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Dental Aspects of Endocrine Pathologies, The Role of the Dentist in an Integrative Approach to Diagnosis and Pharmacotherapy of Diseases of the Endocrine System

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Abstract: The article is devoted to endocrine disorders and their symptoms in the oral cavity. Changes in the functions of the endocrine glands lead to disturbances in metabolic processes in the body and a number of trophic disorders. In this case, dental manifestations of endocrine disorders can have important diagnostic significance, since sometimes they can even precede the manifestation of general clinical symptoms of the underlying disease. For example, endocrine diseases such as diabetes mellitus, dysfunction of the reproductive, thyroid and parathyroid glands, and the hypothalamic-pituitary system show a clear clinical picture in the oral cavity. In this regard, knowledge of the symptoms of such diseases, including by a dentist, helps to identify the early stages of the disease, as well as the correct assessment of local manifestations of general pathology and the choice of effective treatment methods.

Keywords: endocrine system, dentistry, diabetes mellitus, oral cavity, hyperparathyroidism.

Relevance. In all countries of the world, the problem of the influence of foci of chronic infection in the oral cavity on the development of common diseases remains relevant. The high incidence of lesions of the oral cavity (up to 90%) in diabetes mellitus is due to damage to the microvascular system, bone resorption, and a decrease in local immune reactions. The importance of identifying and treating periodontitis lies in the fact that reducing inflammation of periodontal tissue has a beneficial effect on both oral health and blood glucose levels. Therefore, the endocrinologist must pay special attention to the patient's oral cavity, promptly referring him for a dental examination. [1,2,3]

Purpose of the study: to study the condition of the oral cavity in patients with type 2 diabetes mellitus.

Material and methods. A total of 76 patients were examined. The examination was carried out according to the methodology recommended by WHO. In groups 35–44 years (45.8%), 45–64 years (22.7%), 65–74 years (31.5%). The intensity of caries was determined using the KPU index. Hygiene level using the Silness-Loe Hygiene Index (Silness-Loe, 1962). For the convenience of analyzing the results of a clinical study, during the initial visit of patients with type 2 diabetes to the clinic, they were surveyed using a specially designed questionnaire, which contained general questions characterizing the patient's social status (gender, age, concomitant diseases, etc.), and also special issues related to patient awareness of the connection between dental diseases and type 2 diabetes mellitus. They also clarified the frequency of patients' visits to the dentist, the presence of bad habits and knowledge about individual oral hygiene. A mandatory condition was voluntary informed consent to participate in the study.

Research results. When conducting a survey, it was revealed that the first clinical symptoms, such as chronic fatigue, were noted by 34.5%, dry mouth - 16%, and skin itching was also noted by 16% of respondents. Bad breath occurs in 25%, 8.5% experienced pain in the TMJ. Based on data from questionnaires about the dental health of patients, it was revealed that 84% reported tooth mobility and 96% reported gum bleeding. 92% of respondents noted the presence of missing teeth. Previous treatment for caries and periodontal diseases was noted by 90%. It was determined that 40% of respondents noted aesthetic dissatisfaction in the oral cavity. It should be noted that the presence of orthopedic structures was noted in 65%. The period of use of orthopedic structures for more than 5

years is observed in 57.6%. 23% of patients with diabetes visit a periodontist. 11.1% are registered with other specialists. According to the survey data, the level of hygiene skills is unsatisfactory, the diet is unbalanced. Vegetables and fruits are not used enough as food, and the diet is disrupted. Sanitary education work is at a low level and is not carried out sufficiently by dentists and doctors of other specialties - therapists, ENT doctors, and paramedical personnel. Awareness of oral hygiene skills among respondents was 65%. According to these studies, the prevalence of caries in all age groups is 100%, the need for therapeutic treatment was identified in the surveyed groups 35–44 years old (100%) and in the group 45–64 years old (100%). In the age groups 35–44 years and 45–64 years, periodontal disease was detected in 100% of patients with type 2 diabetes. Severe disease was observed in 69.2%, moderate in 23.1%, mild in 7.6% of people. 100% needed professional hygiene, 100% needed repeated drug treatment. The need for prosthetics of the dentoalveolar system in the age group of 35-44 years corresponds to 78.3%, 95.4% in the age group of 45-64 years require prosthetics, and in the age group 65-74 years the need for prosthetics is 100%. Thus, the initial examination made it possible to identify the main problems of dental health in patients with type 2 diabetes and determine the main directions in the treatment and prevention of the disease.

Conclusions. Based on the results of the study, we can conclude that the prevalence of dental caries and periodontal tissue pathology in patients with type 2 diabetes mellitus was 100% in the age groups 35–44 years and 45–64 years. An increase in the percentage of extracted teeth in patients with type 2 diabetes indicates the need to increase attention to the problem of early diagnosis, drawing up an individual treatment plan and, most importantly, timely prevention of pathology of hard dental tissues and periodontal tissues in patients in this group. It is necessary to actively inform both patients and endocrinologists and dentists about the interdisciplinary problem.

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