THE PREVALENCE OF GINGIVITIS AND THE STATE OF ORAL HYGIENE IN BOYS AND GIRLS OF THE CITY OF BUKHARA

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ABSTRACT

Prevention of dental diseases in childhood is most often related to the prevention of caries, however, in recent decades there has been a tendency to increase the incidence of inflammatory periodontal diseases among younger people. The prevalence of periodontal disease, according to WHO, is 9-10% in young children and reaches 81-90% in adolescents [1, 2, 3, 4]. Another recent feature is the rapidly progressive nature of the course of inflammatory periodontal disease in children [5 , 6, 7, 10, 13].

We know that the first signs of the disease occur already in the milk bite, and with age, the frequency and severity of the disease increases. In most cases, mild forms of periodontopathy (gingivitismalgigienica) are found. According to the most common concept, periodontal diseases develop as a result of an absolute or relative increase in the number and change in the qualitative composition of bacteria in the subgingival flora [8, 9, 11, 12]. In addition, the urgency of this problem is due to the escalation of environmental ill-being evolving under the influence of multifactorial technogenic pressure, an excess of chemicals in food products, bad habits, the prevalence of infectious diseases, immunodeficiency states, allergization of the body, irrational use of antibacterial agents, active physiological restructuring of the body and psychoemo . In this regard, the number of diseases of the dental profile is increasing, caused not only by pathogenic, but also by “normal” or conditionally pathogenic microflora, which, when exposed to the above factors, receives a change in typical morphological properties. There are views that argue that when considering the triggers of the inflammatory process in the gums, it is also necessary to take into account the state of the general systems of the body in maintaining homeostasis [11, 12]. This is especially true during puberty, when there is a restructuring of the whole organism, causing a powerful flow of sympathetic impulse into various organs and systems [1, 2, 3]. And it is against this background that the development of more severe forms of gingivitis - hypertrophic (GH) is possible. The most common HG in adolescents in the pre-puberty and puberty periods (8-14 years and from 13-14 years to full maturity - 18-20 years), which is associated with the influence on the gingival epithelium of hormones of the developing genital area [5, 7, 9] .

The combination of these causes leads to the occurrence of pathological changes in periodontal tissues, which was the impetus for our study.

Purpose of the study. To identify the prevalence of the inflammatory process of the gums and assess the role of the hygienic state of the oral cavity in children of the city of Bukhara.

MATERIALS AND METHODS

The study was conducted from November 2018 to March 2019, distant from each other and geographically located in different areas of 14 schools in the city of Bukhara. A survey was conducted among schoolchildren and a study of the state of PR in 1000 children, of which 516 girls and 484 boys aged 12 to 18 years old, which were divided into groups by age group

(table No. 1).

age	quantity(n)	Girls	boys
12 лет	80	51	29
13 лет	242	120	122
14 лет	196	94	102
15 лет	208	120	88
16 лет	178	88	90
17 лет	80	34	46
18 лет	16	9	7
Всего	1000	516	484

Students from grades 5 to 11 were examined, which correspond to 12-18 years of age. In the classes, with the help of the masters of the Department of Orthopedic Dentistry and Orthodontics, children with SAD were diagnosed. Students with identified pathology were sent to the dentist's school office for further examination.

Examination of the child was carried out in the school office of the dentist. In the absence of a dental office at the school, on an invitation card, the children were called together with their parents for examination and examination at the research and training dental center at the Bukhara State Medical Institute. And only after the parental consent of the parents did they begin the examination of the children with the study of complaints, an anamnesis of the disease and life.

Anamnestic data included information on the general diseases transferred and available at the time of the examination, on the nature of nutrition, and bad habits. To clarify information about past and accompanying diseases, medical records of children were used, which are maintained throughout the entire period of training by school pediatricians.

After the survey, examination and determination of clinical indicators for diagnosis were carried out according to the goals and objectives of the study. In order to assess the state of PR, it was to determine the assessment of gingival inflammation (gingival index (GI)) of Loe and silness.

To assess the periodontal condition used periodontal index (PI) according to the Russel A method. CPITN index, with the help of which the need for treatment was determined. A simplified hygiene index (UIG) Greene, Wermillion (1964), was conducted in the area of the vestibular surfaces 11, 16, 26, 31 and oral surfaces 36, 46 plaque were determined by staining with dye.

All indicators and data of schoolchildren were recorded in inspection cards that were entered for each student examined and the processing and analysis of the results obtained was processed using the Microsoft Excel package Microsoft Office 2007 introduced a special program.

FINDINGS

1. Poor hygiene of the PR, which affects the performance of GI indices (GI), indices (PI), CPITN index, and simplified hygiene index (UIG) of Greene Wermillion children, are the main reasons for the occurrence of inflammatory periodontal diseases in them.

2. To improve the periodontal status of schoolchildren, an integrated program of interaction between doctors, mid-level medical workers, as well as parents of students and teachers is necessary.

3. The prevalence of the rehabilitation component in the work of the school dentist does not allow for the effective prevention of periodontal pathology in children. Strengthening the preventive orientation of school dentistry can be facilitated by the inclusion of a dental hygienist, the organization of sanitary-educational work and the medical examination of schoolchildren.

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