

HALITOSIS. METHODS OF DIAGNOSIS, TREATMENT AND PREVENTION

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Annotation. Halitosis (bad breath) is a disease of polyetiological nature, widely common among adults and children, difficult to eliminate with breath freshening drugs [1, 2]. The problem of halitosis has both medical and psychological aspects. Halitosis can be an indicator of the pathology of various organs and systems of the body, also halitophobia, this is a false sensation by the patient of something unpleasant bad breath, which have a huge negative impact on social activity and quality of life of people century, is the reason for limiting human communication [1]. There are three fundamentally different states associated in the patient's consciousness or in the perception of the environment.

Keywords: Halitosis, oral biocenosis, diagnostic methods, periodont, oral fluid, floss.

The people pressing him with bad breath.

I- true halitosis, the objective presence of an unpleasant odor, notice possible by others, is diagnosed by organoleptic or physico-chemical methods.

II- pseudohalitosis is the presence of a subtle, practically indistinguishable odor, which is perceived by the patient as significant.

III - halitophobia - the absence of any unpleasant shade in the smell of exhaled air when the patient's persistent belief in the opposite [1.2.3]. True halitosis can be physiological, associated with the characteristics of the patient's oral biocenosis, or pathological, caused by diseases. One of the etiological factors and the occurrence of unpleasant

Bad breath is caused by the production of hydrogen sulfide by anaerobic bacteria, which develop in places that are practically inaccessible to oxygen [1].

Purpose of the study. Study the causes of halitosis, diagnostic methods and their prevention.

Material and research methods. We examined 76 patients aged from 16 to 60 years who came to the National Research Center "Dentistry" of the Samarkand State Medical University with complaints of bad breath. During a subjective, objective and instrumental examination of the patients who applied, the causes of the development of halitol were studied. Chronic diseases of internal organs were detected in 46.1% of

patients and vitrooral pathology in 53.9%. The assessment of the hygienic state of the oral cavity was carried out using the Green-Vermillion hygiene index.

Million (1964), periodontal condition was assessed using the PI index. To establish the diagnosis of nitrooral halitosis, patients underwent the following diagnostic methods:

1) Assessment of exhaled air through the nose.

2) Test with a napkin on the back of the tongue, in which the plaque on the back third of the tongue was removed with a napkin and after 40- 50seconds, a subjective assessment of the smell of the removed plaque was carried out.

3) Assessment of the color and smell of dental floss, floss cleaned the interdental spaces in the molar area, after 40-50 seconds objectively determined color change or presence of blood on the floss and subjective assessment of the smell of the floss that raid.

4) Test on your own wrist, the patient licks his wrist, after 10 seconds he determines the smell of oral fluid on his skin.

5) Organoleptic method carried out by a professional expert. You should exhale through your mouth for a second into the tube is air, identified by the doctor on a scale. The patients underwent correction. individual oral hygiene, selected hygiene products and trained methods of brushing teeth, carried out professional oral hygiene using an ultrasonic device "Piezon Master 400". Introoral pathology was eliminated by the dentist; patients were treated for diseases of internal organs were referred to appropriate related specialists. Patients were observed before treatment, 10 days and 3 months after treatment, the results of the treatment were assessed based on the subjective opinion of patients about the presence or absence of bad breath, as well as taking into account the diagnostic methods indicated above.

Research results and discussion. The results of the study showed that in patients with halitosis suffering from chronic diseases of internal organs, gastrointestinal pathology prevailed, amounting to 19.7%. Kidney diseases were detected in 14.5% of patients, ENT diseases - 11.8%.

Helicobacter pylori infection was detected in 15 (19.7%) patients with gastrointestinal tract disease. In 28.9% of the examined patients, manifestations and pathology of internal organs and pitrooral halitosis were found, who received treatment measures together with related specialists. When examining patients suffering from halitosis, the hygiene index averaged 14 (18.4%) satisfactory, unsatisfactory 26 (34.2%), poor 36 (47.4%). The periodontal index in 6 (7.8%) patients averaged 2.4, in 7 (9.2%) 4.8, in 9 (11.8%) 6.9, in 4 (5.3%) 7.2. Chronic ulcerative-necrotic gingivitis was detected in 6 (7.8%) patients, chronic generalized periodontitis in 20 (26.3%), many natural caries 2 (2.6%), hyposalivation 4 (5.2%), poor-quality bridges in need of replacement -5 (6.6%), perekronoritis 38. 48 teeth -2 (2.6%).. socket post-extraction

alveolitis 16, 47 teeth -2 (2.6%).

The results of treatment after 10 days showed that 32 (42.1%) patients and after 30 days 68 (89.5%) noted disappearance of bad breath, this was confirmed by instant diagnostic methods. In 8 (10.5%) patients, a transient nature of bad breath was observed.

Conclusions. Thus, halitosis is a polyetiological disease with a complex pathogenetic structure, widespread among adolescents and adults. Since, bad breath or affects the degree of social activity and quality of life of a person.

Important points in increasing the effectiveness of halitosis treatment are an integrated approach and management by doctors of different specialties: dentists, gastroenterologists, ENT doctors, etc.

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