

GINGIVITIS: COURSE AND FEATURES

Orthopedic dentist

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Relevance

Inflammatory gum diseases are common among people of different age groups, including more than half of children. Such diseases very often cause other dental and jaw diseases and loss of teeth. Therefore, it is simply necessary to identify and treat all diseases of the oral cavity, which can often go unnoticed. Gingivitis is one of the diseases of the dental and jaw system, which is characterized by inflammation of the mucous membrane of the gums. As for other tissues that are part of the gum, they remain intact during this disease. The ligamentous apparatus and bone tissue are not prone to changes. Basically, there is inflammation of the periodontium in the area of several teeth. The area of inflammation can vary depending on the age of the patient, consistency and quality of oral care, etc. The localization of this disease is basically the same - all areas that are poorly amenable to hygienic measures. Such areas include the interdental spaces of all chewing teeth. The risk group for this disease includes pregnant women, adolescents and people suffering from diabetes.

The aim of the work : to identify the features of the clinical course of various forms of gingivitis and their prevalence.

Objectives: 1. To study the data on the prevalence of periodontal diseases in children. 2. To identify the main causes of marginal periodontal diseases in children. **Results** The level of hygiene education [6] of primary school children (6-9 years) is significantly lower than that of middle-aged (9-12 years) and older (12-16 years) children, as evidenced by the hygiene index (HI) values: 3.2, 2.4 and 1.6, respectively. Recording the HI data separately for each tooth, the following fact was noted: the HI values on the teeth on the right side are slightly higher than on the left side. This fact can be explained as follows: the majority of people are right-handed and therefore when brushing their teeth, the left side is cleaned better than the right. The average values of the papillary-marginal-alveolar index (PMA) were: at the age of 6-9 years – 11%, 9-12 years – 17%, 12-16 years – 24%.

40% of the examined children noted periodic bleeding of the gums. High prevalence rates of dentoalveolar anomalies were revealed: occlusion anomalies - 58%, dental arch disorders - 25.3%, anomalies of individual teeth - 8.4%. The influence of unfavorable general and local factors led to a high prevalence of caries in the examined schoolchildren (92%) and periodontal pathology (19% in the younger school group, 46.1% in the middle school group and 68% in older schoolchildren). It was found that in case of general somatic diseases, the intensity of periodontal diseases is more pronounced compared to healthy and practically healthy children [4,8]. The main identified pathology of periodontal tissues is catarrhal gingivitis [5]. However, with a combination of general and local risk factors for development, the severity of the inflammatory process increases significantly and severe forms of the disease are more common [6,7].

Acute catarrhal form

The disease begins acutely. Gingivitis is most often diagnosed in children during teething and in adults during exacerbation of chronic diseases. Predisposing factors: acute respiratory viral infections, stress factors, poor oral hygiene, bad habits.

The disease develops slowly and sluggishly. Predisposing factors: acute respiratory viral infections, poor oral hygiene, a diet rich in carbohydrates and fats, hypovitaminosis C, stress factors.

The most common causes of this disease are plaque, tartar, smoking, chemicals and infectious agents.

Gingivitis can also be caused by dysfunction of the circulatory, cardiovascular, gastrointestinal and endocrine systems, hypovitaminosis, and various allergic and viral diseases.

Children suffering from rheumatism, diabetes, tuberculosis, nephropathy, gallbladder and liver diseases are especially susceptible to gingivitis. The occurrence of the disease is aggravated by an immature or weak immune system and insufficient oral hygiene.

Depending on the severity of the disease (nature of changes), gingivitis is divided into catarrhal, ulcerative and hypertrophic.

Depending on the extent of the gum inflammation, gingivitis can be mild (when only the interdental gum is affected) or severe (affecting not only the papilla, but also the alveolar and marginal part of the gum).

The worst thing about this disease is that the acute form produces classic symptoms: reddening of the gums, swelling, pain, local increase in temperature, bleeding, etc. When the cause of gingivitis is eliminated, complete recovery usually occurs.

Chronic gingivitis occurs without obvious signs of inflammation, so its untimely treatment leads to the fact that the chronic form of catarrhal, ulcerative and hypertrophic gingivitis often develops into periodontitis.

The main thing in treating gingivitis is maintaining oral hygiene. Removing tartar and plaque. It is advisable to have professional teeth cleaning at the dentist as a preventive measure (2-4 times a year) and use medications (for example, Imudon), which promote local protection of the oral mucosa.

Antiseptics and antibacterial agents are prescribed for treatment. Rinsing the mouth with a 1.5% solution of hydrogen peroxide and lubrication with Metrogyl Denta gel twice daily.

At an advanced stage of the disease, analgesics are prescribed during the first 24 hours.

Conclusions

1. Based on all of the above, we can conclude that the prevalence of periodontal diseases among children and adolescents is very high. The most common disease is catarrhal gingivitis.

2. The most common causes of gingivitis are poor oral hygiene in children, inattentive attitude of parents to the hygienic education of the child, dental and jaw anomalies, as well as the presence of an aggravated general somatic status, as well as a combination of general and local factors in the development of inflammatory diseases of the marginal periodontium.

Literature

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