



## Indications for the Spread of Odontogenic Inflammatory Diseases in Children with a Premorbid Background

**Tasheva Gulchexra Sulyaymanovna**

Abu Ali Ibn Sino Nomidagi Buxoro Davlat Tibbiyot Instituti

[tasheva.gulchexra@bsmi.uz](mailto:tasheva.gulchexra@bsmi.uz)

**Abstract:** The relevance of the topic. One of the urgent problems of modern orthopedics is the development of effective treatment methods for patients with aseptic necrosis of the femoral head. This is due both to the high incidence of the disease (from 1.2 to 4.7%) among all destructive dystrophic pathology of the hip joint and to the involvement of young people of working age. The high socio-economic importance of the problem is given by the fact of a significant frequency of early disability in patients of this category and the need for radical surgical interventions (Zulkarneev R.A. and co-authors, 2010; Yakupov R.R. and co-authors, 2016; Zhang Y., 2014). The use of modern diagnostic methods, such as computed tomography, magnetic resonance imaging, and scintigraphy, makes it possible to detect the onset of a pathological process in the femoral head at an early stage, when radiological verification is technically impossible. This, in turn, makes it possible to carry out early and effective surgical treatment (Nazarov E.A. 2013; Ildar F.A., 2014; Bryukhanov A.V., 2014; Venugopal V., Prabhu A., 2014).

**Key words:** conduct, analytical, necrosis, femoral.

The mucous membrane of the oral cavity (OBSHQ) is called a specific indicator of the presence of pathological processes in the human body. This condition is due to the fact that OBSHQ and its mucous membrane differ significantly from other mucous membranes of the human body in morphological and histochemical properties. OBSHQ epithelium plays a leading role in the implementation of defense mechanisms, among which are high enzymatic activity, the presence of a large amount of glycogen in the epithelium, high intensity of metabolic processes and its ability to quickly regulate. OBSHQ purulent inflammatory diseases are a disease that is common in clinical practice and difficult to treat [2,7,8]. The arrival of the disease in the premorbid background requires in treatment not only conservative, but in many cases surgical interventions as well as the consideration of the accompanying disease [9,10]. Thus, severe complications and high risk of the disease require the development of effective treatments for this disease. Increased antibiotic resistance of pathogenic microorganisms is also one of the pressing problems in dealing with this disease [16,20]. The problem of antibiotic resistance is being assessed by the WHO as a serious threat to the global health system [13,17,22]. In this regard, the development and introduction of new therapeutic methods in modern medicine is of particular importance [6,7,18,23]. The literature studied confirmed that the use of chakanda oil (mare lycium oleum) in combination with antibiotics helps to reduce the intensity of inflammation and enhance tissue regenerative processes [2,4,5,8,12,20,21]. Such therapy not only increases clinical effectiveness, but also prevents the development of severe complications of the disease and reduces the pressure on the health system [6,7,14,15]. The purpose of the study: odontogenic inflammatory diseases in children consists in the development and implementation of a traditional and combined effective method of the disease by studying the properties of premorbid rejection in the background. 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. In the groups in which the examination was carried out, the factors of the spread of the disease are assessed as follows. 1. Non-compliance with oral personal hygiene; 2. Early diagnosis and treatment of dental caries and its complications in a timely manner; 3. Odontogenic inflammatory diseases negatively affect the normal microflora of the oral cavity. 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 pidermal 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.



**Figure 1. Chakanda vegetable oil**

Due to the high activity and effectiveness of vegetable oil in Chakan, odontogenic inflammation

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affects the proliferation process in diseases, activating regeneration in tissues and ensuring the Prevention of complications. 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. When the results of a microbiological study were analyzed in patients with acute odontogenic purulent inflammatory diseases, all of the patients of the research groups had St in the bacteriological ECMA. aigeis leadership has been observed and has been found in cases above an average of 60% (Table 2). Biomaterial ECMA from the area of inflammation is found in 3 (5.0%) cases in traditional and basic groups, and in the control group in 2 (3.3%) cases there is no growth of patogan flora in the ECMA, this condition can be explained by the fact that patients take antibacterial drugs before receiving material for the bacterial ECMA.

When the results of microbiological landscape treatment dynamics in the injury of patients with acute odontogenic purulent inflammatory diseases were analyzed, it was observed that the microflora in the bacteriological ECMA on 5-9 days of treatment of the injury of traditional gurukh patients was not detected or less than 105 KHQB. In the case of control group patients, however, microflora was not detected in the bacteriological ECMA from the patient injury, or KHQB was observed to be less than 105 on days 7-11. In primary Guruh patients, microflora in the bacteriological ECMA from injury was observed to be less than KHQB 105 or undetected on days 4-8. In the patients of the main group, that is, odontogenic purulent inflammation accompanied by a premorbid background, against the background of traditional treatment, the wound was treated with bacteriophage, chakanda oil, and in the group of patients who received a combination treatment of burn disease, the alkaline acidic environment was observed, while the weak alkaline environment, that is, the normative indicator, came In patients who received conventional treatment, who did not observe premorbid disease, the alkaline acidic environment was neutralized in 4-5 days of treatment, and by 6-7 days a weak alkaline environment, that is, a normative indicator, was observed. In control group patients, that is, odontogenic purulent inflammation accompanied by a premorbid background, in a group of traditionally treated patients, the alkaline acidic environment-RN is observed to be neutralized on 6-7 days of treatment. Odontogenic purulent inflammatory diseases were observed in Guruh patients who had no burn diseases and received traditional treatment on average  $3 \pm 1.9$  days, odontogenic purulent inflammatory diseases were accompanied by Burn diseases, and control Guruh patients who received traditional treatment had headache on average  $4 \pm 1.2$  days, while odontogenic purulent inflammatory diseases were accompanied by Burn diseases, additional bacteriophage to.

Odontogenic purulent inflammatory diseases were observed on average in  $2 \pm 1.2$  days in gurukh patients who had non-combustible diseases and received traditional treatment, odontogenic purulent inflammatory diseases were observed on average in  $2 \pm 1.2$  days, while in control gurukh patients who had accompanied by combustible diseases, odontogenic purulent inflammatory diseases were observed on average in  $2 \pm 1.1$  days,. Odontogenic purulent inflammatory diseases were performed without burning diseases and in Guruh patients who received traditional treatment, pain in the inflammatory area was observed on average  $5 \pm 0.9$  days, odontogenic purulent inflammatory diseases were accompanied by burning diseases, and in control Guruh patients who received traditional treatment, pain in the inflammatory area lasted on average  $7 \pm 0.8$  days, while odontogenic purulent inflammatory diseases were accompanied, the pain in the area of inflammation in the patients of the main group, where chakanda oil and burn disease were also treated, was on average  $3 \pm 0.4$  days. These pointers differ reliably compared to control group pointers ( $r < 0.05$ ). Odontogenic purulent inflammatory diseases were accompanied by no side diseases and limited oral opening was observed on average



4±0.6 days in gurukh patients who received conventional treatment, odontogenic purulent inflammatory diseases were accompanied by side diseases and the restriction of oral opening in control gurukh patients who received traditional treatment lasted on average 6±0.9 days, while odontogenic purulent inflammatory diseases were accompanied, the restriction of oral opening in the main gurukh patients who were also treated with chakanda oil and burn disease averaged 3±0.7 days. This pointer is significantly different from other Guruh pointers ( $r<0.01$ ). Odontogenic purulent inflammatory diseases were performed without burn diseases and in Guruh patients who received traditional treatment, pain at the time of swallowing was observed on average 4±1.2 days, odontogenic purulent inflammatory diseases were accompanied by Burn diseases, and control Guruh patients who received traditional treatment had pain at the time of swallowing on average 5±1.7 days, while odontogenic purulent inflammatory it was 1.4 days.

### Conclusions

1. When the results of microbiological landscape treatment dynamics of children's injury of a patient with odontogenic purulent inflammatory diseases were analyzed, traditional, premorbid background Guruh patients were observed to have no microflora detected in the bacteriological ECMA or less than 105 KHQB in 5-9 days of treatment of the injury. Control, while patients in the premorbid background-free group had no microflora detected or less than KHQB 105 in the bacteriological ECMA from patient injury on days 7-11. Gurukh patients who received a basic, combined treatment were observed in 4-8 days when the microflora in the bacteriological ECMA was less than KHQB 105 or not detected in the wound. This indicates that this indicator is conventional and control groups are clean almost 2 times before the wound is pathogenic microflora, the wound ends faster.

2. 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.

3. 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.

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