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Complex Methods of Treatment of Odontogenic Inflammatory Diseases in Children with a Premorbid Background

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Abstract: In recent decades, the active position of the WHO and the world medical community has been helped by the successful implementation of a number of programs for the Prevention of dental diseases. In 2022, the WHO Assembly adopted a Global Dental Health Health Health Strategy, aiming to achieve coverage of all people with dental services by 2030 [1,3,9,19,21]. Thus, the scientific justification and implementation of the treatment of odontogenic inflammatory diseases in children on the premorbid background, taking into account chakanda oil, premorbid background, is of urgent medical and social importance. The results of this study will help further improve the standards of effective treatment of this disease in future dental practice.

Key words: Complex, Treatment, Odontogenic, Diseases.

Introduction.

In recent decades, the active position of the WHO and the world medical community has been helped by the successful implementation of a number of programs for the Prevention of dental diseases. In 2022, the WHO Assembly adopted a Global Dental Health Health Health Strategy, aiming to achieve coverage of all people with dental services by 2030 [1,3,9,19,21]. Thus, the scientific justification and implementation of the treatment of odontogenic inflammatory diseases in children on the premorbid background, taking into account chakanda oil, premorbid background, is of urgent medical and social importance. The results of this study will help further improve the standards of effective treatment of this disease in future dental practice. The purpose of the study: odontogenic inflammatory diseases in children consists in comparing the effectiveness of traditional and combined (antibacterial treatment, bacteriophage, chakanda oil) methods of treatment of the disease by studying the properties of premorbid rejection in the background, as well as developing and introducing into practice a new, effective method of treatment. Main part. Research methods and techniques. The basis of this scientific research work includes data on the examination and treatment of children from 3 to 17 years of age, 180 patients treated with a diagnosis of odontogenic inflammatory diseases. This patient conducted an analysis of the results of treatment and examination for the period 2020-2025 in the Department of pediatric facial surgery of the children's multidisciplinary medical center of the Bukhara region. The main criterion for introducing patients into our study was the presence of odontogenic inflammatory diseases. All sick children underwent a comprehensive clinical – laboratory, X - ray and instrumental examination, which is used in facial-jaw surgery. Patients received a detailed study and collection of complaints and Anamnesis, an objective examination.

Results of studies. To study and analyze the clinical specifics of premorbid fonda RET in children with odontogenic inflammatory diseases, 180 children between the ages of 3 and 17 who were treated with the diagnosis of "odontogenic inflammatory diseases" were examined. To assess the effectiveness of the planned study, the patient is divided into 3 groups according to the type of treatment of children. 60 patients with I-guru (primary) odontogenic inflammation with a premorbid background were examined in children and received combined treatment, taking into account the additional bacteriophage, chakanda oil and burning disease to the traditional complex treatment. 60 patients with a premorbid background, diagnosed with (conventional) odontogenic inflammation, were examined in children and treated with a conventional complex. 60 patients with acute (controlled) odontogenic inflammatory disease with no premorbid background were examined in children and treated with a conventional complex. Research results and

discussions. The examined patient was treated with a combination of odontogenic inflammatory diseases and complications in children, radically different from the traditional method of treatment, taking into account the additional bacteriophage, chakanda oil and the accompanying disease to the traditional complex treatment. The intergroup distribution of children with complications of odontogenic inflammatory diseases by age, gender is shown in Table 1. In children with odontogenic inflammatory complications, 32 (17.8%) boys and 28 (15.5%) girls were in Group III. This is a sign that the trend of morbidity in boys in relation to girls is high. Both groups I and II showed high incidence in boys.

Table 1.

Patient with odontogenic inflammatory complications intergroup distribution in children, depending on age and sex.

Group	Patient sex (n, %)		Age of patients (n, %)			Total:
	Son	Girl	3-6	7-11	12-17	
I	31 (17,2)	29 (16,1)	23 (17,8)	19 (10,5)	18 (10,0)	60 (33,3)
II	34 (18,9)	26 (14,4)	22 (12,2)	17 (9,4)	21 (11,7)	60 (33,3)
III	32 (17,8)	28 (15,5)	21 (11,7)	19 (10,5)	20 (11,1)	60 (33,3)
Total:	97 (53,9)	83 (46,1)	66 (36,7)	55 (30,5)	59 (32,8)	180 (100%)

Among the total examined boys were 97 (53.9%) and girls were 83 (46.1%). This information testifies to the fact that in general and in individual gurus, there is a high tendency in boys to get sick in relation to girls. When children with odontogenic inflammatory complications are analyzed in terms of age, the relatively higher incidence among 3-6-year-olds is 66 (36.7%) nafr, and relatively evenly observed in groups. Method of application. In the Chakan, vegetable oil is determined individually, depending on the size of the affected area, after the wound is cleaned with antiseptic agents. It is recommended to rub into the oral cavity after removing pus from the Jaroxat area. This process is carried out 1-2 times a day, for 3-5 days. Application time can be extended if necessary. Mechanisms of action of bactiriophage agent on odontogenic inflammatory diseases: Bacteriophage is a homologous bacterium adsorbed on the cell membrane, entering the cell and meeting it in lysis. Affecting the specific virus of the bacterium, the composition is influenced by the selective, only viral phage of the bacteria - Staphylococcus aigeis. Bacteriophage provides high activity and efficiency to prevent complications of odontogenic inflammatory diseases. Methods of application: the bacteriophage agent penetrates into the blood and lymph and has a buoyant effect on inflammatory mediators. The bulk of the bacteriophage is excreted by the kidneys, has a disinfecting effect in the urinary tract, and the rest has been found to be excreted through the gastrointestinal tract. Bacteriophage odontogenic has an antiseptic and antibacterial effect on inflammatory diseases. The application of bacteriophage to the wound area is determined individually, depending on the size of the affected tissue. It is recommended to spray into the oral cavity after removing pus from the Jaroxat area. In patients, on the following commuting days, the bacteriophage is inserted into the infected cavity using drainage (Figure 1).

Figure 1. Appearance and application of the drug bacteriophage

This process is carried out 1 time per day, for 3-5 days. If the oral cavity is drained, bacteriophage is administered 5-10 ml 2 times a day. Bacteriophage is used to burn soaked turunda to jarokhat, wash, drip, send jarokhat. For treatment in cases of purulent inflammation of the oral cavity, the remedy is used for rinsing and is prescribed at the same time. In the treatment of stomatitis and chronic general periodontitis, the remedy is used 3-4 times a day in the form of a mouthwash in a dose of 10-20 ml, and is also applied to the periodontal pockets of turunda impregnated with piobacteriophage for 5-10 minutes. Acidosis in the wound area is important for regeneration and finishing processes. Odontogen has also been detected in the concentration of hydrogen ions (RN environment) of the mucous membrane in the area of the oral cavity and inflammation against the background of purulent inflammatory diseases. A healthy oral cavity is associated with alkaline acid rn-medium oral cavity and saliva product, RN is the relative norm limit if 6.7-7.4, RN=7.2 is the norm. In the case of inflammation in the oral cavity, after the operative treatment depends on the detachment of injured tissue in this area. The displacement of the studied intermediate rn pointers to the side of acidosis is indicative of ischemia in injury, microcirculation disorders. When the concentration of hydrogen ions (RN environment) of the mucous membrane in the area of the oral cavity and inflammation is analyzed against the background of odontogenic purulent inflammatory diseases (Table 3), it is observed that all gurukh patients have alkaline acidic environment weakly acidic (rn = 5.6-5.7)-mild acidosis on the initial day of treatment. Based on the data studied, it can be said that odontogenic purulent inflammation is accompanied by a premorbid background, against the background of traditional treatment, the wound is treated with bacteriophage, chakanda oil, and the alkaline acidic environment in the wound in the group of patients who received a combination treatment of burn disease creates a weak alkaline environment by 4-5 days, that is, a

Table 2

RN-environmental dynamics analysis in patient injury with acute odontogenic purulent inflammatory diseases

№	group s	Days						
		1	2	3	4	5	6	7
1	Main n=60	5,7	6,4	7,0	7,2	7,3	7,3	7,4
2	Traditional n=60	5,6	6,1	6,9	7,0	7,1	7,2	7,3

3	Contr oln=60	5 ,6	5 ,9	6 ,0	6 ,7	6 ,9	7 ,0	7 ,2

Based on the data obtained, it can be said that odontogenic purulent inflammation occurred on a premorbid background, against the background of traditional treatment, the wound was treated with bacteriophage, chakanda oil, and in a group of patients who received combinatorial treatment for burn disease, the alkaline acidic environment was observed to be neutralized on 3-4 days earlier than the RN – alkaline-acidic environment in Analysis of clinical indications of patients treated with odontogenic purulent inflammatory diseases by groups (Table 4), showed the following natjas. Odontogenic purulent inflammatory diseases were observed in gurukh patients who had no burn diseases and received traditional treatment, general weakness was observed in an average of 3±1.2 days, odontogenic purulent inflammatory diseases were accompanied by Burn diseases, and in control gurukh patients who received traditional treatment, general weakness lasted an average of 5±2.3 days, while odontogenic purulent inflammatory diseases were accompanied by. Odontogenic purulent inflammatory diseases in gurukh patients who had no side diseases and received traditional treatment, moderate body temperature was observed on average 2±0.8 days, odontogenic purulent inflammatory diseases were accompanied by side diseases, and control gurukh patients who received traditional treatment had moderate body temperature of 4±1.1 days, while odontogenic purulent inflammatory diseases were accompanied by side diseases,, the average body temperature fluctuation was 2±1.3 days in the main guru patients who were also treated with chakanda oil and burn disease. These pointers differ reliably compared to control group pointers ($r<0.05$).

The treatment of the disease is from effective clinical indications and is the intermediate treatment of the patient in the stationary. Odontogenic purulent inflammatory diseases were performed without burning diseases and the average duration of treatment was observed in gurukh patients who received traditional treatment on average 8±3.2 days, odontogenic purulent inflammatory diseases were accompanied by burning diseases, and control gurukh patients who received traditional treatment had an average duration of 12±2.1 days, while odontogenic purulent inflammatory diseases were accompanied by While these pointers hardly make a reliable difference, the main Guruh pointers are 5-6 positions/day compared to control Guruh pointers. Based on the data obtained, it can be said that odontogenic purulent inflammation took place on a premorbid background, against the background of traditional treatment, the injury was treated with bacteriophage, chakanda oil, and the positive dynamics of all clinical signs in the group of patients who received a combined treatment of burn disease are observed.

Conclusions

1. Treatment of odontogenic purulent inflammations accompanied by a Premorbid background, in addition to the traditional treatment, treatment of the wound with bacteriophage, chakanda oil, as well as taking into account the burning disease, makes the alkaline acidic environment in patients ' wounds more quickly normalized, creating a weak alkaline environment by 4-5 days. that is, a regulatory indicator was observed. The fact that this indicator occurs 2-3 days before conventional and control group indicators indicates an acceleration of regenerative processes in injury.

2. The treatment of the disease is one of the effective clinical indications and is the general condition of the patient, pain, nausea, feeling of pain and movement in the oral cavity and moderate body temperature. All clinical signs observed have positive indications in patients receiving combined treatment, as evidenced by the high effectiveness of the proposed method of treatment on these clinical signs.

3. Odontogenic purulent inflammatory diseases were performed without burning diseases and the average duration of treatment was observed in gurukh patients who received traditional treatment on average 8±3.2 days, odontogenic purulent inflammatory diseases were accompanied by burning diseases, and control gurukh patients who received traditional treatment had an average duration of 12±2.1 days, while odontogenic purulent inflammatory diseases were accompanied by While these pointers hardly make a reliable difference, the main Guruh pointers are 5-6 positions/day compared to control Guruh pointers. Thus, the high efficiency of combined treatment and the faster observation of tissue recovery provide a sufficient scientific basis for the treatment and inclusion of a side disease in the complex treatment of bacteriophage, chakanda, when odontogenic purulent inflammatory diseases come in a premorbid background.

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