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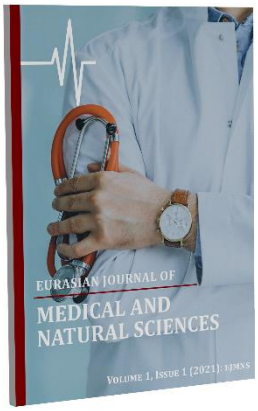

INTRAZONALITY OF GINGIVITIS IN CHILDREN LIVING IN ANDIJAN REGION

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ABSTRACT

The socio-economic transformations in Uzbekistan that have taken place in recent years have had a significant positive impact on dental care, which is one of the most popular types of medical care for the population. There is a need for close attention not only to those living in this city, but also to involve doctors in preventive measures to prevent diseases of the oral cavity, as well as dispensary registration of groups of those examined with the worst indicators of the state of the dentoalveolar system. The aim of the work is to study the prevalence of gingivitis in children living in cities with different environmental conditions.

Inflammatory gum disease is common among people of all age groups, including more than half of children. Such diseases very often cause other dental diseases and the loss of the teeth themselves [4,7,9].

Therefore, it is simply necessary to identify and treat all diseases of the oral cavity, which can often go unnoticed. The socio-economic transformations in Uzbekistan that have taken place in recent years have had a significant positive impact on dental care, which is one of the most popular types of medical care for the population. The complexity of solving the problems of improving dental care for the population is determined by the high and increasing incidence of diseases of the dental system in the population [1,2,4]. One of the problems of improving dental care is the prevention of dental diseases. A significant amount of literature is devoted to the problems of prevention of dental morbidity [1,3,8].

The localization of this disease is basically the same - all areas that are poorly amenable to hygienic measures [9]. Such parts include the interdental spaces of all chewing teeth. The risk group for this disease includes pregnant women, adolescents and people with diabetes [5,6].

The purpose of the work: To study the prevalence of gingivitis in children living in cities with different environmental conditions.

Materials and methods. In order to develop and implement a program for the prevention of dental morbidity and to clarify the calculations of the standards for the need for dental treatment and preventive care, information is essential that characterizes the level and structure of

dental diseases among the studied population groups. Based on this, we conducted a dental examination among children and youths of the urban population of Uzbekistan, divided into age groups recommended by WHO. In this regard, the dependence of the state of the oral cavity of the population on the impact of anthropotechnogenic environmental factors was studied in two cities with different environmental pollution.

2 cities were identified for research: the city of Asaka in our research was considered experimental where the atmospheric air is polluted with sulfur dioxide, nitrogen and carbon oxides, ammonia and dust emitted by industrial enterprises; Andijan city with the most optimal environmental conditions.

In the process of examining the children's and youth population, it was planned to study the frequency and nature of periodontal pathological changes, their age dynamics. The following clinical indicators were determined: the level of oral hygiene; violation of the structure of the soft tissues of the vestibule of the oral cavity. The nature of violations of the vestibule of the oral cavity and dentoalveolar anomalies were not differentiated, only the presence or absence of them was noted.

The first signs of the disease are found already in the milk bite, and with age, the frequency and severity of the disease increases. Gingivitis in children is observed quite rarely, especially in the age group up to 3 years - isolated cases. At the age of up to 6 years, they are diagnosed, respectively, from 20.16 ± 1.37% to 28.50 ± 1.36% in the cities of Andijan and Asaka (Table 1).

Age, years	Age, years Andijan	Asaka
Up to 3 years	1,46 ±0,15	1,85±0,12
3-6 years old	20,16 ± 1,37	28,50 ± 1,36
6 -15 years old	32,17 ±3,22	39,15 ± 2,52
15-18 years old	35,14 ± 2,88	40,23±3,79

Table 1

Gingivitis prevalence (%) (M±m) Andijan Asaka

Significantly change the values of indicators in the examined schoolchildren, amounting to 32.17 ± 3.22 to 39.15 ± 2.52% at the age of 6-15; 15-18 years old 35.14 ± 2.88 to 40.23 ± 3.79% in the cities of Andijan and Asaka.

In Asaka city, gingivitis is more common among preschoolers than in other cities. In preschool children in Asaka, the value of gingivitis indicators is higher than in preschool children in Andijan by an average of 24.76%, and similar indicators in schoolchildren are on average higher by 17.41%.

In cities, a relatively low frequency of gingivitis in schoolchildren was noted, then at the age of 6-15 years it increases by 1.4-1.6 times. The wave-like dynamics of the frequency of gingivitis suggests that inflammatory changes

PMA index value (M ± m%)

Age, years	Age, years Andijan	Asaka
Up to 3 years	0,23±0,04	0,26±0,03
3-6 years old	2,34±0,13	2,44±0,42
6 -15 years old	2,43±0,14	3,74±0,45
15-18 years old	3,68±0,41	3,87±0,25

periodontal disease can stop spontaneously. Gingivitis in girls is 5.3 - 8.9% less common than in boys, but these differences are not statistically significant.

To assess oral hygiene and determine the effectiveness of the use of hygiene products, as well as to clarify the role of hygiene in the etiology of dental and periodontal diseases, the proportion of the tooth surface covered with plaque (Green-Vermilion index) in children with gingivitis was determined in comparison with healthy individuals. The data indicate that with intact periodontium, the value of the Green-Vermilion index in the examined children of cities within and between age groups in each city is quite comparable. At the same time, in the age group of 6-15 years, the indicator was slightly higher, but in comparison with the average value, these differences were not significant (P> 0.05).

In general, the data obtained indicate that in the studied population groups, plaque covers from 50% (index 1.5) to 80.0% (index 2.4) of the tooth surface, even in the case of a healthy periodontium.

The hygienic condition of the oral cavity was unsatisfactory in all the examined groups. With gingivitis, the value of oral hygiene indicators is worse than with intact periodontal disease.

In the examined schoolchildren, periodontal diseases are represented by superficial inflammation in the form of catarrhal gingivitis. Catarrhal hyginitis without therapy almost inevitably develops into periodontitis and other severe forms of periodontal disease.

Destructive changes in the bone of the alveolar processes were found mainly in adolescents aged 15-18 years. The values of the prevalence and intensity of periodontal diseases are maximum at the age of over 15 years.

Conclusion.

Based on the foregoing, it can be concluded that the prevalence of periodontal diseases among children and adolescents is very high. The most common disease is catarrhal gingivitis.

Starting from early childhood from the age of 3 years, periodontal inflammation, poor oral hygiene were noted. These indicators are worse in the surveyed city of Asaka, the ecology of which is polluted by emissions from industrial enterprises.

Therefore, there is a need for close attention not only to those living in this city, but also to involve doctors in preventive measures to prevent diseases of the oral cavity, as well as dispensary registration of groups of patients with worse indicators of the state of the dentoalveolar system.

References:

1. Изучение стоматологической заболеваемости детского населения Санкт–

Петербурга по данным эпидемиологического обследования / Е.О. Данилов, Р.Н. Жапакова // Стоматология детского возраста и профилактика.
-2008. – Т. 7, № 4 (27). – С. 3-5.

2. Караков К.Г. Опыт клинического применения лазерной фотодинамической системы в стоматологии / К.Г.Караков, Э.Э.Хачатурян, З.А.Сеираниду// Пародонтология. 2012. Т. 17. № 1. С. 61-63.
3. Караков К.Г., Соловьева О.А., Алфимова А.О., Хачатурян Э.Э., Мхитарян А.К. Лечение хронических генерализованных катаральных гингивитов с при менением иммобилизованных препаратов в сборнике: актуальные вопросы с овременной медицины/ Сборник научных трудов по итогам межвузовской е жегодной заочной научно- практической конференции с международным участием. Некоммерческое партнёрство «Инновационный центр развития образования и науки». Екатеринбург, 2014. С. 213-215.
4. Короткова А.П. Диагностическое значение стоматологического статуса и электролитного состава ротовой жидкости при неспецифических хронических гастродуоденитах у детей//Стоматология детского возраста и профилактика. 2002. № 1-2. С. 40.
5. Кружалова О.А. Хронический гингивит у подростков в период полового со зревания : автореф. дис. ... канд. мед. наук / О.А. Кружалова ; М.,2000.- 21 с. 6.Лепехина О.А. Распространенность и особенности клинического течения гингивитов у школьников города воронежа в различные возрастные периоды: Автореф .....к.м.н.- Воронеж, 2011-24с.
7. Масумова В.В., Булкина Н.В., Осипова Ю.Л., Савина Е.А., Александр ова Е.А. Отдаленные результаты лечения хронических гингивитов. Совре менные наукоемкие технологии. 2008. № 3. С. 56
8. Ризаев Я.А. (2008). Распространенность болезней пародонта среднего городского населения Узбекистан [Распространенность заболеваний пародонта среди городского населения Узбекистана] Med.jurnal Узбекистана,(4), 55-58.
9. Трифонов В.Д., Белякова Т.Д., Зубрицкая С.П., Шубин А.С. Ионный с остав слюны как показатель моторных нарушений верхних отделов желудочно-кишечного тракта у детей// Русский медицинский журнал. 2003. Т. 11. № 3.С. 97.