

## GINGIVITIS IN PEOPLE: FEATURES OF DIAGNOSIS, CLINICAL MANIFESTATIONS AND TREATMENT

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**Abstract:** Gingivitis is an inflammation of the gums caused by the adverse effects of local and general factors and proceeding without violating the integrity of the periodontal attachment. Common factors include problems with immunity, changes in hormonal levels, various somatic diseases, and bad habits. These factors reduce the resistance of the host and determine the features of the pathogenesis of periodontal pathology. This article discusses gingivitis in people, its features of diagnosis, clinical manifestations and how to treat it.

**Keywords:** malocclusion, orthodontic structures, fillings, carious cavities, proximal surfaces, development, pathology, density, bleeding.

**Introduction.** According to the International Classification of Dental Diseases based on ICD-10 (1997), there are [1]:

- K05.0 Acute gingivitis
- KO5.00 Acute streptococcal gingivostomatitis
- GO5.08 Other specified acute gingivitis
- GO5.09 Acute gingivitis, unspecified
- GO5.1 Chronic gingivitis
- KO5.10 Simple marginal
- KO5.11 Hyperplastic
- GO5.12 Ulcerative
- KO5.13 Desquamative
- GO5.18 Other specified chronic gingivitis
- GO5.19 Chronic gingivitis, unspecified
- K06.0 Gingival recession
- K06.00 Local
- K06.01 Generalized

- K06.09 Gingival recession, unspecified.

The key links in the etiology of inflammatory periodontal diseases are the following:

1. Bacterial pathogens.

The main cause of gingivitis is microflora. It is believed that 80-90% of cases of gingivitis are caused by the activity of plaque microorganisms. The composition of plaque and its periodontopathogenicity change over time, mainly due to the fact that as the volume of dental plaque increases, conditions are created that are favorable for the life of anaerobic bacteria (gram-negative rods, bacteroids, spirilli, spirochetes). Inflammation of the gums develops with an increase in the proportion of anaerobes in dental deposits, therefore, it is believed that gingivitis is a disease of the “old”, matured in 1-5 days of plaque.

2. Factors of the oral cavity. One of the main conditions contributing to the development of periodontal pathology is a violation (decrease, increase) of the functional load on the periodontium. These are malocclusion, adentia, carious destruction of teeth, chewing dysfunction, bad habits, etc. The state of the periodontium is also determined by soft tissue formations of the vestibule of the oral cavity (the frenulum of the lips, buccal bands, the depth of the vestibule of the oral cavity). Various retention factors (malocclusion, orthodontic structures, poorly polished fillings, carious cavities in the cervical region and on the proximal surfaces, fillings that fill the interdental space) can contribute to the development of local periodontal pathology. Periodontal damage can be caused by the actions of the owner himself (chronic autotrauma). This may be a mechanical trauma of the periodontium due to improper brushing of the teeth and improper cleaning of the interproximal spaces [2].

Diagnosis of gingivitis The basis for establishing the diagnosis is the history of the disease and life, as well as an objective study. Dental examination of a child with periodontal tissue disease is carried out according to generally accepted rules. Important data for the diagnosis of gingivitis in children are: Complaints and anamnesis of the disease. It is necessary to find out complaints and their dynamics, previous treatment and its effectiveness. It is necessary to find out the nature of oral care and establish the level of patient motivation for treatment. Most periodontal diseases are chronic, so the direct participation of the patient in the treatment is an important success factor.

Anamnesis of life. Various symptoms of periodontal disease may be due to the intake of certain medications, manifest in the presence of somatic diseases. In this regard, when collecting an anamnesis, it is advisable to ask the patient and his parents about the presence of somatic diseases (diabetes mellitus, blood diseases, dermatosis) and the use of drugs (nifedepine, cyclosporine A, hydantoin drugs).

Visual inspection. Attention should be paid to the functions of the maxillofacial region, because their violation can change the periodontal protection system. Clinical observations indicate an association between mouth breathing or insufficient lip closure and gingivitis. Mouth breathing and disturbed architectonics of the lips leads to drying of the gum tissue, which is accompanied by vasoconstriction and a decrease in the resistance of periodontal tissues. Violation of the function of chewing can lead to a change in the load on the periodontium.

Examination of the oral cavity. During an intraoral examination, attention is paid to the factors that contribute to the formation of a microbial plaque (carious cavities, poorly polished fillings, unsatisfactory fillings in the cervical region and on the proximal surfaces, bite anomalies), as well as the condition of the soft tissue formations of the vestibule of the oral cavity (the frenulum of the lips, buccal bands, height of the attached gingiva) [3].

Assessing the condition of the gums, pay attention to its color, size, shape, density, bleeding. One of the early symptoms of gingivitis is an increase in the rate of secretion of gingival fluid and a change in its cellular composition, migration of leukocytes and the appearance of whey protein in it are noted. The technical difficulties of examining the fluid do not allow diagnosing gingivitis at an early stage.

The second early symptom of gingivitis is bleeding from the gingival groove, which appears before other visible changes on the gum. The degree of gum bleeding and the ease with which it is provoked depend on the severity and duration of the inflammatory process, the intensity of the provoking factors. The clinical symptom of gingivitis is a change in the color of the gums. With an acute inflammatory process and desquamation of the epithelium, the gum has a red color. A cyanotic shade indicates congestion in the venous bed and is characteristic of a long-term inflammatory process. Gingival discoloration may be limited to the interdental papilla or extend to the gingival margin and then to the attached gingiva. With gingivitis, the consistency of the gums changes, which, depending on the type of inflammation, becomes either loose, edematous (catarrhal gingivitis), or dense and even bumpy (hyperplastic gingivitis). The consistency of the gums depends on the presence of exudate, the degree of increase in its connective tissue. With swelling, the surface of the gum becomes smooth, shiny, stretched, and the typical "orange peel" appearance disappears. The gum also has this appearance during desquamation of the epithelium. Changes in the contour of the gums. Gingival papillae, increasing in volume due to edema or connective tissue hyperplasia, lose their usual pointed contour and become spherical, forming gingival ("false") pockets. With gingival recession, the position of the gingival margin in relation to the necks of the teeth changes.

The treatment of this pathology is complex.



The suppression of periodontopathogenic microflora is a decisive factor in the success of the treatment of rapidly progressive periodontitis. The predominance of *Actinobacillus actinomycetemcomitans* is a sign of active destruction of periodontal tissues.

If during treatment the amount of this microorganism does not decrease, then the disease continues or recurs. This dictates the need for adequate, competent antibiotic therapy [4].

The most effective antibacterial drugs in relation to the anaerobic component are currently: tetracycline, levomycetin, lincocin hydrochloride, clindamycin, dalacin C; macrolides (erythromycin, oleandomycin phosphate, sumamed, azithromycin, macropen, rulid); beta-lactam antibiotics (Augmentin). Tetracycline is a highly effective antibiotic against *Actinobacillus actinomycetemcomitans*, however, due to its high toxicity and ability to stain the tissues of emerging permanent teeth, children under 12 years of age should be prescribed other antibacterial drugs.

Promising is the use of antibacterial drugs that have immunomodulatory activity. Rulid meets these requirements.

According to T.N. Modina (1998), an effective antibiotic for the treatment of this pathology is klaforan. To create a therapeutic dose and successful treatment, intramuscular, endolymphatic and lymphotropic routes of administration of klaforan were used.

T.M. Rogozhina (1993) proposed a method for the treatment of patients with rapidly progressive periodontitis using endolymphatic infusions of the antibiotic klaforan in combination with protease inhibitors and the immunomodulator T-activin. The author introduced a three-stage treatment method:

AB klaforan + T-activin endolymphatic; Klaforan, 1.0 per day for 5 days + protease inhibitor kontrykal 10,000 IU on days 2,3,4,5 endolymphatic;

AB intramuscularly to prolong remission [5].

In the systemic treatment of rapidly progressive periodontitis, the immunomodulator licopid is effective (1 mg once a day for 10 days in courses 2-3 times a year).

**Conclusion.** Treatment of rapidly progressive periodontitis is impossible without modern methods of periodontal surgery. Surgical methods of treatment set themselves the following tasks: elimination of periodontal and bone pockets, hyperplasia of the gingival margin to reduce the zones of retention of dental plaque and restore the functional morphology of the marginal periodontium, reduce the stress of periodontal tissues by changing the architectonics of the frenulum of the lips and the vestibule of the oral cavity, regeneration of periodontal tissues.

Periodontal surgery is planned (an exception is the opening of abscesses, their drainage). Therefore, to prepare patients for surgery, it is necessary to carry out dental

restoration, endodontic treatment, professional hygiene, and mandatory antibiotic therapy at the initial stage.

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