



## ORAL PRESENTATION IN VENSON'S ULCERATIVE-NECROTIC GINGIVITIS

**Marupova Madina Hikmatuloyevna**

Samarkand State Medical University

Department of Therapeutic Dentistry

**Xurramov Suhrobjon Abdunazarovich**

Students of Samarkand State Medical University

**Abstract:** Mucous membranes of the oral cavity are constantly affected by internal and external factors. For example, one of the fatal diseases of the oral cavity is ulcerative-necrotizing gingivitis, which, if not treated on time or incorrectly, can lead to the loss of teeth and the development of inflammatory diseases of the maxillofacial system. can bring.

**Key words:** Vincent gingivitis, causes, clinical presentation of gingival ulcer

### **What is ulcerative gingivitis?**

Ulcerative gingivitis (or Vincent's gingivitis) is an inflammatory disease of the gums, which is characterized by the appearance of erosion, ulcers and necrosis in the gingival area. This disease is caused by the activity of fusobacteria, streptococci, spirochetes - opportunistic bacteria that are usually present in every person. When the stability of the immune system decreases, personal dental hygiene is not observed and the natural barrier of mucous membranes is broken, they increase and participate in inflammatory processes.

### **Causes of the development of ulcerative gingivitis**

Most often, ulcerative gingivitis is observed in patients with a decrease in general immunity and a violation of the natural barrier of periodontal tissues. Causes of ulcerative-necrotic lesions of the gums: decreased immunity against the background of common bacterial or viral diseases - flu, acute respiratory infections, sore throat;

insufficient oral hygiene: the presence of plaque and tartar, the development of caries;

improper use of dental floss;

nutritional deficiency, insufficient supply of vitamins, micro- and macroelements;

the presence of chronic injuries in the oral cavity - for example, rotten teeth or defective fillings;

smoking;

tooth decay - especially molars;

poisoning with toxic substances (for example, salts of heavy metals), receiving excessive radiation exposure;

transmission of mononucleosis;

immunodeficiency conditions - HIV, blood diseases.

In most cases, ulcerative gingivitis precedes catarrhal gingivitis, an uncomplicated inflammation of the soft tissues surrounding the teeth.

### **Clinical appearance of gingival ulcer**

The onset of Vincent's gingivitis is acute. A person begins to worry: sharp pain and bleeding gums, difficulty in eating and speaking, and bad breath. Common symptoms of infection also appear: fever and general weakness.



### **Visually observed:**

necrosis of interdental papillae;  
the presence of ulcerated defects in the gums covered with a layer of gray-yellow fibrin (a type of connective tissue);  
areas of bleeding and ulcerated defects of the periodontium, when removing the necrotic film from them;  
increase the viscosity of saliva;  
enlargement of nearby lymph nodes: submandibular, parotid, anterior and posterior neck.

With the development of the inflammatory process, patients stop brushing their teeth and eating normally, which increases the development of the disease due to increased intoxication and fatigue of the body.

### **Diagnosis of Vincent's gingivitis**

Laboratory methods for diagnosing ulcerative gingivitis show an increase in leukocytes, lymphocytes, ESR and agranulocytosis in the blood. Blood diseases and immunodeficiency diseases should be excluded at this stage of the study, because they will have the same indicators.

X-ray examination of the dental system can reveal local areas of destruction of bone tissue in the region of the peaks of the interalveolar septa, as well as the expansion of the periodontal crack - the space between the jaw and the root. tooth

Microscopic examination of smears taken from areas of necrosis reveals a mixed microbiota of the oral cavity, in which fusobacteria, spirochetes and actinomycete fungi dominate.

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Most treatment protocols address the following goals:

Stop acute inflammation in periodontal tissues.

Eliminating the symptoms of intoxication and increasing the resistance of the immune system to pathogens.

Elimination of local factors that lead to the recurrence of erosion, ulcers and necrosis.

### **Treatment includes the following steps:**

Professional hygiene. Local anesthesia with lidocaine is used to relieve severe pain from necrotizing ulcerative gingivitis. During the first visit, plaque on the gums is removed. In addition, dentists polish the sharp edges of the teeth (if any).

Use of antibiotics and antiseptics. Medications are prescribed to relieve pain and eliminate the source of inflammation.

In order to improve the healing of the wound surface, keratoplasty substances designed to accelerate the epithelization of wounds are used.

General therapy is aimed at reducing pain and intoxication, and includes the use of non-steroidal anti-inflammatory drugs and analgesics.

At the next visit, when the patient's condition improves, complete oral hygiene and oral hygiene training are performed. In addition, the patient should treat the oral cavity with antiseptic solutions every day.

### **Prognosis for ulcerative necrotizing gingivitis**

The prognosis for superficial foci of erosion and ulcers is favorable - recovery occurs without violating the integrity of the gingival papilla. If there is a large area of tissue necrosis and deep wound-necrotic defects, there is a high probability of losing the papillae of the gums, increasing the gaps between the



teeth, and opening their roots.

Incomplete treatment can lead to the development of chronic inflammation and periodontitis. If left untreated, the prognosis is poor.

### **How to prevent the development of Vincent's gingivitis?**

In order to prevent ulcerative gingivitis, it is necessary to treat dental caries in time, follow the rules of daily oral hygiene and have professional teeth cleaning every six months. In addition, it is recommended to think about quitting smoking and introducing hardening into your daily life to increase the immune system's resistance to various infections.

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