With age, destructive processes have been demonstrated in periodont tissue as a result of weakened antioxidant defenses and increased peroxide oxidation levels of cell membrane phospholipids (Clemetti E. et al., 2005). Today, it is established that a low level of individual hygiene in the oral cavity is considered one of the main reasons for the appearance and development of chronic inflammatory diseases in the tissues of parodont. In our country, research is actively conducted in foreign countries, aimed at studying the etiology and treatment of periodontitis (Fuks E.I. and hammual., 2013; Alimsky S.S. and hammual., 2014; Bulyakov R.T. and hammual., 2014; Gaffarov S.A. and hammual., 2017; Kovalevsky A.M., Kovalevsky V.A., 2017; Wolf H.F, 2018). Cardiovascular pathologies, and oral hygiene effects, the relationship between reduced pumping function of the myocardium, which is formed in the body, the formation of destructive processes in bone tissue, a decrease in local and general protective factors, an increase in bacterial invasion and pathological changes in the parodont remain insufficiently studied. It is known that the formation of parodont tissue inflammatory diseases is due not only to unsatisfactory oral hygiene, but also to the violation of the general circulation and metabolism in the body (Bulkina N.V., 2010; Grudyanov A.I. and hammual., 2014; Tsepov L.M. and hammual., 2018; Navruzova U.O., 2019). The effect of cardiovascular diseases on the formation of periodontitis is one of the problems under intensive study. Such pathologies include bacterial invasion, body protective properties, circulatory reparative processes, and metabolism in parodont tissue, co-covering the etiopathogenesis of parodont diseases (Spahr A. et al., 2006; Yalchin F., 2013; Dietrich T. et al., 2013).

Smoking is one of the most important risk factors for periodontitis, and the decrease in the prevalence of periodontal diseases is associated with a decrease in smoking levels. The negative effects of smoking cigarettes, cigarettes, cannabis and pipes on periodontal tissues are similar. Smokers are 3 times more susceptible to the severe form of periodontal disease than non-smokers. Smokers significantly increase the loss of alveolar bone compared to non-smokers, and tooth loss is more common, and they have poor results in all forms of periodontal treatment. Axelsson et al. Conducted a promising study lasting 15 years and did not detect further deterioration of the periodontal structure among subjects who adhered to proper oral hygiene and engaged in regular professional dental care.

Conclusion. Improper oral hygiene is associated with periodontal disease, and proper cleaning of teeth and lack of other measures for oral hygiene contribute to the accumulation of bacterial sediment and dental plaque in the gums and gums, which can provide the basis for inflammatory changes in the periodont tissue.

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