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Incidence Rates of Odontogenic Inflammatory Diseases in Children with Premorbid Backgrounds

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Abstract: Tooth-jaw anomalies and deformations in children with delayed physical development appearance to be their development only due to endo- or exogenous factors to be possible no, this of the disease multifactorial the base shows . It should be noted that some of the identified risk factors are of an integrative nature and are the result of a combination of many antecedent causes. Only by eliminating the most important factors influencing the occurrence of dental and maxillofacial anomalies and deformations can their prevalence be reduced.

Keywords: *Indicators, Dental, Backwards.*

Introduction

According to the results of studies of world sources of literature, almost 90% of the world's population suffers from oral diseases. According to the WHO report, the number of people suffering from dental diseases around the world is estimated at almost 3.5 billion [1]. 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: to study the incidence rates of the premorbid background of odontogenic inflammatory diseases in children. 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 studied in detail the cytological, morphological changes of the oral cavity.

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 (control) odontogenic inflammatory disease with no premorbid background were examined in children and treated with a conventional complex. 60 patients with a premorbid background, who were diagnosed with (primary) odontogenic inflammation II – Guru, were examined in children and received combined treatment, taking into account the additional bacteriophage, chakanda oil and the accompanying disease to the traditional complex treatment. Research results and discussions. The examined patient was treated with a combination of odontogenic

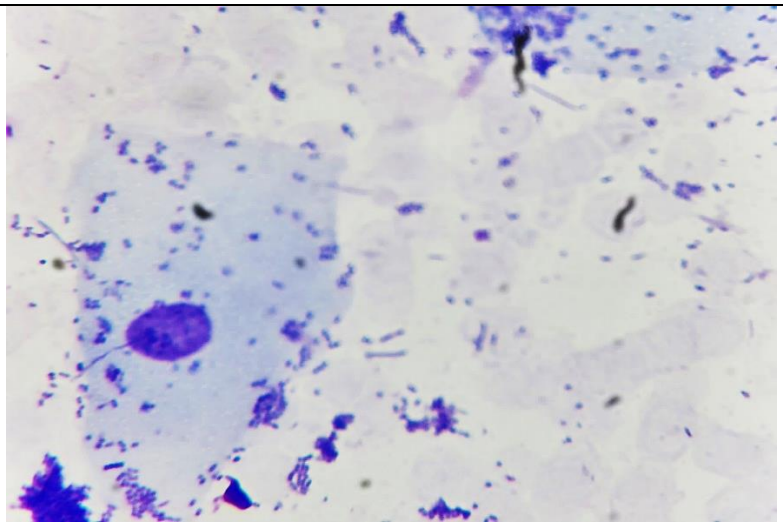
inflammatory diseases and complications in children, radically different from the traditional method of treatment, taking into account the additional bacteriophage, chakanda oil and the accompanying disease to the traditional complex treatment. Biomaterials were obtained for morphological and cytological studies before treatment and in the order in which the dynamics of treatment was established on 4-5 days.

Mechanisms of exposure of Chakanda oil to odontogenic inflammatory diseases: Chakanda oil (mare lycium oleum) is a vegetable oil derived from natural growing plant seeds, used in traditional folk medicine, known for its many benefits (Figure 1). Its fruits are rich in useful nutrients and make it possible to produce oil and oil from berries and seeds, which are widely used in the food and cosmetic industry. The seeds, leaves and fruits of the Chakanda - sea buckthorn plant are rich in oil, which can be obtained immediately after the harvest of the fruit. Its richness in vitamins, minerals and phytosterols provides antioxidant and anti-inflammatory properties. In Chakan, vegetable oil is very rich in omega-6 and omega-3 (up to 70%), they nourish the skin with fatty acids (linoleic and linolenic), maintain elasticity and create a protective barrier. It also contains vitamins A, C and E, which are necessary to protect epidermal cells, stimulate their regeneration and prevent oxidation. Chakanda oil helps to protect the human body from infections. Experts attribute this effect mainly to the high content of flavonoids in it. Flavonoids are useful plant compounds that strengthen the immune system by increasing disease resistance. Due to the high activity and effectiveness of vegetable oil in Chakan, odontogenic inflammation affects the proliferation process in diseases, activating regeneration in tissues and ensuring the Prevention of complications. 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.

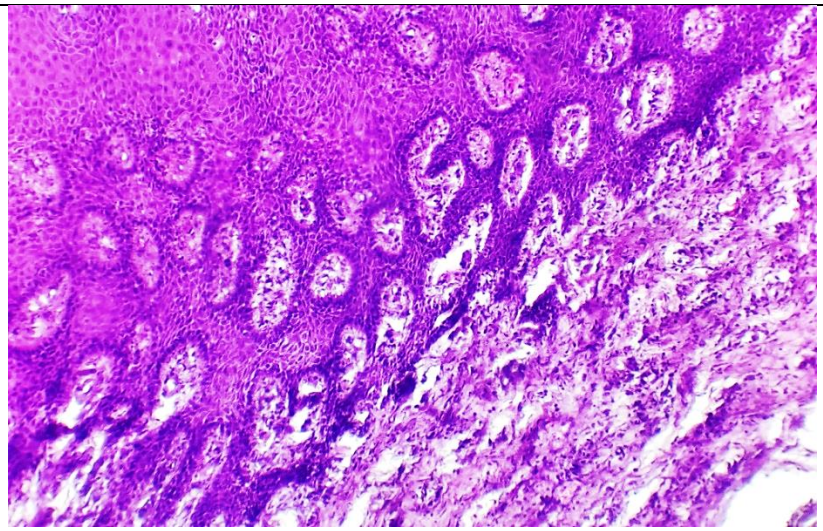
The application of bacteriophage to the wound area is determined individually, depending on the size of the affected tissue. It is recommended to spray into the oral cavity after removing pus from the Jaroxat area. In patients, on the following commuting days, the bacteriophage is inserted into the infected cavity using drainage (Figure 2). 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 bacteriophage odontogenic inflammatory diseases, the character of inflammatory and premorbid background disease is determined individually, depending on the course. For example, in the treatment of bacteriophage stomatitis and chronic general periodontitis, it is used 3-4 times a day in the form of a mouthwash in a dose of 10-20 ml, and also applied to the periodontal pockets of turunda impregnated with piobacteriophage for 5-10 minutes.

For prophylaxis, bacteriophage is used in the treatment of postoperative and odontogenic inflammation, as well as in the Prevention of diseases of the gums and oral cavity, in the Prevention of infectious complications in the amount of 40 ml after surgery. In the treatment of odontogenic inflammatory diseases, the dose of bacteriophage is determined depending on the condition of the patients. If chemical antiseptics were used to treat

wounds before using the drug Staphylococcus bacteriophage, it was recommended to thoroughly wash the wound with a sterile 0.9% sodium chloride solution. Results of cytological examination of patient children with a premorid background with odontogenic inflammatory diseases. The core group was made up of 60 sick children with odontogenic inflammatory diseases who received optimized treatment. To study the cytological condition of the oral cavity, 60 patients with a premorbid background, with odontogenic inflammation, in the control group were taken for lubricants from children. It was painted in the Romanovsky-Gimza method, and then the number of cells under the microscope was counted, the presence of their size, nuclear structure, protoplasm, mitoses was checked.



The main group, that is, there is an odontogenic inflammatory disease on the premorbid background, when the cytological state of the oral cavity of patient children receiving optimized treatment is studied, a multi-layered, different-dimensional flat epithelial bulge is observed in the oral cavity, an eosonophile with a clear cytoplasmic border. The cytoplasm shows hydropic dystrophy, coccobacillary flora. Cytological analysis of the oral cavity showed that local and general changes in the body are also reflected in the oral cavity, that is, the state of cells, changes in their quantity, type, pathogenic flora and its exchange were observed. These results highlight the importance of cytological studies to diagnose and monitor the condition of the organism, as well as to understand the mechanisms of disease development and the effectiveness of treatment. There is an odontogenic inflammatory disease on the Premorbid background when the morphological condition of the oral cavity is studied after the patient receives children's optimized treatment (Figure 4), epithelial regeneration in the oral cavity proceeds rapidly, increasing the strength of the basal membrane, that is, thickening, the basal floor cells quickly multiply and move to the intermediate floor without violation of Mature epithelial cells are identified on the surface floor, a sign that the oral epithelium has fully recovered. The use of optimized treatment measures for odontogenic inflammatory diseases in the Premorbid background has been found to rapidly interrupt the inflammatory process and lead to rapid restoration of epithelial and subepithelial connective tissue.



The main group, that is, there is odontogenic inflammatory disease on the premorbid background, when the morphological condition of the oral cavity of children receiving optimized treatment is studied by the Van-Gison method, the rapid loss of inflammatory infiltrate in epithelial and subepithelial tissue, an excess of nutrients in stromal tissue, activation of collagen synthesis from fibroblasts, in addition to, it has also been activated to synthesize gel matrix, which will be several glycoproteins, such as laminin. The staining of connective tissue in a private plate in a dark reddish color is a manifestation of the stability of collagen and elastic fibers. Elastic fibers, unlike collagen, which acts as a stabilizer and support, give elasticity, stretchability to tissues. Strong regeneration has also been observed in epithelial tissue, the basal floor is a uniformly coral-like ridge of cells, the intermediate floor is a strong proliferation of Thoracic and granular cells, the growth of which is high is a microscopic manifestation of accelerated stratification in the flat unbranched epithelium, from yellow to dark yellow, in the Van-Gison dye. In the main group, optimized treated children with odontogenic inflammatory diseases, the results of the study of oral soft tissue histochemical examination (in Van-Gison dye) were analyzed. The study of cytomorphological changes will help in further studies to better understand pathological processes, the mechanisms underlying them, and to develop appropriate prevention and treatment strategies in both animals and humans.

Conclusions

1. From the treatment of odontogenic inflammatory diseases in the Premorbid background, it was found that the use of local bacteriophage and chakanda oil and optimized treatment measures taking into account inflammatory diseases can quickly stop the inflammatory process and lead to a rapid recovery of epithelial and subepithelial connective tissue.

2. Odontogenic inflammatory diseases when accompanied by burning diseases bacteriophage and chakanda oil and application of optimized treatment measures taking into account premorbid diseases epithelial regeneration in the oral cavity continues rapidly, increasing the strength of the basal membrane, that is, thickening, the cells of the basal floor quickly increase, moving to the intermediate layer without violation of the integrity, and in it Mature epithelial cells are identified on the surface floor, a sign that the oral epithelium has fully recovered. Thus, the high efficiency of combined treatment and the activation of tissue regeneration the use of optimized treatment measures taking into account bacteriophage and chakanda oil and premorbid diseases provides an adequate scientific basis for inclusion in the complex treatment of odontogenic inflammatory diseases in children.

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