
CHRONIC OBSTRUCTIVE PULMONARY DISEASE DISSEMINATED PERIODONTITIS IN INFECTED PATIENTS Entry

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Annotation.

Another of Dentistry in medicine among the problems are periodont's disease and the addition of internal organs the problems of injuries occupy an important place, since such in cases close functional connections between affected member and systems due to its presence, there is a cross-aggravating disorder.

Аннотация.

Еще одной проблемой стоматологии в медицине среди проблем являются заболевания пародонта и дополнение внутренних органов. Проблемы травм занимают важное место, поскольку в таких случаях возникают тесные функциональные связи между пораженным органом и системами из-за его наличия, возникает перекрестно усугубляющее расстройство

Izoh. Tibbiyotdagi yana bir stomatologiya muammolar orasida periodont kasalligi va ichki organlarning qo'shilishi shikastlanish muammolari muhim o'rin tutadi, chunki bunday holatlarda ta'sirlangan a'zolar va tizimlar o'rtasida funktsional aloqalar mavjud.

According to some authors, chronic pka is specific in diseases chronic diffuse periodontitis has been reported in 17.7-28.0% of cases [1,3].

Z in turn, the chronic process in the bronchi, the general of the body reduced immunological reactivity of periodontal tissues the opportunity to contribute to the development of inflammatory processes creates. [2,4]. According to researchers, chronic obstructive pulmonary systemic hypoxia in diseases parodont of pathology in tissues it is accompanied by the development and reinforcing the diffuse periodontitis is a factor. Also, the microbial landscape of the oral cavity quantitative and qualitative composition is determined by the reactivity of the organism offered [1,4]. In this scientific study, chronic in the bronchi to determine in what way the

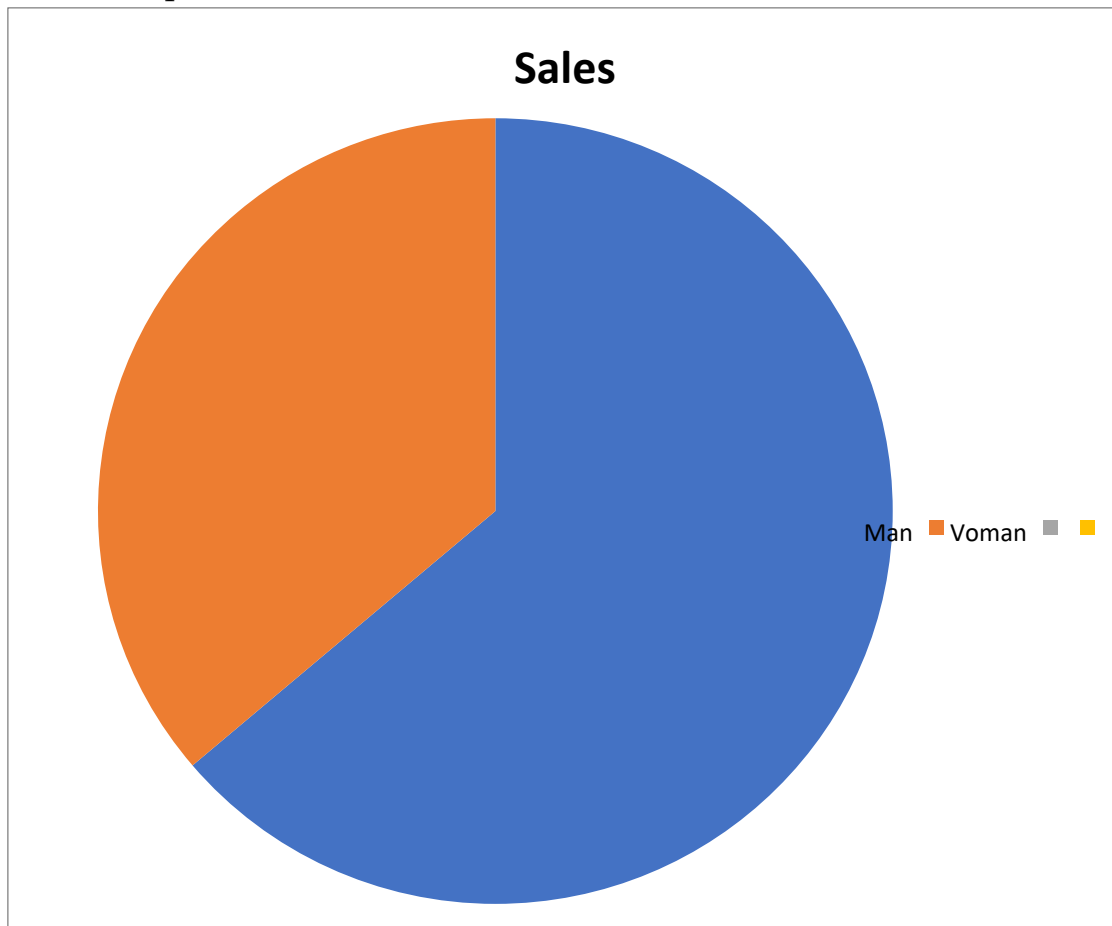
process affects the parodont tissue, and that's it the issue of developing an optimal treatment measure from patients like this on the basis of set.

Keywords. CHRONIC OBSTRUCTIVE PULMONARY DISEASE. Periodontitis. chronic diffuse periodontitis.

The purpose of the work is that the lungs suffer from chronic obstructive disease to determine the specific course of chronic diffuse periodontitis in patients.

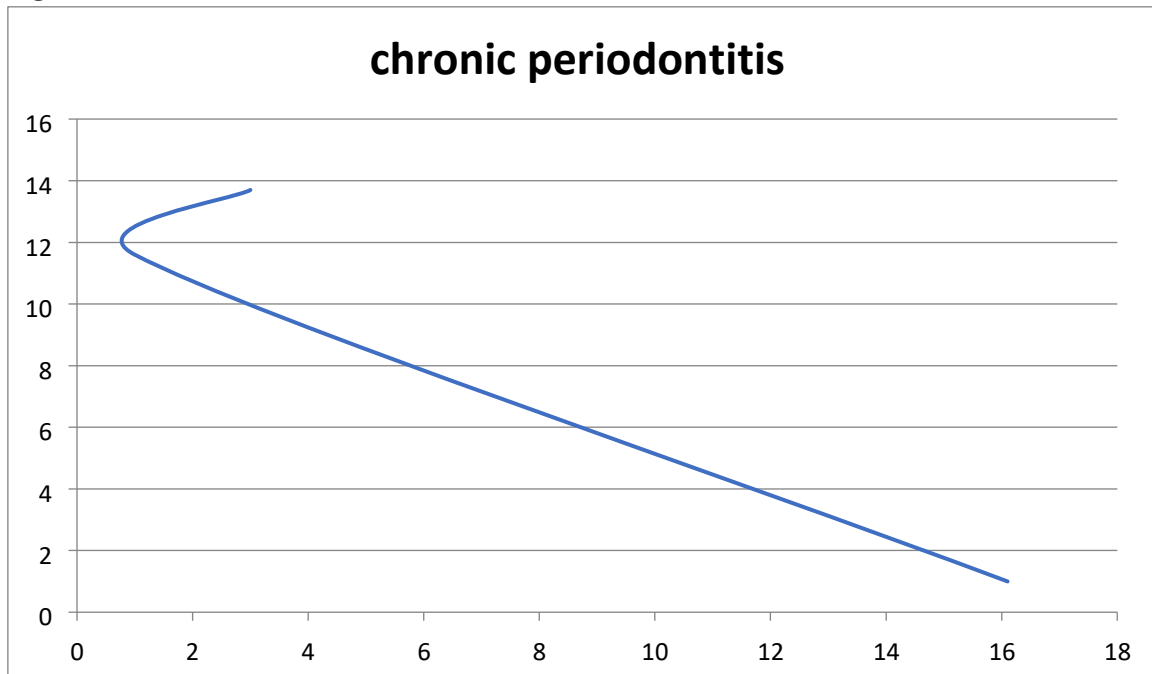
Material and styles. Chronic obstructive pulmonary in the study mild, moderate and chronic disseminated periodontitis of the disease II-IV degree and 132 patients with severe grade diagnosis have been studied.

132 STPs examined and chronic obstructive pulmonary disease when analyzing patients by gender and age, they had 80 males made up 52 (39.4%) and females made up,60.6%.



60 different types of chronic obstructive pulmonary disease when analyzed of the 67 patients diagnosed with chronic diffuse periodontitis: chronic obstructive pulmonary disease II - III-mild Grade 21 (16.1%) in 8 of the patient (11.6%), chronic diffuse periodontitis occurs at an average level of and

Chronic diffuse periodontitis severe grade in 17 (13.4%) it was diagnosed as advanced. 15 of these patients (12.5%) are female and (6.1%) were analyzed as being male.



Objective assessment of the condition of Parodont tissues the following indices performed using: hygienic index (OHI-S, Green J.C., Vermillion J.R., 1964, SilnessLoe,1964), parodontal (PI, Russel A., 1956) and the papillary-marginalalveolar index (PMA, Parma G.,1960), bleeding index in PT (MuhlemannCowell, 1975.). Variable in clinical study

periodontal symptoms of intensity-pain, inflammation of the gums, bleeding, pus leakage between the teeth-gums-pathological pockets and its changes in composition, foul odor, redness of the gums, pathological mobility tooth flutter and displacement of places were analyzed.

As can be seen from the information provided, chronic obstructive lung disease small number of patients with chronic disseminated periodontitis severe form of chronic diffuse periodontitis in 41% of patients in the group was and 9 percent had an aggressive form of periodontitis, chronic obstructive in a small group without lung disease, however, similar indicators are statistical significantly lower than the jixat: 8% and 1%.

The clinical manifestations of periodontitis are very diverse and pathological the procedure was performed depending on the weight level. Parodont was healthy there were no complaints in the group. At the examination, milkni

pheasant is pale pink, milk dense on the tooth, no bleeding when probing, periodontal sacs it was not detected, there are no radiological changes.

Patients with chronic disseminated periodontitis when taking food to significant bleeding of gums, pain, itching and swelling in gums, teeth numbness of the tooth when taking a sour product, unpleasant from the mouth smell, pain when biting hard Food, dark and sticky saliva they complained about the existence. Swelling of the gums on objective examination and hyperemia, changes in their configuration, interdental tooth gum suckers can cause bruising, shape changes, bulging, and it was found that the teeth were not densely packed. Tooth gums swollen, softened, easy to bleed, increased sensitivity to temperature and chemical influences, the presence of a large amount of under-and above-tooth remains was found. When the gums were palpated, serous or serous-purulent secretions came out. In the middle level of chronic diffuse periodontitis, the probing is 3.0-5.0 allows identification of periodontal pockets up to mm.

Interdental up to $\frac{1}{2}$ Root Length in radiological examination 61 destruction of obstacles is detected. Dental grade I-II mobility was found to occur.

In severe periodontitis, clinical signs are significant: food constant pain in the gums, not associated with consumption, from the mouth food due to unpleasant odor, hyperesthesia, mobility of the teeth it is difficult to bite and chew, suppuration, crumpled teeth, teeth the appearance of slits between, teeth in some patients a change in speech is observed due to suffocation.

In objective examination-significant deformation of the gums, granulation, fibrosis, hyperemia. Gum suckers are not densely located on the teeth, teeth in large quantities of stones, tooth residues under and above the gums, nails painful, pus detachment is observed when palpating. Grade II-III teeth mobility, periodontal pockets over 5.0 mm deep.

It can be seen that pain in patients who do not have periodontal disease, bleeding, pathological pocket depth, tooth mobility, PMA and PI the indexes were 0. OHI-s index score 0.74 ± 0.10 it was noted that there is a marking tooth Carache, periodont damage the total weight rating was 0.09 ± 0.113 points.

Disease in patients with mild-Grade diffuse periodontitis symptoms include intensity of manifestation, condition of oral hygiene, and periodont the scores describing the rates of destruction and inflammation range from 0.95 ± 0.04

Up to 1.23 ± 0.11 points and the total severity of the injury is 1.22 ± 0.04 points organized.

Patients with intermediate diffuse periodontitis are isolated index indicators of symptoms and severity of periodontal injury absolute values ranged from 1.88 ± 0.06 to 2.41 ± 0.10 points. From 2.63 ± 0.11

The highest scores up to 3.50 ± 0.11 are severe grade diffuse periodontitis it coincided with the maximum intensity of the pathological process.

Parodont damage is common in patients with varying severity based on the results of a study of the quantitative description of the weight index, intact

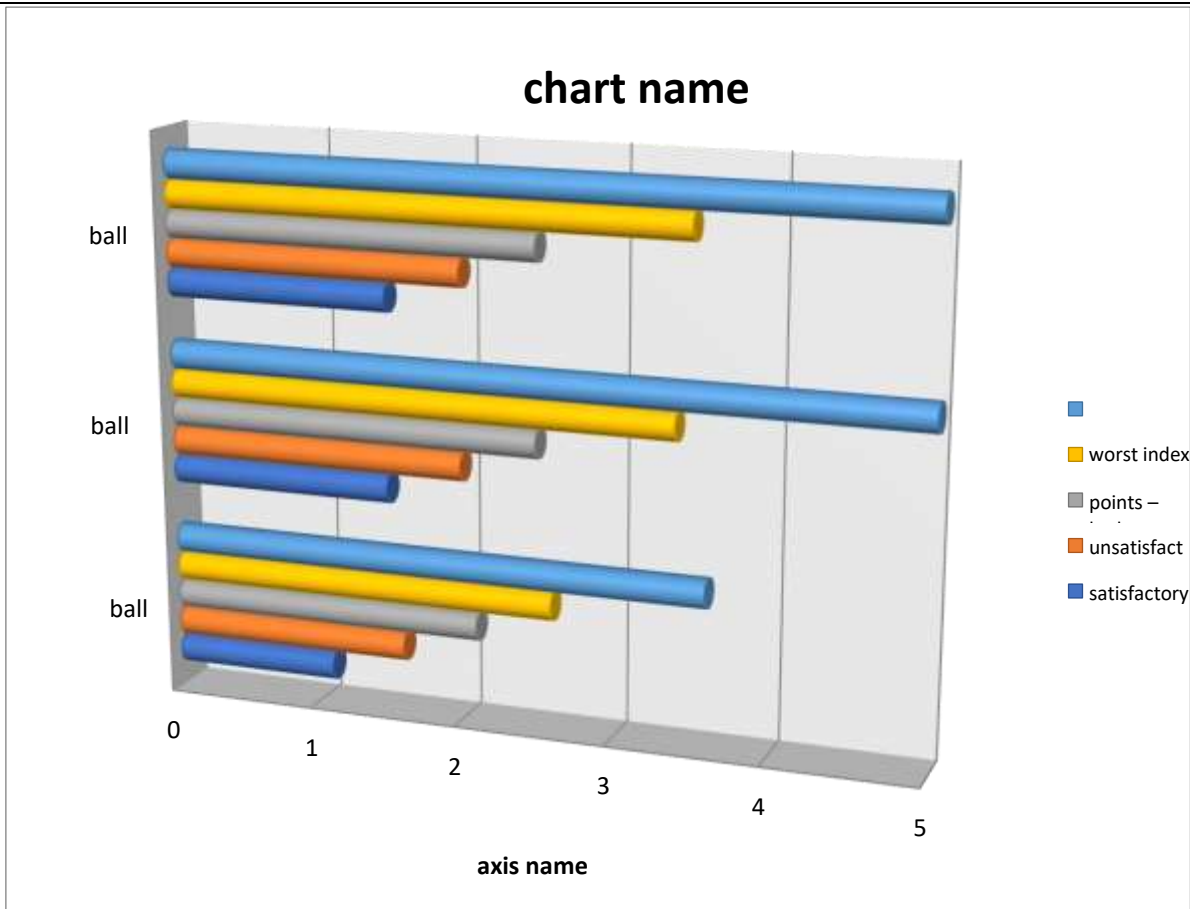
between Stage 1 of the inflammatory-destructive process in the parodont and parodont there is a maximum limit: common in mild-Grade diffuse periodontitis

Weight Index magnitude is 15.5% higher than intact parodont, with intact a score of 0.09 ± 0.013 in parodont, with a slight degree of diffuse parodontitis -

1.22 ± 0.04 . In later parodont, if the condition becomes severe, the general Weight Index indicators and a variety of the weight of the periodont damage the difference between the stages will not be so great: the spread of the middle level the total weight index in periodontitis is light in size 83.16% of prevalence rate of periodontitis, with severe prevalence parodontitis, on the other hand, is 31.25% higher than middlelevel diffuse parodontitis comes, the total weight index indicators are, respectively, 2.23 ± 0.04 and 2.94 ± 0.05 points. Such a difference is justified, because 62 of parodontitis a single pathological process on the basis of different differences - parodont tissue inflammatory-destructive damage lies.

The PI index ranges from 0.1 to 1.0 as the initial and corresponds to the mild level; from 1.5 to 4.0-of the pathology of parodont medium-severe degree; and from 4.0 to

8.0 - severe of parodont pathology the level is. Fedorova-Volodkina (Yu.A. Fedorov, V.V. Volodkina, 1971) of the lower front six teeth for mating according to the hygiene index (the vestibular surface was dyed with a solution of iodocaly. Interpretation) implemented under a five-point system:



1.1-1.5 points good hygiene awarded to index; 1.6 – 2.0 points-satisfactory; 2.1 – 2.5 points-unsatisfactory; 2.6– 3.4 points – bad; 3.5 – 5.0 points-the worst index of hygiene was calculated.

Conclusion. Among the fluid that comes in and is lost in the body in moderation

there is a constant balance, which is the function performance of each tissue provides stagnation and circulating blood and interstitial fluid supports dynamic balance between volumes. In the water balance any changes in the evolution process that come out of the limit of the norm first functional disorders, then morphological of organs and tissues it causes its disorders to occur.

Chronic obstructive pulmonary disease + chronic diffuse periodontitis severe form of chronic diffuse periodontitis in 41% of patients with, 9% when an aggressive form of chronic diffuse periodontitis has been identified, in the case of a guru who does not have chronic obstructive pulmonary disease, a similar the indicators were lower than the statistical estimate and are 8% and 1%, respectively did. In patients with varying severity of Parodont tissue damage intact in mild-Grade diffuse periodontitis of the total weight index

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