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The Importance of Risk Factors in the Origin of Chronic Apical Periodontitis

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Relevance of the study. Apical periodontitis (AP) is inflammation of periapical tissue in response to the presence of microorganisms or other excitatory factors inside the root canal. A decrease in the prevalence and prevalence of periodont diseases can reduce the systemic diseases associated with it and reduce their financial impact on the health system. It is hoped that doctors, dentists and other health care professionals will become familiar with perio-systemic communication and Risk Factors and should seek specialized dental or periodontal care. In children, chronic periodontitis is usually caused by inflammation and necrosis of the pulp after acute periodontitis or as a primary chronic periodontitis, thus in some cases prolonged, mechanical microtrauma affecting periodont tissue (elevated fillers, habit of keeping pens, pens and other objects between teeth, improperly placed orthodontics devices, and x. k.) result. In this case, AP often occurs among working - age individuals and has a tendency to grow among patients of the age and old age categories: 45-50% - more than 50% in patients aged 39-44 years and over 50 years. An increase in the proportion of elderly and elderly individuals leads to an increase in the frequency of occurrence of various forms of chronic periodontitis.

Infectious chronic periodontitis is present in most cases as primary chronic periodont inflammation. In chronic periodontitis, 70% Streptococcus Salivarius, 23% Staphylacoccus Albus were found when the milk teeth were microbiologically examined for root canals (in children aged 4-8 years). The problem of treating patients with sap in dentistry occupies leading positions. Sap is one of the most common diseases in modern dentistry and does not have a downward trend. In terms of the frequency of appeals to Sap treatment institutions, the teeth occupy the third place after caries, as well as pulpitis. Patients who have applied to a therapeutic dental clinic, who have been diagnosed with various forms of sap, are 30-40%. Most sap develops as a result of complications of dental caries in persons of working age. Demyanenko S.A. and according to the co – authors, the frequency of complication caries leading to sap development reaches 50% in individuals 34-47 years old.

In this, most of them are patients of working age. Due to the specific anatomical, histological and physiological characteristics of periodontitis pulp and tooth hard tissues, chronic periodontitis is accompanied by a number of specific clinical features:

1) chronic periodontitis in milk and unformed permanent teeth is accompanied by the closure of the pulp cavity in teeth with a not very deep caries bucket;

2) in milk teeth, the granularizing type of periodontitis mainly occurs more often, and pathological absorption of the roots is observed;

3) granular chronic periodontitis, which occurs in young children, is present in the gum tissue around the teeth, it is observed that in almost all cases there is a leaky path compared to adult children;

4) in most cases, chronic periodontitis leads to the absorption of bone tissue in the area of dental root bifurcation;

5) in chronic periodontitis, pulp necrosis and growth of the tissue of the growing sphere cause the growth of unformed roots to stop;

6) granular, which appears around the roots of the milk tooth, the granular tissue constantly spreads to the dental follicle, disrupting its normal development;

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7) various inflammatory processes can occur around the root of multi-root teeth (granularizing, fibrosis, granulematosis);

Unlike in older people, chronic granular periodontitis is accompanied by chronic lymphadenitis and periost inflammation in children, in most cases. This type of acute inflammation of Periodont tissue can occur in children as a result of the general acute pulpitis process. This condition is observed, especially in young children, as a result of weakening of the body for some reason, in which the diseased tooth roots are not fully formed. In older children, on the other hand, immunological defenses can be impaired and occur on the basis of a sharp increase in the sensitivity of pulp tissue to antigen (microbes and their toxins). In the indicated cases, the soft tissue of the tooth quickly becomes necrosis, and the inflammatory process spreads to the tissue of the periodont. Through an unformed wide root canal, microbes and their toxin give rise to apical periodontitis in periodont tissue. The first symptom of the disease is pain.

Among patients seeking immediate dental care, patients with acute or acute chronic periodontitis account for 75%. In addition to the pain syndrome characteristic of this disease, the presence of a foci of odontogenic infection poses a danger to tissues, oral organs and the whole organism due to the fact that the oral fluid is filled with pathogens, bacteriotoxins. According to the data of many authors, a chronic foci of inflammation in the tissues around the crest of the tooth creates conditions for the allergization of the body and often aggravates and exacerbates general somatic diseases. One issue is of interest: how the presence of chronic apical periodontitis (sap) foci affects the state of the body, non-specialized protection against infection and reactivity in the immune system, including local humoral and cellular reactions in the oral cavity. The chronic inflammatory process in the tissue around the crest of the tooth is of great importance in the development and support of diseases in the internal organs and systems. During the first application in apical periodontitis, the infected tooth pulp cavity is expanded and opened. The root cavity is baratarfed with the help of a pulpaextractor from a neuromuscular tuft that has begun to rot, and with oxystalic antiseptic substances are washed using cotton turundas, leaving the tooth socket open.

In the event that the inflammatory process is accompanied by strong clinical signs, especially symptoms of poisoning, the patient is prescribed drugs with antimicrobial action force (antibiotic) for drinking. Alternatively, the recommendation of drugs that weaken the body's sensitivity also leads to a rapid decrease in the process and a slightly faster improvement in the patient's condition. If the indicated help does not lead to a decrease in the inflammatory process, the pain increases with a change in the soft tissues around the tooth, the swelling becomes larger, in this case the tooth-lunge or tooth-lip folds are cut through the jarrox and the path to purulent exudate is opened. Children up to school age who are in such a critical condition are recommended to be hospitalized and treated. Chronic foci of inflammation in the tissues around the crest of the teeth can disrupt protective reactions in systemic diseases in the following ways:

1) acute infection itself will be a risk factor for the development of systemic pathology;

2) microbial bioplanets can be a reserve where Gram-negative anaerobic flora accumulates and a source of bacterial toxins into the body;

3) in response to the In periodont, a relationship has been established between diseases of the siocardium and respiratory system.

Exacerbation of the course of lung disease has been documented in mice, especially vulnerable humans. Also, a link has been established between the high risk of developing siocarbons and chronic obstructive bronchitis and bronchial asthma. The literature describes the likelihood of tuberculosis mycobacteria reproducing in foci of odontogenic infection.

In recent years, the importance of a number of normal microflora microorganisms in the development of periodontal disease has been shown through the activation of recognition receptors (TR)

in epithelial cells and innate immunity. In chronic inflammatory diseases, it occurs in epithelial cells and natural immune cells that microbial products trigger the formation of known receptors. The accumulation of these cells in epithelial areas is a "non-specialized allergy factor" capable of transferring the body's latent allergic reaction to its clinically pathological appearance. In addition to the microbial factor in both the development of apical periodontitis and the regression of acute and chronic forms of the disease, the body's immune system also performs a leading role. In the body, in particular in burn diseases, a change in specialized and non-specialized protective factors greatly increases the likelihood of the development of a large number of chronic foci of inflammation around the tooth. The divergent course of chronic periodontitis is largely due to its etiological factors. A link is observed between the course of diseases of the siocardium and a number of infectious, allergic, autoimmune natures. In such patients, regress in the furnace or kilns around the destructive peak is very slowed down or does not occur, even when the root canals are hermetically obturated. Usually, periapical foci, which are considered a risk factor for the development of common diseases or their support, are recommended to remove existing teeth.

Conclusion. The pathogenesis of chronic destructive forms of Periodont diseases determines the clinical and Radiological pace of the disease, the effect of the therapy being carried out, as well as long-term results. The basis of the pathogenesis of the inflammatory process is the result of a combination of two main factors: the action of one or another causative agent on the tissue and the local reaction of the tissue. The reaction in turn depends on the state of the organism, its local and general immunity. The long – term presence of a local foci of infection is observed by increased sensitivity to the action of the organism-one or another pathogen. Many authors point out that a chronic foci of inflammation in the tissues around the tooth peak produces an allergy to the body. Thus, a chronic foci of inflammation in the periodont negatively affects the immunological state of the body, often deepening and exacerbating common somatic diseases in patients, and also becoming the cause of other diseases.

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