

COMPARATIVE CHARACTERISTICS OF ANTISEPTIC AND ANTI-INFLAMMATORY DRUGS USED IN THE TREATMENT OF PERIODONTAL DISEASES

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Introduction:

Periodontal diseases are one of the pressing problems of dentistry, leading to significant disorders of the dental system, the development of purulent-inflammatory diseases of the maxillofacial area and, in most cases, to infectious sensitization, chronic intoxication and changes in the immune status of the body. According to WHO, every adult over 30 years of age suffers from periodontal disease to varying degrees.

The high prevalence of inflammatory periodontal diseases, the tendency to progress, significant difficulties in achieving stable remission, as well as a sharp increase in the number of young people with severe destructive periodontal changes, the low level of accessibility of periodontal care to the population, the lack of national prevention programs in the field of dentistry, the impact on the general the state of the body and the decrease in a person's quality of life make it possible to consider periodontal diseases as a special branch of dentistry, and the problem is made not only general medical, but also social.

The mechanism of the onset and development of periodontal diseases is dysbiosis of the commensal microflora of the oral cavity (deposition of dental plaque), which interacts with the host's immune defense mechanisms, which leads to inflammation and the development of the disease. The leading periodontopathogenic microorganisms are mainly gram-negative anaerobic bacteria, such as *Actinobacillus actinomycetemcomitans*, *Porphyromonas gingivalis*, *Prevotella intermedia*, *Bacteroides forsythus*, etc. Determining the sensitivity of microorganisms to chemotherapy is becoming increasingly important, as antibiotic resistance is increasingly being discovered in bacteria. This can be avoided by using antiseptic drugs that have a wide antibacterial spectrum and do not induce microbial resistance. All of the above determined the direction of our research to compare the results of treatment of gingivitis and periodontitis through the use of such antiseptics as "Cholisal gel" and "Furacillin 0.02%".

Purpose of the study: to evaluate the effectiveness of treatment of chronic generalized catarrhal gingivitis and mild chronic generalized periodontitis using the drugs "Cholisal gel" and "Furacillin 0.02%"

Materials and methods: The studies were carried out on the basis of the dental clinic of the Belarusian State Medical Institute. 36 patients (18 men and 18 women) aged 25–44 years with diagnoses of chronic gingivitis and chronic periodontitis were examined and treated. All patients were divided into groups: group 1 - 12 people - the "Cholisal gel" solution was used for treatment, group 2 - 12 people - the

"Furacillin 0.02%" solution was used for treatment; 3 - control group - 12 people who received only professional oral hygiene. When assessing the results, the PMA index, OHI-S, PI and SBI were taken into account. The duration of treatment was 10 days. In the 1st and 2nd groups, antiseptic treatment was carried out by twice washing the periodontal pockets from a syringe with a blunt needle with an antiseptic solution in patients with chronic generalized periodontitis, twice treating the gingival sulcus with a cotton ball moistened with a solution in patients with chronic catarrhal gingivitis. The total exposure of the drug was 3 minutes. Patients were recommended to rinse their mouths with an antiseptic solution three times daily for 10 days for 2–3 minutes after hygienic procedures for brushing their teeth. On the 3rd, 5th, and 10th day after the start of treatment, hygienic indices were re-determined and antiseptic treatment was carried out.

Study results: The effectiveness of professional hygienic measures for CHCG and CGPPS in the control group: OHI-S PMA (%) SBI PI Before treatment CHCG / CGP 1.68±0.23 2.66±0.63 16.5±3.1 47.1±8.15 1.32±0.23 3.45±0.63 1.23±0.21 3.11±1.21 3rd day 0.57±0.13 0.83± 0.45 11.1±0.21 36.4±4.21 1.13±0.25 3.24±0.69 1.13±0.34 3.08±1.9 Day 5 0.28±0.23 0.49±0.19 9.45±1.24 29.76±5.61 1.06±0.85 3.08±0.36 1.05±0.17 2, 97±1.03 Day 10 0.21±0.15 0.22±0.21 6.21±2.32 18.6±3.83 0.8±0.07 2.89±0, 51 0.92±0.31 2.81±1.83

In patients in the control group with chronic generalized catarrhal gingivitis, after professional hygienic measures on the 3rd day, complaints of discomfort decreased, but in 7 patients, upon examination, hyperemia and swelling of the gingival papillae, bleeding during probing, as well as when brushing teeth, were noted. On the 10th day, only 2 patients still had the above complaints, but to a lesser extent, while bleeding on probing persisted.

Patients diagnosed with CGP on the 3rd day continued to complain of discomfort and bleeding gums when brushing their teeth. During examination, hyperemia and swelling of the gums and bleeding upon probing were noted. On the 10th day, 4 patients still complained of bleeding gums when brushing their teeth, and in 6 patients swelling and hyperemia of the gingival papillae remained, but less pronounced; bleeding of the gums was present on probing.

Efficacy of topical application of the anti-inflammatory drug "Cholisal gel" for CHCG and CGP: OHI-S PMA (%) SBI PI Before treatment of CHCG/CHP 2.07±0.5 2.51±0.72 24.5±2.3 61.2±4.74 1.29±0.44 3.32±1.31 1.38±0.12 3.43±1.3 Day 3 0.45±0.13 0.7±0.02 17.18±2.1 47.1±5.8 1.08±0.7 2.81±1.05 1.31±0.28 3.1±0.7 5th day 0.22±0.05 0.27±0.05 11.45±1.3 29.8±2.2 0.91±0.8 2.3±0.8 0.9±0.14 2.3 ±0.17 10th day 0.11±0.06 0.13±0.02 7.81±1.61 17.21±1.57 0.21±0.14 1.59±0.42 0.11±0.06 1.73±0.13. On the 3rd day, 3 patients of the 1st group with CHCG during examination showed mild hyperemia and swelling of the gingival papillae, slight bleeding of the gums persisted when brushing teeth, bleeding during probing was observed only in 4 patients.

On the 10th day, there were no complaints of discomfort, hyperemia and swelling of the gingival papillae, bleeding of the gums during brushing and probing. After the treatment, the gingival margin tightly adhered to the necks of the teeth. On the 3rd day, 5 patients diagnosed with CGP continued to have complaints of discomfort and gum bleeding when brushing their teeth. On the 10th day, there were no complaints of discomfort or bleeding gums when brushing teeth.

During a clinical examination, hyperemia and swelling of the gingival papillae and bleeding during probing were not observed. Efficacy of topical application of antiseptic solution and "Furacillin 0.02%" for CHCG and CGP: OHI-S PMA (%) SBI PI Before treatment for CHCG/ CGP 1.81±0.35 2.59±0.39 18.41±1.9 57.64±3.53 1.22±0.23 3.14±1.17 1.26±0.21 3.27±1.48 Day 3 0.66±0.23 0.84±0.31 13.32±2.3 47.23±3.13 1.14±0.50 3.02±1.31 1.11±0.33 3.17±2.3 Day 5 0.42±0.20 0.52±0.19 9.86±1.91 30.36±4.53

0.9±0.17 2.82±0.64 0.96±0.19 2.39±1.76 Day 10 0.35±0.21 0.33±0.17 7.81±1.93 18.6±3.52 0.79±0.13
2.63±0.72 0.84±0.23 2.36±1.17

Positive dynamics were noted somewhat later than in group 1. The complete absence of hyperemia and swelling of the gingival papillae, bleeding of the gums when brushing teeth, bleeding during probing was observed only in patients with catarrhal gingivitis and with periodontitis observed only on the 10th day of therapy. That is, when using “Furacillin 0.02%”, the numerical indicators of bacterial contamination are reduced, but the complete destruction of microorganisms does not occur.

Conclusions: The use of the drug "Cholisal gel" in the treatment of chronic forms of gingivitis and periodontitis leads to the destruction of periodontopathogenic microflora, normalization of standard clinical indices PMA, SBI and PI, the disappearance of signs of inflammation occurs already by the 5-7th day of therapy. Thus, “Cholisal gel” has established itself as a highly effective antiseptic that has a pronounced bactericidal effect against gram-positive (*Staphylococcus* spp., *Streptococcus* spp., *Streptococcus pneumoniae*, etc.), gram-negative (*Pseudomonas aeruginosa*, *Escherichia coli*, *Klebsiella* spp., etc. .), aerobic and anaerobic bacteria, determined in the form of monocultures and microbial associations, including hospital strains with multidrug resistance to antibiotics.

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