Analysis of Inflammatory Diseases of the Mouth in Patients Needing Orthopedic Care

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ABSTRACT

To study the prevalence of inflammatory diseases of the oral cavity in patients who applied for orthopedic care

Keywords: oral cavity, orthopedic care

Introduction: The level of prevalence and intensity of dental diseases determines the volume of care, including orthopedic care [1-3]. Insuring the quality of dental care is considered by researchers as one of the priority tasks of state policy [4-8], which improves the quality of life of patients [8-14]. This fully corresponds to the need to optimize the methods of orthopedic treatment of patients with missing teeth in order to harmonize the patient's quality of life due to its dental components [15-20]. Currently, in dental practice, strict requirements are imposed on all materials for the manufacture of prostheses: the absence of allergenic and blastomogenic properties, tissue tolerance, chemical and galvanic inertness (Emelyanova T.V., Lebedenko I.Yu.;). At the same time, there are reports of adverse effects of prostheses that cause galvanism, chronic intoxication, paresthesia, allergic stomatitis, candidiasis (Zhadko S.I., Kolbasin P.N., Ovcharenko E.N., Postnikova O.N.;) , which requires further study.

Purpose of the study: To study the prevalence of inflammatory diseases of the oral cavity in patients who applied for orthopedic care.

Material and methods:
To study the effect of physiotherapy methods on the state of the oral mucosa after prosthetics in 138 patients who underwent treatment in 2020-2022. Of these, 108 patients needed refitting of prostheses. During the dental examination of patients, a survey, examination, palpation, assessment of the condition of the periodontium and teeth were used. Data were also collected on the presence of common chronic diseases. The presence of signs of inflammation, the presence of pathological periodontal pockets, dental deposits, and tooth mobility were assessed. The index of oral hygiene was determined (according to Fedorov - Volodkina). X-rays were taken as needed. The oral hygiene index, which makes it possible to detect plaque on the teeth, was determined using iodine-potassium iodide solution (potassium iodide - 2.0; crystalline iodine - 1.0; distilled water - 40.0) (Fedorov Yu.A. et al., 1996). This method was used due to the possibility of simultaneous determination of the Schiller-Pisarev test (detection of inflammatory processes in the soft tissues of the oral cavity).

Results and discussion:

At the initial stage, all patients (132 people) who applied to the polyclinic of Samara State Medical University for orthopedic dental care underwent a clinical examination by a dentist and they had a high prevalence of pathological changes in the periodontium. Bleeding was noted in 2.2 sextants, tartar also in 2.2. In persons of this age group, periodontal pockets with a depth of 4-5 mm (average 1.9 sextant) and periodontal pockets with a depth of more than 6 mm (average 0.8 sextant) were detected. At the age of 35-54 years, the number of sextants with healthy periodontium decreased with age and amounted to 1.0 sextants. Bleeding was observed in 2.7 sextants, tartar in 2.5. In persons of this age group, periodontal pockets with a depth of 4-5 mm (average 1.9 sextant) and periodontal pockets with a depth of more than 6 mm (average 1.0 sextant) were identified. At the age of 55-64 years, the number of sextants with a healthy periodontium in this age group was 1.0 sextants. Bleeding was observed in 2.5 sextants, tartar in 2.0. In persons of this age group, periodontal pockets with a depth of 4-5 mm (average 2.5 sextants) and periodontal pockets with a depth of more than 6 mm (average 0.8 sextants) were detected. When studying the need for orthopedic dental care, it was revealed that in the age group up to 35 years, 47.0% of the examined already had prostheses, 32% needed prosthetics. In the age group of 35-54 years, 52.0% of the examined already had prostheses, 67% needed prosthetics. In the age group of 55-64 years, 57.0% of the examined already had prostheses, 83% needed prosthetics.

A high level of caries intensity, untimely dental treatment, a large number of teeth removed and to be removed, determine a significant amount of dental care required, including orthopedic. In this regard, it is important to determine the need for dental prosthetics surveyed.

Data on the volume of previously provided dental orthopedic care, obtained by us in the course of work, it was found that the number of persons who had previously received dental orthopedic care was 81.5% of those examined.

To assess the quality of previously provided orthopedic dental care to patients who applied for orthopedic dental care, we also analyzed the data obtained during the examination of patients with dentures.

When determining the quality and functional suitability of orthopedic structures, the duration of their use and patient complaints were taken into account.

An analysis of the data in Table 4 showed that, according to the terms of use, a significant part of bridges (53%) is subject to replacement, of which 18.1% were used for 6-9 years. Single crowns noticeably suffer - 40.4% are subject to replacement.

Among removable orthopedic structures, removable dentures with partial absence of teeth (27.9%) need less replacement. Compared with them, the proportion of removable dentures with a complete absence of teeth to be replaced was 36.8%.

Among the reasons for the replacement of orthopedic structures were aesthetic disorders (26.5%) and the subjective desire of the patient (17.0%), associated with the desire to replace prostheses with better, modern and aesthetic ones. Also, the reason for repeated prosthetics was poor fixation of the prosthesis (18.6%). Prosthesis failure requiring its replacement was noted in 15.6%. The need to make an additional prosthesis was noted in 14.6%, and complications from the OM were encountered in 29.2%.

Conclusion:

Thus, according to the table, more than half of all the examined dental structures are subject to replacement.

Among the examined patients were identified with a violation of the integrity of the dentition, forming a risk group for the development of dentoalveolar deformities due to partial loss of teeth. Data on the volume and quality of previously provided dental orthopedic care 56 made it possible to identify age-specific indicators of the need for dental prosthetics.

The results of the study showed that the need for the adult surveyed population of the republic in the manufacture of bridges is much higher than for other orthopedic structures.

The highest rate of need for bridge prostheses was found among older people.

The need for partial and complete removable dentures increases noticeably by 2 or more times with age.

Thus, single crowns in the group under 35 years old were necessary in 47.1%, at the age of 35-54 - in 29.7%, at the age of 55-64 years - in 10.5% of cases. Bridges in the group under 35 years old were required in 25.1%, at the age of 35-54 - in 36.0%, at the age of 55-64 years - in 25.7% of cases. Partial removable dentures in the group under 35 years of age were required in 17.3%, at the age of 35-54 years - in 15.0%, at the age of 55-64 years - in 29.3% of cases. Complete removable dentures in the group under 35 years of age were required in 10.5%, at the age of 35-54 years - in 19.3%, at the age of 55-64 years - in 34.5% of cases

Thus, the results of the survey made it possible to establish the structure of the need for people in dental orthopedic treatment, depending on the designs of dentures. These results reflect the general trend in the population.

In the study of the nature of complications from the OM and general pathology before the prosthesis

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