



## **A MODERN APPROACH TO THE TREATMENT OF CHRONIC CATARRHAL GINGIVITIS IN ADOLESCENCE"**

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### **RELEVANCE**

*This article discusses the problem of adolescent gum pathology and the prevalence of the disease among the population (Tashkent Chirchik). It offers the traditional complex and local treatment of chronic catarrhal gingivitis in puberty, as well as the effectiveness and treatment methods.*

**KEY WORDS:** *children, periodontium, inflammatory periodontal diseases, gingivitis.*

### **DISCUSSION**

The problem of gum pathology is of general medical and social importance, in general, and for modern dentistry. One of the most common gum diseases in children of puberty is chronic catarrhal gingivitis, which occurs without vivid clinical signs, which complicates the early detection and timely provision of dental care. As you know, patients turn to the dentist for help with the progression of the disease and the development of some complications.

Chronic catarrhal gingivitis in adolescence is a disease that occurs during sexual maturity. Most often observed in boys aged 14-15 years and in girls 10-11 years old.

Epidemiological data conducted in the Republic of Uzbekistan by the authors indicate a significant prevalence and intensity of chronic catarrhal gingivitis in children and it attributed to

violations of oral hygiene. Scientists and researchers of Uzbekistan are constantly looking for new techniques and methods of treating chronic catarrhal gingivitis. (Alieva M.A. 1994, Yuldashkhonanova O.S., Gulomov S.S., 2004. and others).

A survey conducted in the cities of Tashkent and Chirchik showed that the first signs of the disease are already found 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 6 years, they are diagnosed, respectively, from  $19.46 \pm 1.42\%$  to  $27.70 \pm 1.29\%$ .



The prevalence of gingivitis (%) (M ± m)

Age, years	Tashkent	Chirchik
Up to 3 years	1.46 ± 0.15	1.85 ± 0.12
3-6 years old	19.46 ± 1.42	27.70 ± 1.29
6-15 years old	31.11 ± 3.22	38.29 ± 2.37
15-18 years old	34.94 ± 2.98	42.23 ± 3.79

In cities, a relatively low frequency of gingivitis among schoolchildren is noted, then at the age of 6-15 it increases by 1.3-1.5 times. The wave-like dynamics of the frequency of gingivitis suggests that during the growth of children, inflammatory periodontal changes can stop spontaneously. Gingivitis is 5.2 to 9.6% less common in girls than in boys [10].

The signs of chronic catarrhal gingivitis in the adolescent period include lesions of the gingival margin of the frontal teeth of both the upper and lower jaw. In girls, increased bleeding gums associated with the premenstrual period. During puberty, the excretion of sex hormones increases dramatically and progesterone production decreases. The development of symptoms of gingivitis is due to which of the hormones prevails in the body. Over the past decades, there has been not only an increase in the prevalence of periodontal pathology in adolescents, but also a significant increase in the most severe forms of these diseases [6]. Biological changes in this period are regulated by neurosecretory factors and hormones that accelerate somatic growth and development of the sexual glands, their endocrine and exocrine regulation [1]. In the initial stages of chronic hypertrophic gingivitis, periods of intense inflammatory reaction alternate with periods of remission. The authors associate this type of course with endocrine changes during puberty [2]. At the same time, periodontal tissues are not completely formed and are in a state of physiological stress for a long time [6]. Hormonal imbalance associated with puberty affects the gum epithelium, which, in turn, is due to the clinical and functional characteristics of periodontal disease. From these positions, the oral cavity is considered as an ecological system in which various biological processes, interacting together, cause multidirectional pathological processes. However, the collected data on these processes do not completely solve the tasks set for clinicians, which necessitates the search for more rational, effective and pathogenetically sound diagnostic methods [3].

Comprehensive treatment includes the elimination of local factors (fillings defects, anomalies of the dentition, etc.) and the elimination

of common factors leading to this disease (treatment of concomitant diseases).

In the treatment of gingivitis, in addition to the etiological factor, the peculiarities of the inflammatory process are taken into account, which involves restoring the barrier function of the epithelium, affecting the pathological links of the inflammatory reaction, microcirculation and normalization of metabolic processes in the gums, increasing local and general resistance of the body [7]. Treatment of chronic catarrhal gingivitis with a mixture of essential lubricants in combination with bentonite clay has a positive effect, leading to a quick relief of the clinical manifestations of the disease, a significant improvement in periodontal condition indices [8]. Treatment of chronic catarrhal gingivitis begins with the rehabilitation of the oral cavity and training in brushing your teeth, with antiseptic treatment of the oral cavity. Antiseptics are taken in the form of oral bath, rinses, applications for gums. Then proceed to the removal of dental deposits. In this case, calculus and soft plaque are removed with special tools. Then, antiseptic treatment of the oral cavity is again performed. Removal of dental deposits is carried out in 1-2 times. Apply solutions of antibiotics and antiseptics, which have an inhibitory effect on the simplest microorganisms, as well as herbal products (Kalanchoe juice, calendula, tincture of celandine).

Used anti-inflammatory therapy with non-steroid drugs (0.1% solution of mefenamine sodium salt, etc.). Widely used ointments, mainly standard eye, containing antibiotics (polymyxin, dibiomycin and others), 5% butadionic, 10% indomethacin, 1% hydrocortisone ointment, 10% methyluracil ointment for gum dressings. Antibacterial ointments are also used: metrogildent mixed with zinc oxide and dentin powder; ready-made gum dressings: Septopak (Septodont), Diplendant films containing an antiseptic or antibiotic.

In the treatment of chronic catarrhal gingivitis, physiotherapy is used: gum irrigation with a saturated solution of carbon dioxide for 10 minutes, daily or every other day, for a course of treatment of 10-15 sessions. Mineral water is used to moisten the



gums of the oral cavity. Electrophoresis with vitamin C, heparin, nicotinic acid is also prescribed. The course of treatment is 10 times in terms, which are prescribed daily or every other day. Gum massage (vibration, finger) is used. The course of treatment 10-15 times in term. The treatment regimen includes the appointment of calcium-containing drugs (Calcium-D3 Nycomed 1 tablet contains 500 mg of elemental calcium and 200 IU of vitamin D3) 1-2 tablets per day for 20-25 days 2-3 times a year. Treatment of exacerbated chronic gingivitis. For this, broad-spectrum antibiotics with antiseptics are used. Oral care is important. For rinsing use decoctions of sage, chamomile, lysozyme (1 egg white per 1 liter of boiled water, 1 teaspoon of table salt). For simultaneous analgesia of the gingival mucosa, lysozyme can be prepared with a 0.5% novocaine solution or lubricated with an anesthetic suspension in oil. With severe exudative phenomena, proteolytic enzymes are used (lysozyme, trypsin, chymotrypsin, pruxol, terrilithin, ribonuclease, pancreatin) with microcide, 1% sodium mefenamine solution, Kalonchoe juice, imanine, etc. [9].

The high prevalence of inflammatory periodontal diseases among children, the complexity and lack of radical methods of treatment, and the insufficient effectiveness of the existing system for the prevention and treatment of periodontal diseases prescribe the need for new methods of early diagnosis and a differentiated approach to the treatment of this pathology.

## REFERENCE

1. Bondarenko O.S., Bondarenko A.N., Risovannaya O.N. *The Effect Of Various Methods of Treatment of Chronic Catarrhal Gingivitis on the Indicators of Dental Health And Quality of Life Of Patients* // Med. Vestnik. North Caucasus. - 2011. - No. 4. Pp. 27-29
2. Grinin V.M., Banchenko G.V., Maksimovsky Y.M., Grinin V.M. *Tongue is the Mirror of the Body: A Clinical Guide for Doctors*. - M., 2012. -- Pp. 23-25
3. Domyuk D.A., Porfiriadis L.E., Zelensky I.V. et al. *Microcirculation Assessment In Prosthetic Bed Tissues Using Removable Orthodontic Equipment in Children and Adolescents* // Kuban Scientific. Med. Vestnik. - 2012. - No. 4. - pp. 129-133.
4. Mamaeva E.B., Tsinecker D.A. *Chronic Hypertrophic Gingivitis in Adolescents: the Choice of Preventive and Therapeutic Measures* // The DPPPD Symposium under the EPMA. - Voronezh, 2012. -- pp. 70-76.
5. Suetenkov D.E., Lyasnikova A.V. *Prospects for Orthodontic Correction in Patients with a High Risk of Periodontitis Using Modified Coating Microimplants* // Periodontology. - 2009. - No. 3. - Pp. 45-50.
6. Zinecker D.A. *Chronic Hypertrophic Gingivitis in Adolescents 13-15 years old. A Complex Approach*.
7. Abolmasov N.N. *Strategy and Tactics for the Prevention of Periodontal Disease* / N.N. Abolmasov // Dentistry. - 2003. - No. 4. - pp. 34-40, Alimova R.G. *A Method for the Prevention of Dental Caries and Oral Mucosa of Children* / R.G. Alimova // Russian Dental Center. p.44 No. 2, 2003. Journal.
8. Denga O.V. *Adaptogenic Prevention and Treatment of Major Dental Diseases of Children: dissert. For Doctorcy of M. Sciences: 14.01.22/Kovach Ilona Vasilevna.- D., 2006.p.373.*
9. *The Use of Essential Lubricants and Bentonite Clay in the Complex Treatment of Chronic Catarrhal Gingivitis in Children*, T.N. Pushkova, N.P. Sysoev, N.P. Buglak, E.Yu. Shapovalova, *Crimean Therapeutics' Journal*, 2015, No. 3, pp. 45-48
10. *9 Treatment of Chronic Catarrhal Gingivitis in Adolescents with Herbal Antiseptic Drugs*, Dzeh O.Yu., Lazarev A.I. Pages: 92-94 Issue: No. 8 (39) Part 3, *International Research Journal*.
11. *10 Arthur Mikhailovich Khaidarov, Prevalence and Frequency of Periodontal Disease in Children Living in Cities with Different Environmental Conditions. Journal of Biomedicine and Practice. 2017, vol. 1, issue 1, pp. 32-37*