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Study Periodontal, Hygienic Indices of The Oral Cavity

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Abstract
In recent decades, the question of the relationship between oral health and cardiovascular disease has been considered highly relevant. The effect of foci of chronic oral infection on the development of common diseases is recognized as important in all countries of the world (WHO, 2003). Thus, according to the World Health Organization, based on dental examinations of the population, periodontal disease occurs in 68-98%.

Keywords:

Introduction

By the age of 40, the incidence of periodontitis reaches 98.5%. The number of people suffering from cardiovascular disease is also high around the world. In developed countries, cardiovascular disease is still the leading cause of death. According to WHO, 1400 million people die from CVD each year. According to the Society of Cardiology, the death rate from ischemic heart disease in people aged 35 to 64 in our country is the highest in Europe, reaching more than 350 people per man and more than 100,000 people per 100 people per year in the general population. Periodontal disease is an important medical and social problem, characterized by constant growth and widespread prevalence not only in the elderly, but also in young people. An important feature of the functioning of the organs and tissues of the oral cavity is the fact that all ongoing processes take place in the constant presence of various associations of microorganisms, either the cause of pathological processes in the body or the participants.

The manifestation and progression of symptoms of periodontitis depends on a number of circumstances, including somatic diseases, social, behavioral, systemic, genetic factors, the presence of microbial composition of plaque and other indicators and risk factors. Among periodontal diseases, the first place is occupied by chronic generalized periodontitis. The leading role in the formation of inflammatory processes in the oral cavity belongs to the resistant obligate anaerobic and microaerobic microflora. Factors that induce prolonged inflammation and destruction of periodontal tissues usually include exosomes and endotoxins of periodontal pathogens. An important situation affecting the severity of the course of chronic generalized periodontitis is the growth of the history of patients with general somatic pathology, in particular

the pathology of the cardiovascular system, atherosclerosis of coronary vessels and coronary heart disease.

Dental clinic for periodontitis, background somatic diseases were diagnosed in 23.6% of cases, and 16.9% were diseases of the cardiovascular system. According to observations of the association of inflammatory processes in periodontitis with pathology of internal organs, it was noted. So, according to the authors, hypertension was observed in 26% of cases, coronary heart disease - 10.6%. Since 1999, r.After the first publication of Ross's research, the inflammatory nature of coronary atherosclerosis is recognized by most scientists. Since that time, the idea of inflammation as the essence of the atherosclerotic process has dominated in many studies.

Over the past 20 years, there have been reports of an association between inflammation of periodontal tissues and cardiovascular pathology. Many foreign authors see the similarity of the pathogenic mechanisms of periodontitis and diseases of the cardiovascular system in the ability of microorganisms and their endotoxins to cause immune-inflammatory reactions in the intima of blood vessels, hemodynamic disorders and metabolic tissue lesions.

Combined overload occurs against the background of complex heart defects. Myocardial heart failure occurs against the background of primary (myocarditis and dilated cardiomyopathy) or secondary myocardial damage (low or hyperthyroidism, diffuse diseases of connective tissue). The development of heart defects is caused by genetic abnormalities that determine the structure of sarcoma proteins, cell membranes and ion channels, leading to a decrease in myocardial contractility. Ischemic changes in the heart muscle, the most common cause of heart failure in adults, are relatively rare in children. They can appear in congenital anomalies of the coronary bed in patients who have undergone surgery near the coronary arteries (Ross surgery), in the case of left ventricular hypertrophy and coronary blood flow disorders (aortic stenosis).

Myocarditis is considered a viral autoimmune disease. In the first stage of the disease, the virus has a direct damaging effect on the heart muscle, and the second stage consists of an immune response taking into account viral particles and cardiac epitopes. In some cases, the development of diseases and inflammation can last for a long time, which leads to the development of cardiomyopathy.

The concept of diastolic heart rate was developed after monitoring patients with heart rate symptoms, despite normal left ventricular contractions. It is proposed that pathological changes occur in violation of diastolic filling and relaxation, since the left ventricular systolic function is not impaired. Diastolic dysfunction occurs in patients after hemodynamic correction of hypertrophic or restrictive cardiomyopathy, constructive pericarditis, as well as complex heart failure diseases with increased pulmonary vascular resistance.

Currently, more than 90 types of heart failure and many combinations of them are described. The formation of heart disease includes the interatrial and ventricular septum, heart valves, aorta and pulmonary trunk, pulmonary veins, large veins and coronary vessels. Isolated misdevelopment of 1 element or a combination of them gives a huge number of options for defects. The most common birth defects are "big five" congenital heart failure, including ventricular curtain defects, aortic condensation, aortic dislocation, open ducts, and Fallow tetralogy. Sharykina A.According to S (2012), this may include a fused group of stenosis and closure of the pulmonary arteries. Together, they account for 13.15.17.19.21.22.23 of all congenital heart failure.

Timely early diagnosis of heart defects, proper intensive care, supplemented by surgery, will prevent the inevitable death of most children, and 35% will be able to radically correct the existing hemodynamic disorders.

The purpose of the study

Study periodontal, hygiene indicators of the oral cavity, mineral composition of oral fluid in dental patients with ischemic lesions.

To conduct a cytological study of patients with heart defects, traces were taken from the mucous membrane of the gums in the frontal and chewing tooth area (6 traces from each pupil). To do this, a dry, degreased sterile object bottle is placed several times on the studied part. If it is difficult to install the damaged part, you can use the Chancery switch. The eraser is cut into long thin rods (working area 3x3 mm), sterilized, dried and placed on the part under study, then the object is transferred to the bottle. Each object bottle produces 5-10 traces. The drug is left on methyl alcohol for 15-20 minutes and taken under a microscope using an x400 lens and an X100 immersion lens. In the traces of healthy mucous membranes, only cells of the late stage of differentiation are identified.

The use of the cell differentiation index to assess the cell image of the scar when the mucous membrane of the gums (mshq) is damaged, the survival of this indicator for real observation in the dynamics of the disease. The cytological images obtained from the study of the milk track in the absence of pathological changes in the soft tissues of the parodont were characterized by multiple functional changes in which the exudate accumulated when the milk ego was exudate or parodontitis.

The study of the state of the organs of the oral cavity in patients with heart failure identified many clinicopathological changes and many pronounced complex pathological processes. Thus, the development of complications of caries at an early and active age, the development of caries at very short intervals, high damage to the teeth with caries, pulpitis and periodontitis almost parodontic tissue pathological changes are more pronounced and diffuse during the period when the underlying disease is worsening.

Oral hygiene levels have been confirmed to be low and very low, and patients have found that lack of knowledge of oral care guidelines deepens the situation. In the physical and biochemical state of oral fluid in patients with heart defects, pathological changes worsen the prescribed pathological changes in the organs of the oral cavity simultaneously with the effect of a sufficiently wide complex of other expressed shifts in the oral cavity of the patient.Common somatic diseases. The clinicopathological shift expressed in the oral cavity can lead to underlying heart defects by forming a closed circle of interrelated effects in the course of these diseases.

Conclusion

Due to the fact that, depending on the severity of the underlying disease, the patient is obliged to undergo a long-term restorative treatment at least 2 times a year, the duration of treatment is extended for 1-2 months. Therefore, it is necessary to organize the implementation of dental treatment and preventive measures in the conditions of inpatient treatment for patients of this category. In this case, together with a specialist, the cardiologist should create an individual dental

treatment-preventive complex, which is carried out against the background of the treatment of the underlying diseases of patients with heart failure.

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