

## PERIDONTITIS AND METHODS OF THEIR TREATMENT, WHICH ARE FOUND IN MILK AND PERMANENT TEETH IN CHILDREN

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**Anatomy:** peridontitis, which occurs in milk and permanent teeth in children, is very common. For this reason, this article covers what clinical manifestations occur in the BoLS, what complications they cause, and how this can be prevented, or the effectiveness of adequate treatment. It has also been reported on which cases to get or not to get teeth.

**Keywords:** osteomyelitis, periostitis, abscess, phlegmona, lymphadenitis, adenophlegmona, apical

### Periodontitis

From the point of view of surgical dentistry, periodontitis is caused by diseases such as: osteomyelitis, periostitis, abscess, phlegmona, lymphadenitis, adenophlegmona, and periodontitis is treated not only endodontically, but also by surgical methods. In Pediatric Dentistry, the accepted classification of periodontitis for adults is also used. According to the location of the inflamed area, the apical (root tip) and marginal (root yoni circumference) types of periodontitis are distinguished. By age, periodontitis is divided into acute and chronic periods.

Apical periodontitis classification:

1. Acute apical periodontitis.

2. Chronic apical periodontitis:

(a) fibrosis; (B) granuloma-forming; (v) granulation-forming.

3. Exacerbation of chronic periodontitis (chronic periodontitis hurugia).

Complaints of children in acute periodontitis: the child and parents complain of pain in the tooth with a hollow, as well as increased pain during chewing and biting. In children, the course of acute periodontitis in temporary teeth is associated with specific peculiarities in their anatomical structure: the roots of milk teeth are short in relation to permanent teeth, the root tip is resorbed, the root tube is wide and short; the periodontal crack is wide; periodont tissue is porous. For this reason, the inflammatory exudate spreads to the bone in a short time and the pain decreases. At the same time, the face shows signs of mild swelling, pain, increased body temperature, poisoning of the body. The affected tooth will move, when touched, pain will appear during chewing. Swelling and redness are observed in the gums around the causative tooth, and the pain in the tooth increases when biting; when percussed-acute pain occurs; lymph nodes become enlarged.

In the X – ray image-the fact that the pulp cavity is adjacent to the carious cavity, the periodontal fissure dilated in the area of the root tip is the basis for the correct diagnosis.

Acute periodontitis goes into chronic forms if not treated completely. Chronic pulpitis can also cause-primary chronic periodontitis.

Fibrosis periodontitis. This type of periodontitis occurs only in those teeth where the root is formed (milk and permanent). When the root is not formed or absorbed, fibrosis periodontitis does not develop. Fibrosis periodontitis occurs without subjective symptoms. Children do not feel pain when chewing.

Chronic periodontitis, which produces granulations, occurs in the milk teeth of young children. Complaints: some children complain of toothache during chewing, as well as the formation of a leaky Road in the areas of the gums, jaw, lunge, and the release of detachment. The affected tooth has a deep caries jar, and the tooth crown is discolored, with granulated tissue within the jar. A detachment comes out of the flow path in the milk, in some – a granular tissue bulges out of the flow. When the whitish path opens into the skin, the surrounding tissue becomes inflamed, the skin becomes red and bluish–purple, occasionally thinning and wringing. The discharge is periodically blocked, and the separation does not go out. At the expense of proliferative inflammation, which goes around the discharge, a pull is formed from the connective tissue. When palpated, a thick filigree pull is detected, which is directed towards the flow beyond the tooth root. It has been called a “migratory granuloma” because of the bulging of granulated tissue from the inside of the stream. In fact, it is a sign of periodontitis, which proceeds by forming granulations.

When milk and permanent teeth are called the treatment of chronic periodontitis, it is assumed to eliminate the odontogenic furnace and preserve the tooth. However, with conservative methods of treatment, the chances of maintaining teeth are very low that the infection is completely eliminated.

Based on our Clinical–Experimental experiments and data in the literature, the indication for obtaining teeth is determined by taking into account the three periods in their development or dental peculiarities.

Indications for obtaining milk teeth during the period of a milk bite (up to 6 years) :

- when the tooth causes acute purulent odontogenic diseases (purulent periostitis, osteomyelitis, abscess, phlegmona, lymphadenitis). If there is a period of 2-3 years for the replacement of teeth, then all the possibilities are employed to preserve the “causative tooth;
- if the treatment of chronic periodontitis several times is ineffective;
- if the inflammatory process is at risk of spreading to the permanent tooth Bud;

Teeth replacement – indications for obtaining teeth during the period of a mixed bite (6-10 years old):-teeth that cause acute odontogenic diseases (purulent periostitis, osteomyelitis , abscess, phlegmona, lymphadenitis), more than half of the roots of absorbed milk teeth, milk that has not been repeatedly treated, and permanent teeth are definitely removed. Milk teeth with acute pulpitis or periodontitis in children aged 9-10 years (in cases where it is clear that there is a permanent tooth Bud): milk and permanent teeth-when signs of inflammation are detected in the barrier between the roots;

Indications for tooth extraction during the period of permanent bite (11-15 years):

- teeth that cause odontogenic osteomyelitis;
- teeth with chronic granulations and granulomas, with conservative and surgical methods of treatment did not work, in the process of treatment, the bottom of the cavity of the tooth crown part is opened, the wall of the tooth canal is pierced (perforatio) is removed.

#### Milk tooth extraction technique

There are a number of self-medication to get milk teeth. When taking milk teeth, the shortening part of the spine is not deeply inserted along the root axis; after the extraction, the curettage (scraping and cleaning) of the tooth cell (bottom and walls) is not carried out.

After it is decided to take a milk tooth: a) the method of anesthetic is selected based on the situation. b) the patient's need for sedatives is determined. g) the necessary tools are selected.

The operation to obtain milk teeth is divided into the following stages; - the circular ligament around the tooth is separated;

- the omburni is inserted through the equator of the milk tooth;
- milk is caught squeezing teeth;
- the tooth is triggered in the cell using semi-circular and vibrating movements;
- the tooth is removed from the cell by moving it towards the oral corridor;
- after the tooth has been extracted, a buffer is placed over the cell and the side edges (edges) are squeezed and brought closer;
- observed until a blood clot forms in the cell ( 10-15 minutes). During this time, it is controlled that the child does not chew or swallow the tampon, does not go to the airway (aspiration) ;
- recommendations are given to parents.

Complications associated with tooth extraction:

If the root breaks while the tooth is being extracted, it is removed using an elevator or an ombur;



- if the alveolar tumor edges break, the lumps are gradually removed with a curettage spoon;

- if the bottom of the upper jaw cavity is pierced, a seam is placed on the edges of the cage or a tampon is inserted into  $1/3$  of the depth of the cage, a protective plate is prepared, then anti-inflammatory treatment is carried out.

In case of bleeding from the resulting tooth cell : a) the time of blood clotting and leakage is determined; b) anesthetic, an inspection is carried out in the cell and a tampon is placed densely, a suture is placed if the gums are bleeding, anti-inflammatory treatment is prescribed; C) if the measures taken do not give results, a referral for treatment

After the tooth is taken, it is painless in the presence of pain in the cell and washed under pressure with antiseptic solutions, a light curettage is carried out in the cell, in which antiseptics, antibacterial and anesthetic drugs are left, and physiotherapeutic procedures are prescribed.

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