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**OPTIMIZATION OF CONSERVATIVE TREATMENT OF CHRONIC GRANULATING PERIODONTITIS IN COMBINATION WITH CHRONIC TONSILLITIS.**

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Department of dentistry course faculty of postgraduate education***ABSTARCT**

The problem of early diagnosis and comprehensive treatment of chronic granulating periodontitis remains relevant due to its wide prevalence and high repeatability. Chronic tonsillitis is a common disease among all population groups, especially among children and young people. In the long course of this disease occurs immune status, leading to exacerbations of this disease and facilitates the transition process in a more severe form and is also correlated with more pronounced changes in immune status. There are a large number of different methods of treating chronic granulating periodontitis, but most of them are at the level of theoretical research and do not have a high practical value.

**Key words:** periodontitis, chronic tonsillitis, root canal, immunology.

The treatment options for chronic granulating periodontitis are quite extensive and varied, but dissatisfaction with the quality, timing and long-term results of treatment requires the search for new methods. The combination of chronic tonsillitis with periodontitis is a common disease among all population groups, especially among children and young people. Scientific research was conducted in the field of improving methods of antibacterial action on the root canal microflora and the possibility of influencing the periapical foci of chronic infection of the Palatine tonsils [1]. In the long course of this disease occurs immune status, leading to exacerbations of the disease and facilitates the transition process in a more severe form and is also correlated with more pronounced changes in immune status [2]. Many authors believe that chronic tonsillitis in combination with periodontitis is a clinical sign of a secondary immunodeficiency state of the body, in which immunopathological reactions occur and a number of factors of non-specific resistance and immunity are suppressed. This eventually leads to a disunion in the activity of local and systemic defenses of the body, which are not able to cope with the pathological focus in the tonsils and to the development of periapical foci. Literature data indicate the successful application of ultrasonic vibrations in endodontic practice when the root canal microflora is affected. The prospects for further research and wider introduction of ultrasound methods into clinical practice are explained by their ability to solve the tasks set for them [2,3].

Based on the above-mentioned problems, this work, in order to improve the effectiveness of treatment of chronic forms of periodontitis in combination with tonsillitis, is aimed at solving the problems of compiling a comprehensive and at the same time accessible to a practical dentist treatment method, including ultrasound treatment of root canals and Palatine tonsils [4,5].

**Research materials and methods.** In a series of clinical-anamnestic, clinical-laboratory, bacterioscopic, bacteriological, radiological,

radiovisiographic, electro-dental diagnostic studies, the material obtained during the examination and treatment of patients in the therapeutic Department of the "city dental clinic No. 1" of the city of Samarkand was studied. The target inspection was carried out on an individual basis. Patients with granulating form of chronic apical periodontitis in remission (the diameter of the focus is no more than 4 mm) in the number of 85 people were selected for research. Depending on the selected tactics of treatment patients were divided into two groups: group 1, control, 29 people (33.9%) of which used traditional methods of treatment of periodontitis (drug treatment of root canals with 3% sodium hypochlorite solution) for patients of group 2 — 56 person (66,1 %) — used medical treatment with the same solution with the use of extraction of the contents of the lacunae of the tonsils and simultaneous washing with an antiseptic solution furatsilina and the influence of low-frequency ultrasound. The therapy consisted of 10 sessions, and the treatment was performed every day. Immunological examination of patients was performed in accordance with standard tests recommended by who and included the determination of quantitative and functional indicators of cellular and humoral immunity, phagocytic activity of neutrophils, the content of circulating immune complexes (CEC). We evaluated: relative (in %) and absolute (number of cells in 1  $\mu$ l) content of T-lymphocytes (CD3+cells), their immunoregulatory subpopulations of T-helper/inducers (CD4+cells) and T-cytotoxic/effectors (CD8+ T-cells) and their ratio, which showed the value of the immunoregulatory index ( $IRI = CD4+ / CD8+$ ), as well as the relative and absolute content of natural killers (CD16+). The functional activity of the immune cell link was assessed by the number of T-lymphocytes expressing the interleukin-2 (IL-2) receptor on their surface (CD25+ cells) and the number of HLA-DR antigens (HLA-DR+ cells).

Statistical processing of the obtained data was performed using the method of variational statistics and the method of pairwise comparisons (difference

method) with the calculation of the arithmetic mean (M), the average error of the average value (m), and the degree of probability (P). The average values of the two samples were compared using the student's t-test.

**Research result.** Clinical examination of the patient included visual examination, probing, thermometry, percussion, electro-dental diagnostics, radiographic and radiovisiographic examination. Based on the data of diagnostic studies, the method of ultrasonic treatment of root canals was determined. All patients with chronic granulating periodontitis were treated, including preparation of the carious cavity, opening of the cavity and endodontic treatment. Endodontic treatment is one of the leading stages in the anti-inflammatory therapy of periodontitis. Endodontic treatment included all the necessary interventions: 1) mechanical treatment of root canals, 2) drug treatment of canals, 3) filling of canals [4]. After medical and mechanical treatment of root canals with 3% sodium hypochlorite solution, the absence of microbial growth was observed in 18.4 % of cases, in 39.4% of cases there was a break in associative connections and the death of some types of microbial associates, the remaining participants of the Association were sown as monocultures. In the case when the qualitative composition of microflora did not change, its quantitative composition decreased. To remove putrid masses, planktonic suspension and smeared layer, we used ultrasonic diamond files, which perfectly conduct ultrasonic waves and require little effort for cleaning. Constant flow irrigation and vibration have a self-cleaning effect that promotes disinfection and cleans the channel at the same time. The best cleaning effect is due to the excitation, acoustic flows and cavitation caused by ultrasonic waves emanating from the activated file, which are a catalytic factor that increases, accelerates and improves the chemical action of the solution. The bacteria became more sensitive to the chemical action of the irrigant (3% solution of sodium hypochlorite). In the treatment of chronic granulating periodontitis, we used ultrasound with a frequency of 25 kHz, the effect was carried out for 30 seconds. Root canals were filled in the first visit using the method of lateral condensation of gutta-percha pins in combination with filling paste AH Plus (Dentsply), which proved to be a good anti-inflammatory and stimulating reparative processes. Result of treatment. According to research, the treatment of the root canal with an ultrasound tool can reduce the frequency of pain after filling the root canal up to 18% of cases. Data from the subsequent microbiological study indicated the death of microbial flora in 94.8 % of cases. When analyzing the results of treatment, it was obvious that in patients of group 2 (treatment was performed with the use of medication and ultrasound), the recovery process was faster than in patients of group 1 (treatment was performed only with the use of medication treatment of root canals). Patients of group 2 did not have any noticeable complications, except for slight sensitivity when pressing the tooth sharply, and there were no periosteal reactions with edema. In group 1 patients, the recovery process was longer, positive percussion was observed over the next 7-8 days, and

periosteal reactions with edema were observed. In two patients of group 1, therapeutic methods of treatment failed to achieve a stable result and had to resort to tooth extraction. Our results clearly demonstrate the advantages of using ultrasound in the treatment of chronic granulating periodontitis to influence the microflora of the root canal. Given the simplicity and speed, the ultrasonic treatment method can be used in any dental institutions directly at the patient's chair. Thus, the clinical effect of treatment only with the ultrasound device "Tonsillor" was temporary, unstable. In the long-term period (after 1 year), its effectiveness decreased. After 1 month of treatment with the tonsillor ultrasound device only, we did not find a reliable normalization of the majority of immunological status indicators with the clinical effectiveness described above. This can serve as a criterion for predicting the persistence of the clinical effect.

The use of the drug Polyoxidonium® in the main group of patients in combination with the ultrasound device "Tonsillor" contributed to an increase in remission in these patients for a year and further reduction of treatment courses and reduction of therapy sessions during one course. Also, in these patients, the number of exacerbations of chronic tonsillitis in the form of angina decreased, and in most patients, we did not observe any exacerbations of this disease for 1 year.

Thus, if the patients in the control group had to undergo conservative therapy 3-4 times a year, in the main group, the pronounced effect was achieved after the first course of treatment, which contributed to an increase in the period between repeated courses of therapy. In the future, we limited the main group of patients to 1-2 courses per year. This helped reduce the cost and time of treatment for patients, which significantly increased not only their quality of life, but also their desire to conduct treatment.

In the main group, we observed a positive effect in 75% of patients 1 month after complex therapy. In the long-term period, the positive clinical effect was preserved in 68.8% of patients, which is 2.5 times more than in the treatment of patients with tonsillor ultrasound alone.

With an exacerbation of chronic tonsillitis, which manifested as angina, the use of the drug Polyoxidonium® contributed to a lighter course of the disease. So, according to our observations, during the year, 7 patients of the control group had a medium-severe course of angina, one had a light course, and one had a severe one. An acute period with febrile fever and a pronounced sore throat symptom was observed in them for  $5.7 \pm 1.6$  days. These patients were treated with antibacterial therapy for at least 10 days. The majority of patients in postero period observed phenomena tonirovannoye intoxication at least two weeks.

In patients of the main group, relapses of angina were observed in a lighter form, with a subfebrile temperature and a less pronounced sore throat symptom, and this symptom was  $2.8 \pm 1.3$  days in them.

The use of the drug Polyoxidonium® did not exclude antibacterial therapy, but it allowed limiting the use of antibiotics to 5-7 days. the use of this method of treatment in combination with conventional methods

of endodontic treatment of periodontal teeth helps to reduce the number of relapses and reduce the duration of treatment, which gives a high economic effect. Thanks to the proposed method, it becomes possible to successfully treat teeth with chronic granulating periodontitis, and, consequently, to preserve the necessary supporting teeth for prosthetics.

#### Conclusions

1. it was Found that after the application of 3% sodium hypochlorite solution, the qualitative composition of the microflora does not change, but only its quantity changes (no growth of microorganisms was observed in 18.8%, in 39.4% of cases, there was a break in associative connections.) 2. ultrasound therapy methods were Developed for the treatment of chronic granulating periodontitis. The effect of 3% sodium hypochlorite activated by ultrasound on the microflora of each root canal is carried out for 30 seconds at a frequency of 25 kHz. 3. The structure of the root canal dentin was studied and described using scanning electron microscopy, before and after exposure to 3% sodium hypochlorite solution together with ultrasound. 4. under the influence of ultrasound, the dentin of the root canal wall is smoothed, a dense surface appears, which reduces the permeability of the root canal walls. 5. after exposure to ultrasound-activated 3% sodium hypochlorite on the root canal wall, in chronic granulating periodontitis, the

growth of microorganisms was not detected in 94.8% of cases.

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### ASSESSMENT OF THE BLOOD LIPID SPECTRUM IN PATIENTS WITH IMPAIRED THYROID FUNCTION

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### ОЦЕНКА ЛИПИДНОГО СПЕКТРА КРОВИ У ПАЦИЕНТОВ С НАРУШЕНИЕМ ФУНКЦИИ ЩИТОВИДНОЙ ЖЕЛЕЗЫ

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#### ABSTRACT

**Objective.** In the modern world, the number of patients with latent and overt hypothyroidism is constantly increasing. A connection was established between an increase in the level of thyroid-stimulating hormone (TSH) and atherogenic dyslipidemia. The aim of our study was to determine the relationship between thyroid-stimulating hormone and the lipid spectrum in patients with subclinical hypothyroidism and euthyroidism.

**Methods.** The study involved 59 patients (40 women and 19 men) with various forms of hypothyroidism compensation. A control group was also formed of 40 patients (24 women and 16 men, comparable in age, without thyroid disease).

**Results.** In the course of our work, the following results were obtained: when euthyroidism was achieved during thyroid replacement therapy, the target blood lipids were not reached in the women examined. No relationship was found between the TSH values and blood lipid parameters in women receiving Levothyroxine and having achieved drug compensation. Between a group of patients with hypothyroidism and a control group (patients without thyroid pathology), a comparative analysis of clinical and laboratory parameters was performed. Differences in the level of TSH in the main and control groups were obtained ( $p < 0.05$ ).