

MODERN TREATMENTS FOR PERIODONTITIS

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Annotation. Periodontitis, a severe gum infection that compromises the soft tissue and bone supporting teeth, necessitates advanced treatment strategies to prevent tooth loss and other health complications. Modern treatments for periodontitis encompass non-surgical and surgical approaches, along with adjunctive therapies and lifestyle modifications. Non-surgical methods, including scaling and root planing, and the use of topical and oral antibiotics, aim to control infection and promote healing. Surgical interventions such as flap surgery, bone and tissue grafts, guided tissue regeneration, and tissue-stimulating proteins are employed to repair and regenerate damaged structures. Innovative treatments like laser therapy (LANAP) and photodynamic therapy offer minimally invasive options with promising results. Host modulation therapy and the use of probiotics are emerging as supportive treatments to enhance the body's response to periodontal therapy. Additionally, maintaining good oral hygiene, regular dental visits, smoking cessation, and a supportive diet are essential for long-term management and prevention. Combining these treatments based on individual patient needs ensures optimal outcomes in the management of periodontitis.

Keywords: Periodontitis, treatment, scaling, root planing, laser therapy, bone grafts, antibiotics

Relevance of the study: Despite the fact that the drugs used in the treatment of patients with periodontitis have a wide range of effects, the identification of the most effective and safe means, as well as the search for ways to use them together, are considered one of the important problems. Of particular importance is the improvement of the effectiveness of the treatment of patients with periodontitis, the improvement of the quality of diagnosis and treatment of dental diseases, and the development of a new modern approach to practice.

Of particular importance in this regard is the reduction of its complication by the complex treatment of inflammatory diseases of the parodont and patients with surinkal hypertrophic gingivitis, taking into account the etiology of the origin of this disease. The treatment of paradontitis began several years ago and remains one of the biggest problems to date. The treatment of periodontitis can also be accompanied by various errors and complications resulting from poor physician attention or knowledge. In the treatment of patients with periodontitis, errors and complications can also occur in diagnosis, comparative diagnosis, and the pain that occurs in patients with acute periodontitis, in particular in acute general (Total) periodontitis, is similar to the pain that occurs in patients with similar General pulpitis, but when carefully observed they differ from each other in the occurrence, development, as well, chronic granulated periodontitis can be reduced by alternating neglect. To do this, it is necessary to know well the Radiological changes. To treat periodontitis, it is necessary to clean the dental caries bucket (or sealant, or sealant residues)with boron, treat it in the form of amputation and treat it to the entrance to the canal(s). As a result of thinning in this process, or as a result of neglect by the doctor, part of the wall of the tooth socket can break and fall into the oral cavity, into the airway or gastrointestinal tract.

Results and analysis: Various complications of periodontitis and the resulting body diseases, the negative results they bring, are the problems of today's dentistry Ham in kolmok. Surgical intervention of patients with periodontitis is used only in one case: in the case of hypertrophic gingivitis or fibromatosis of the gums, to remove overgrown tissue at the edges of the gums. To carry out such a complex work as

the treatment of periodontitis, I.G. In the phrase of lukomsky, it is necessary to influence three places:

- 1-to the infected macrocanal,
- 2-to small microchannels with infection,
- 3-exposure to inflamed parodont tissue is mandatory.

Every one of the three objects, since it has its own physical and biological properties, it is a difficult task to find only one that affects three objects at a time. Methods of treating periodontitis: in order to increase the activity of trophic processes in the structures of the gums, many physical and pharmacological agents, additional surgical interventions (in particular, the formation of a corridor from under the surface of the bone and its filling with tissue connections) have been recommended. Parodontitis parodont bone will depend on the character of the damaged bone destruction and The Shape of the bone pockets. If the bone defect is bounded on three sides by the alveolar bone and on one side by the root surface, they are called four-walled defects. If two walls of the pocket consist of an alveolar bone and one of the root surface, these are three-walled defects. The treatment of three-and four-walled defects is the most successful. If two-walled defects are present, the inter-root Junction area is exposed (bi-, trifurcations), and vertical destruction foci are observed in conjunction with uniform horizontal absorption of bone, then the task of the surgeon is complicated. On top of that, when clinical changes are the same and in adequate opera, its effectiveness varies in different people. It is on the reasons mentioned that it will be difficult to apply the only method not only in different patients, but also in different areas of parodont in one patient. Therefore, scientists and practicing doctors are obliged to constantly make changes to the basic methods. Applications of osteoplastic materials from these method forms are effective, such as directed regeneration of parodont tissue using membranes, as well as chemève treatment of tooth roots. The Doctor, Who Wants to apply therapeutic conservative treatments, is faced with the following specific tasks: exposure to infection in large and small channels, loss of biogens formed from inflammation and inflammation in the periodont; employment of components in the periodont tissue that act as regeneration, desensitization to the body. Conservative treatments can be used to treat chronic, recurrent chronic periodonts, cystagranulomas (up to 2mm) on single and multi-root teeth. When taking action on the foci of infection in the canal, the channels should be completely filled as much as possible, finishing with the transfer of fillers from the root end into the granuloma as necessary. Once the treatment has been treated, it is necessary to carry out Control X-ray examinations. At the same time, it is assumed to apply pedagogical technologies for the formation of independent thinking of students, to perform practical skills step by step. In our scientific research work, we have used the following methods to treat patients with periodontitis.

Depending on the ongoing therapeutic and preventive measures, all patients are divided into 2 groups:

Group 1 patients (n=64) were conventionally treated, receiving homeopathic and local vacuum massage.

- 1) the oral cavity was treated with an antiseptic, and between the teeth was treated with an antiseptic with 0.5% chlorophyllipt spray.
- 2) local appliqué with Desensitin spray was painless.
- 3) antimicrobial, local anti-inflammatory and anti-tumor therapy was carried out with the help of a Cholisal gel, administered between the teeth in the form of an ointment.
- 4) in the treatment of patients with periodontitis, a vacuum massage was performed after inflammation in the gums and swelling left. Vacuum massage therapy was carried out using a cap –"Parodontologist" apparatus using an alternating glass-tip manipulator. The working tip is fixed from the area of the passing fold to the gums and held in the same place until the hematoma is formed, lasting 1.5-2 minutes, during one session, 4-6 hematomas are formed in different areas of the gums.

Group 2 patients (n=12) have a change in the parodont tissue patients in the bulgan control group only traditionally treated;

- 1) the oral cavity was treated with an antiseptic and between the teeth were treated with 1% hydrogen

peroxide solution, 0.06% chlorhexidine solution, 0.02% furacilin solutions.

2) local application with 0.5% Novacaine solution was painless.

3) antimicrobial, metrogil Denta remedy was applied between the teeth in the form of an ointment.

In addition, local periodontopathogenic factors have been eliminated in all patients: carious cavity filling, poor-quality filling replacement, creation of interdental contacts; elimination of wound nodes and superconductors in order to form many smooth contacts between tooth rows and eliminate functional load on the tissues of the periodont. Functional selective sharpening has eliminated inflammation in the tissues of the parodont.

Conclusion. Also, all patients eliminated local periodontopathogenic factors: filling caries cavities, replacing low-quality fillings, creating interdental contacts; creating several identical contacts between teeth, and eliminating traumatic nodes and superconductors to eliminate functional overload of periodontal tissues. Functional selective grinding eliminated inflammation in the periodontal tissues.

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