

Methods of Early Diagnosis of Chronic Catarrhal Gingivitis in Children

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Relevance of the study. The incidence of chronic catarrhal gingivitis in children is conditioned by its prevalence (80-98%), while the variety of clinical manifestations produces difficulties in diagnosis, treatment and Prevention. The causes of the most frequent occurrence of gingivitis in children are the unsatisfactory state of hygiene in the oral cavity, the unsatisfactory attitude of parents to give hygiene care in a child, the presence of dental-jawomalia, as well as an aggravating general somatic condition, and the combination of general and local factors for the development of marginal periodontal inflammatory diseases. The development of the most effective methods of treating diseases of Parodont tissues, as well as its implementation in practice, has occupied one of the first places in the research of authors of scientists from Uzbekistan, Russia and abroad in the last decade. Among them are physiological periods of life, such as puberty, pregnancy, menopause; harmful habits (smoking); diseases (diabetes mellitus, ulcer disease of the stomach, chronic hepatitis, hypo - and hyperthyroidism, leukemia, HIV-infection, etc.); viral infections (influenza, ORVI); hypo - and avitaminoses (tsinga, pellagra); there is an intake of drugs (cytostatics, immunodepressants, oral hormonal contraceptives). Loss of a large part of the teeth in youth, the presence of foci of chronic infection, chewing-a violation of the basic functions of the speech apparatus, a decrease in the quality of life in patients – is not a complete list of the consequences caused by periodont diseases, they make it possible to consider this pathology not only as a medical, but.

Modern conceptions of disease pathogenesis in parodont tissues in children, primarily in adolescents and young adults, play a leading role in the parodontopathogenic microflora – infection-inflammation factor, which is considered the cause of the formation of inflammatory processes in parodont tissues. In children with STKG, a violation of microecology occurs in the oral cavity due to the excess growth of conditionally-pathogenic microflora and the formation of inflammatory processes. In the pathogenesis of STKG in children, a large role is played by the increase in the frequency of occurrence of the specific gravity of conditionally-pathogenic microorganisms: *Str. pneumouiae*, *St. Louis. aureus*, *Str. viridans*, *Klebsiella pneumoniae*, *Str. β-haemolyticus*, *Pseudomonas aeruginosa*. An increase in the severity of the disease is observed by an increase in the likelihood of parodontopathogenic microorganisms in milk pockets, primarily *Prevotella intermedia*, *Bacteroides forsythus*, *Porphyromonas gingivalis* (acidification), detected in all patients with a severe form of STKG. With an increase in the clinical severity of STKG, the formation of an assumption of periodontopathogenic microorganisms occurs. In children, the formation and acceleration of STKG is observed with a violation of colonial resistance in the oral cavity. Violation of colonial resistance and inflammatory processes are the most important links in stkg pathogenesis that require correction.

The results of the study of the amount of leukocytes in the Tsitokin profile and oral fluid are presented. A detailed analysis of Leukocyte levels and cytokine spectrum changes in oral fluid has been given, depending on the severity of chronic catarrhal gingivitis in children in the studied groups. An analysis of the amount of leukocytes and cytokines in oral fluid (OS) of children with chronic catarrhal gingivitis (SKG), depending on age and place of residence, showed that the level of leukocytes in OS of 7-year-olds living in an ecologically polluted region (eim) was $(198.19 \pm 4.11) \cdot 10^6 / l$, 1.4 times higher than the results of their peers living in a conditionally clean region (SHTM), $(141.09 \pm 4.10) \cdot 10^6 / l$, ($r < 0.01$). Analysis of the tsitokin profile in this age group showed that the amount of IL-6 inflammatory tsitokin in children living in an ecologically unfavorable region was 11.22% higher than that of children living in a conditionally "clean" region (13.78 ± 0.38 PG/ml versus 12.39 ± 0.50 PG/ml, $r < 0.05$). 1β , 4, 6interleukins in the oral cavity fluid (il) of the examiners; reactants using Quantieinetimi

(Russia) as well as immunoferment analysis method bilana (FNO- α) tumor necrosis factor by growth factor transfusion β 1 (TFR- β 1).

A number of epidemiological studies have been performed that show a correlation between the pathological condition of the organs of the oral cavity and some systemic diseases of the body. The presence of common somatic diseases in children can cause the development of structure-function changes in the jaw-facial area, including increasing the risk of developing periodontic diseases and greatly affecting the course and prognosis of these diseases. In children, functional and morphological insufficiency of the parodont structure is a factor that determines the course of the inflammatory process. Thus, against the background of chronic gastroduodenitis in children with catarrhal gingivitis, dysbalance in the oral cavity in the form of an increase in the level of G-Class immunoglobulin of local immune factors, a decrease in the concentration of secretory A and a immunoglobulin in the oral cavity and an increase in the incidence of KSB, as well as an increase in the The involvement of the esophagus in the inflammatory process is observed by many expressed immunological changes, namely, in the saliva, the minimum amount of sidava lysozyme, the high value of Ksb and a decrease in the phagocytic activity of neutrophils in the oral cavity and blood. In chronic gastritis, colitis, ulcer disease of the stomach, mild forms of catarrhal gingivitis are observed, which in children rarely go to periodontitis.

Conclusion. The mucous membrane of the oral cavity is almost always involved in the pathological process of various diseases and pathological conditions. However, the character of these changes is very diverse, depending on the etiology, individual identities of the organism, age, physical condition, genetic status, etc. For this reason, the diagnostic value of the symptoms of mucous membrane changes, as well as the treatment and preventive tactics of the doctor, will vary.

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