

**MINISTRY OF HIGHER AND SECONDARY SPECIAL EDUCATION OF THE
REPUBLIC OF UZBEKISTAN
MINISTRY OF HEALTH OF THE REPUBLIC OF UZBEKISTAN
IN THE NAME OF ABU ALI IBN SINO
BUKHARA STATE MEDICAL INSTITUTE
DEPARTMENT OF THERAPEUTIC STOMATOLOGY**



**For 4th year students of the Faculty of Dentistry
EDUCATIONAL-METHODICAL COMPLEX
of PARADONTOLOGY**

Direction of education

Field of knowledge:	500000	- Health and social security
Field of education:	510000	- Health
Field of study:	5510400	- Dentistry

REPUBLIC OF UZBEKISTAN
MINISTRY OF HIGHER AND SECONDARY SPECIAL EDUCATION

Registered

№ _____

20__ years “ ___ ” _____

Approved by the order of the Ministry
of Higher and Secondary Special
Education of the Republic of
Uzbekistan " ____ " dated 20__ " ____ "

EDUCATIONAL PROGRAM OF
FACULTY OF THERAPEUTIC STOMATOLOGY

Field of knowledge: 700000 - Health and social security

Field of education: 720000 - Health

Field of study: 5720400 - Dentistry

The educational-methodical complex of science was developed in accordance with the science program of 2017.

Developer:

Taylakova D.I. - Assistant of the Department of Therapeutic Dentistry, PhD

Reviewer:

Saidov A.A.- Associate Professor of "Orthopedic Dentistry and Orthodontics"

This educational-methodical complex was developed on the basis of the working curriculum in the direction of 5510400-Dentistry and was discussed and approved at the meeting of the department.

Protocol № _____ “ _____ ” _____ 2019 y.

Head of the department: Xabibova N.N. _____

(signature)

This educational-methodical complex was developed on the basis of the working curriculum in the direction of 5510400-Dentistry and was discussed and approved by the Central Methodological Council of Bukhara State Medical Institute.

Protocol № _____ “ _____ ” _____ 2019 y.

Stylist: Jumaeva Sh .B. _____

(signature)

I. Relevance of the subject and its role in higher education

This subject program is based on the State Educational Standard of the Republic of Uzbekistan and the qualification requirements for specialties of undergraduate education. Based on this program, the application of modern pedagogical technologies in the teaching process allows the student to apply the basic practical skills from theoretical knowledge to the student to perform basic practical skills in theoretical phantoms and apply the acquired skills in combination with periodontology practice through modern medical technologies.

The program covers the basics and principles of periodontology, methods of clinical examination of periodontal diseases, their diagnosis, treatment and prevention, as well as the basis for clinical thinking, justification of the disease and its symptoms in future general practitioners. The subject is taught in VIII-IX semesters of 4-5 courses.

This subject is closely connected with medical biology and genetics, biophysics, medical and biological chemistry, histology, microbiology, normal physiology, pharmacology, pathology, clinical pharmacology in the curriculum.

II. The purpose and objectives of the subject

The purpose of teaching science - Methods aimed at developing students' clinical thinking skills through modern pedagogical technologies, including the basics and principles of periodontology, periodontal instruments, treatments, causes of periodontal disease (etiology), developmental mechanisms (pathogenesis), clinics, characteristics of periodontal disease in children, diagnosis and comparative diagnosis and treatment methods, as well as training and formulation of preventive measures.

The task of science- Gradually acquaint students with the knowledge relevant to the sections of the subject, to teach and develop skills; application of new pedagogical technologies in the teaching process, increase the student's clinical thinking skills and increase the level of knowledge retention; to bring to the level of automatism in the style of assistant-student, student-phantom, student-patient in accordance with the standard practical skills aimed at developing the student's clinical thinking skills; to provide information on the stages of diagnosis and comparative diagnosis of periodontal diseases related to the field of science, the necessary aspects of methods of treatment and prevention.

Undergraduate in the field of periodontology:

- periodontal examinations of the maxillofacial and oral organs in applied medicine and dentistry;
- etiology, pathogenesis of periodontal disease;
- antiseptics, drugs used in periodontology;
- have an idea of the stages of periodontal treatment;
- requirements for the room for the treatment of periodontal diseases;
- Completion of documents in dental patients with periodontal disease (Form 043-4, stom 39)
- conducting basic examination methods in dental patients with periodontal disease (survey, examination, probing, percussion, palpation, detection of tooth movement);

- conducting additional examination methods in dental patients with periodontal disease (thermiodiagnostics, EOD, X-ray diagnostics);
- etiology, clinic, comparative diagnosis of periodontal disease;
- basics of treatment and prevention of acute and chronic forms of periodontal disease;
- choosing the type of treatment in periodontal disease;
- basics of mechanical, chemical, physical removal of gums and gums;
- the basics of the choice of physiotherapeutic procedures in the treatment of periodontal disease;
- be able to read and use X-rays in periodontal disease;
- work with modern periodontal devices;
- determination of periodontal disease indices;
- determine the depth of the tooth-gum pocket;
- detection of dental caries, superficial and submaxillary tartar and cleaning of the oral cavity by removing them;
- be able to diagnose gingivitis, periodontitis, periodontitis;
- determine the degree of tooth movement;
- diagnosis of forms of gingivitis;
- referral to a qualified specialist for diagnosis and treatment of periodontal and idiopathic diseases;
- -placing a healing bandage in the pocket of pathological gums;
- be able to read Rn-images in periodontal disease;
- antiseptic and medicated treatment of tooth-gum pocket;
- use of drugs for sclerosis of the gums;
- patients should have the skills to make the necessary recommendations and write prescriptions for medications.
- be able to correctly select and use periodontal instruments;
- to correctly diagnose periodontal diseases;
- to develop a treatment plan for periodontal diseases;
- etiological, pathogenetic, symptomatic treatment of periodontal diseases;
- have the skills to conduct periodontal disease prevention.

Modern information and pedagogical technologies in science teaching

The use of advanced and modern teaching methods, the introduction of new information and pedagogical technologies are important for students to master the subject. Textbooks, teaching and methodological aids, lecture notes, a set of technologies, computer programs, electronic materials and modern dental devices, instruments, fillings, models and video systems are used in teaching the subject. Advanced pedagogical technologies (design, case study, organizers) are used in practical lessons. Forms of organization of education were redeveloped: ways and forms of joint activity of teachers and students (general, group, individual work) and forms (collective work, group work, group work, individual work) were organized.

Pedagogical and information technologies are used in accordance with the reports.

Three-step interview style

Purpose: To teach the patient the right psychological approach in identifying and solving problems.

Basic principles: The group is divided into 2-3 small groups and students are given a role: doctor, patient, expert. The diagnosis is communicated secretly to the student acting as the patient. The patient must have a thorough knowledge of the disease complaints, the development of the disease, the epidemiological anamnesis, and the doctor must know the patient and the changes that may occur in him due to the disease. Each doctor will consult

with the patient for 10-15 minutes. The expert evaluates the activities of participants (patient and doctor) in the following 3 sections:

1. What was done right?
2. What was done wrong?
3. How was it to be done?

Scenario for the "pen in the middle of the table" method

Students will be given one assignment. Based on this task, the student writes 1 sample of the answer and passes it to the next student by turning his pen around the table.

The "cat game in the bag" style

Purpose: Ensuring that students have in-depth knowledge on the subject.

Principles: The teacher prepares questions on the topic for the students. During class, the student receives one of the questions from the bag on the list. It will be made as a special card.

Students draw cards. Makes written answers to questions. After reviewing the task, the consultants announce the amount of points and state their score.

Rotary table » methodical manual for conducting the game

Necessary for work

1. Questions and situational printed on separate sheets a series of issues.
2. Lottery numbers depending on the number of students in the group.
3. Clean sheets of paper, pencils.

The course of the case

All students in the group are divided into 4 groups of 3 by lot.

1. Each small group member sits at a separate table and prepares a blank sheet of paper and a pen.
2. The date on the sheet of paper, the group number, the faculty, the students' F.I.O. (work house name) is written.
3. One of the small group of students takes a question from the envelope. The level of questions is almost the same for all small groups.
4. Students write their questions on paper.
5. This question is asked in a circle.
6. Each student crushes the answer option and passes the sheet to the neighbor.
7. Each student is assigned 3 minutes.
8. When the time is up, the work is handed over to the teacher.
9. All participating students discuss the results and select the most appropriate answers, which are max. points are played.
10. A time of 15 minutes is set for the discussion.
11. Students will be graded on the rating for the oral part of the lesson.
12. The points earned by students are included in the current grade.
13. At the bottom of the jar, it is noted that the work house was held, and the leader of the group burns his signature.
14. Student work is kept by the teacher.

Roundtable method - a circle is a method of teaching that is conducted by learners by expressing their opinions on a problem or question given around a table.

When using the method of "round table", tables and chairs should be placed in a circle. This helps each learner to establish an "eye contact" with each other. There are oral and written forms of roundtable discussion. In a verbal roundtable discussion, the facilitator begins the topic and asks learners to give their feedback on the question, and each learner around the circle gives their feedback orally. The speaking learner listens attentively to all, and if there is a need to discuss, all feedback is discussed after the listening. This helps learners to think independently and develop a culture of speech.

"Round table" The steps of the method are as follows:

1. The topic of the lesson will be announced.
2. The instructor introduces the trainees to the training procedure.
3. To write one envelope and answers for each student, the number of students in the group will be distributed to each student, and the time allotted for writing each answer will be determined. The student writes his / her name on the envelope and on the "Answer Sheets".
4. The student writes his / her question on the topic on the envelope and writes his / her answer on the "Answer Sheet" and puts it in the envelope.
5. The student who writes the question on the envelope hands the envelope clockwise to the student next to him.
6. The student who receives the envelope writes the answer to the question on the envelope in one of the "Answer Sheets" and puts it in the envelope and passes it to the student next to him.
7. The envelope is rotated around the round table and returned to the learner who wrote the question again. The student who writes the question evaluates the "Answer Sheets" in the envelope.
8. All envelopes are collected and analyzed.

Assessment technology.

- Assessment is a center, a technology of self-assessment of the individual.
- "Assessment" is an English word meaning "assessment"

The goal is to enable students to evaluate, analyze, test, and self-assess their knowledge through a variety of approaches.

Test	Problematic situation
There are 1-2 tests on the topic (section, course)	Based on the topic covered, a clear life situation, an event-based problem is given, the student as a future specialist must find the right solution Your action ...
Symptom	Practical skills
Scientific-theoretical opinions, ideas, definitions on the given topic are given on the basis of incomplete opinion, for example: ... describe, ... scientifically substantiate ..., illuminate ... and b.	Assignments related to the skills of applying the content of the topic in real life activities are given, for example: Draw, calculate, fill, find, compare ...

The method of "hot potatoes".

Objective: To teach students to quickly and completely identify blood on this problem.

Principles: The teacher stands behind the participants and claps or knocks on the table with a pencil. At this time, participants pass the ball to each other. After a few seconds, the teacher stops knocking, at which point the participant who has the ball in his hand answers the question. If the answer is incorrect, the other participant will be able to answer. The process is repeated several times so that most participants are able to respond.

3. Number of study hours

Clock size	Distribution of the amount of workload by classroom hours (hours)	Independent work
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	Jami	Lecture	Practical training	Clinical training	
191	122	12	48	62	69

4. Lectures

4.1. Thematic plan of lectures

The subject of the lecture

VIII- semester

№	Nomi	hour
1	Periodontology. Terminology. Periodontal epidemiology, classification. Ecology of the oral cavity. Causes and development.	2
2	Gingivitis, periodontitis, periodontitis. Causative local and general factors. The mechanism of development of the disease	2
3	Marginal periodontitis is an infectious disease. Periodontal diseases and general medical conditions	2
4	Strategies for local treatment of periodontal disease. Organization of periodontal care. Dispensary. General treatment strategy, prevention of periodontal disease	2
5	Etiology and pathogenesis of idiopathic and tumor diseases of the periodontium. The role of the dentist in treatment	2
6	Use of physiotherapeutic treatments in periodontal disease.	2
	Total:	12s

VIII- semester

Topic 1. Periodontology. Terminology. Periodontal epidemiology, classification.

Ecology of the oral cavity. Causes and development.

Biological factors of the oral cavity. Colonization of myrtle. Biokarash. Prevalence of periodontal disease. Methods of basic and additional examination of patients before periodontal intervention, completion of medical history, deontology. Functional and special tests. Classification of periodontal diseases. Description of multifactorial disease.

Topic 2. Gingivitis, periodontitis, periodontitis. Causative local and general factors. The mechanism of development of the disease

General information. Bacterial views. Disorders of the longitudinal connection of the gums. Local and general factors causing gingivitis, periodontitis, periodontitis. Early periodontitis. Milk recession.

Topic 3. Marginal periodontitis is an infectious disease. Periodontal diseases and general medical conditions.

Etiology of the disease. Pathogenesis. Transmission. Effective microecology of the periodontal pocket. Clinic. Principles of treatment. Endocrine diseases: diabetes mellitus, manifestations of periodontal disease in hypothyroidism. Clinic, diagnosis, treatment. Manifestations of periodontal disease in pregnancy. Clinic, diagnosis, treatment. Manifestations of periodontal disease in

cardiovascular disease. Clinic, diagnosis, treatment. Manifestations of periodontal disease in diseases of the gastrointestinal tract. Clinic, diagnosis, treatment. Manifestations of periodontal disease in blood diseases. Clinic, diagnosis, treatment. Manifestations of periodontal disease in infectious diseases. Clinic, diagnosis

Topic 4. Strategies for local treatment of periodontal disease. Organization of periodontal care. Dispensary. General treatment strategy, prevention of periodontal disease.

Periodontal tissue healing strategy. Specific approach to etiological, pathogenetic and symptomatic treatment. Primary, secondary and tertiary prevention. Dispensary control of periodontal diseases.

Creating a general treatment plan. Proper and targeted use of antimicrobials, periodontal tissue collagenase inhibitors, nonsteroidal anti-inflammatory and anti-inflammatory agents in the etiological, pathogenetic and symptomatic treatment. Prevention of at-risk patients.

Topic 5. Etiology and pathogenesis of idiopathic and tumor diseases of the periodontium. The role of the dentist in treatment.

Etiology and pathogenesis of periodontal idiopathic diseases. Etiology and pathogenesis of periodontal tumors. Predicting the treatment of periodontal idiopathic and tumor diseases. Creating a treatment plan.

Topic 6. Use of physiotherapeutic treatments in periodontal disease.

**5. Thematic plans of practical and clinical training
VIII-semester**

t / r	Practical training topics	Clinical topics	Am / m hours	Kl / m hour	Lecture	
1.	Dental views. Methods of cleaning teeth, equipment.	Mechanical cleaning of upper and lower gums	3	3		6
2.	Methods of examination of patients with periodontal tissue pathology. (basic and additional).	Soft toothpaste cleaning	3	3		6
3.	Structure and function of periodontal tissue. Classification of periodontal diseases.	Physical cleaning of upper and lower gums	1	3	2	6
4.	Gingivitis. Catarrhal gingivitis. Clinic,	Determining periodontal pocket	1	3	2	6

	comparative diagnosis, treatment, prophylaxis. Write a medical history.	depth				
5	Wounded gingivitis. Clinic, comparative diagnosis, treatment, prevention. Write a medical history.	Putting a therapeutic bandage	3	3		6
6.	Hypertrophic gingivitis. Clinic, comparative diagnosis, treatment, prevention. Write a medical history.	Removal of necrotic view from the edge of the breast.	3	3		6
7.	Clinic, comparative diagnosis, treatment, prevention of atrophic and desquamative gingivitis. Write a medical history.	Anesthesia of the milk edge before treatment	3	3		6
8.	Periodontitis. Light and medium and heavy forms. Clinic, comparative diagnosis. Write a medical history.	Diathermocoagulation of the hypertrophic gum margin	1	3	2	6
9.	Periodontitis. Clinic, comparative diagnosis. Write a medical history.	Curettage (in the area of no more than 3 teeth).	3	3		6
10	Local methods of treatment of periodontal disease. Phyto-drugs in the treatment of inflammation in periodontal disease. Recipe.	Strengthening the dentition (temporary grinding). Bonding the contact surface of the teeth with a composite filling material.	1	3	2	6
11	General treatment of periodontal disease. Recipe.	Milk massage	3	3		6
12	Physiotherapeutic methods of	Submucosal injection for	1	3	2	6

	periodontal disease. Recipe.	periodontitis.				
13	Modern methods of local and general prevention of periodontal disease. Medical examination.	A subcutaneous test to determine antibiotic tolerance (sensitivity).	3	3		6
14	Idiopathic diseases of the periodontium. Clinic, comparative diagnosis, treatment.	Conducting prophylactic dryness of the oral cavity	1	3	2	6
15	Origin of periodontitis. Clinic. Periodontomas.	Determining the RMA of the periodontium.	3	3		6
16	Treatment of chronic moderate periodontitis in endocrine diseases	Determining the PI of the periodontium	3	3		6
17	Examination of periodontal pathologies and interpretation of clinical and laboratory signs in general diseases (AID, endocrine system, cardiovascular system, nervous system), comparative diagnosis and definition of the initial diagnosis, treatment plan and clinical history	Determining the GI of the periodontium	3	3		6
18	Examination of periodontal pathologies and interpretation of clinical and laboratory signs in mining diseases (hypoimmunoglobulinomy),	Coordination of methods of cleaning dental caries and cavities	3	3		6

	comparative diagnosis and determination of the initial diagnosis, treatment plan and clinical history					
19	Examination of periodontal pathologies and interpretation of clinical and laboratory signs in syndromic diseases (Papion-Lefevra, X-histocytosis), comparative diagnosis and initial diagnosis, treatment plan and clinical history	Medical treatment of pathological pockets	2	3		5
20	Examination of periodontal pathologies and interpretation of clinical and laboratory signs in syndromic diseases (Osler, Itsenko-Cushing), comparative diagnosis and diagnosis of the initial diagnosis, treatment plan and clinical history	Burns healing lengths in the area of the breast pockets.	2	3		5
21	Examination of periodontal pathologies and interpretation of clinical and laboratory signs in diabetes mellitus, comparative diagnosis and determination of the initial diagnosis, development of a treatment plan and a history of clinical disease	Curettage of pathological dental pockets	2	2		4
	Jami		48	62	12	122

**5.1. Content of practical training topics
VIII-semester**

№	Names of practical lessons and their summary using new pedagogical technologies	Literature lar
1.	<p>Dental views. Methods of cleaning teeth, equipment. Biological factors of the oral cavity. Colonization of myrtle. One of the main causes of periodontal disease is tooth decay and tartar. The main reason for this is non-compliance with dental hygiene. Bleeding from the gums may occur during brushing, so patients may have complaints and seek medical attention as a result. is also possible.</p>	A-1,2 K-3,6,7,11,18,22,
2.	<p>Methods of examination of patients with periodontal tissue pathology. (basic and additional). Medical history - list form № 043 - V - a document in which the patient's passport information, examination and treatment results are completed. The first part is called the passport part. This section is completed in the registry office or in the room where the patient first meets the polyclinic. Subsequent sections are completed by the physician. First the patient's complaints, then the transmitted and satellite diseases, the development of the present disease are written briefly and fluently. For the convenience of writing the following information, a dental formula is provided, which is written as follows. Permanent teeth with Arabic numerals: Upper teeth</p> <p style="text-align: center;">Ung taraf 87654321 12345678 left side 87654321 12345678</p> <p>) .Interactive method: Round table</p>	A-1,2 K- 1,2,7,11,18,22,24,26,30 ,33.
3	<p>Structure and function of periodontal tissue. Classification of periodontal diseases. Structure and function of periodontal tissue. Classification of periodontal diseases</p> <p>Periodontitis is an independent nosological periodontal disease. Depending on the location local (localized) - around a few teeth and scattered (generalized) —around all or almost all teeth possible. Periodontitis is an inflammation of all periodontal ligaments. In the origin of local periodontitis max (ally-joyli) adverse effects: between the teeth of the filling material or arsenic-arsenic fall, bite-pri-cus disorder, various jarox.atlar, bad-noturri prepared caused by orthopedic and orthodontic devices, prostheses and similar factors can be.</p> <p>Interactive methods “Aquarium” style.</p>	A-1,2 K- 1,2,5,6,7,11,18,22,30,3 4
4.	<p>Gingivitis. Catarrhal gingivitis. Clinic, comparative diagnosis, treatment, prophylaxis. Write a medical history. In mild cases of catarrhal and ulcerative gingivitis, mainly interdental gums, moderate at the level of interdental and marginal gums, and at the level of severe gums part and parts of the alveoli become diseased. Often in inflammation of the alveolar gums</p>	A-1,2 K- 3,6,7,11,18,22,25,32,37

	<p>pathological gum pockets appear and this corresponds to periodontitis. This is it often as a result of recurrence of chronic gingivitis (colds, flu) in mild hypertrophic gingivitis 1/3 of the dental crown, middle 1/2 of the size and 1/2 of the weight is covered with overgrown gums. Chronic catarrhal gingivitis is a painless, gradual disease for patients do not consult a doctor.</p>	
5.	<p>Wounded gingivitis. Clinic, comparative diagnosis, treatment, prevention. Write a medical history. In cardiovascular diseases, especially in the period of their decompensation, gingivitis occurs or recurs. Initially, a catarrhal condition occurs. Milk The mucous membrane turns bluish-red color, the tissue swells. Gastrointestinal The disease is often accompanied by gingivitis. A. I. Rybakov co-authors (1980) gastrointestinal as a result of clinical-experimental studies conducted with presence of gingivitis in diseases of the gastrointestinal tract in their origin Data on the role of diseases are of particular importance is calculated.</p>	<p>A-1,2 K- 2,8,7,11,19,22,27,28,30,33,</p>
6.	<p>Hypertrophic gingivitis. Clinic, comparative diagnosis, treatment, prevention. Write a medical history. Later, bleeding in the gums and the appearance of sores in their place soon possible. When applied, the odor begins to come. Patients avoid eating, chewing, talking they are afraid. Often the cause of bleeding from the mouth (gums), patients go to the dentist patients become restless, capricious, general anemia occurs is coming. At the doctor's examination (osmotr) the shape and color of the gums (whiter, bluer). in recurrent chronic gingivitis while patients have pain in the gums during chewing, bleeding from it, gums and generally complain of swelling, redness of the gums. On the teeth views and the presence of tartar are noted. Interactive methods «BLACK TULPOR »interactive game style .__</p>	<p>A-1,2 K- 1,2,3,6,7,11,18,23,34,35,39</p>
7.	<p>Clinic, comparative diagnosis, treatment, prevention of atrophic and desquamative gingivitis. Write a medical history. Atrophic and desquamative gingivitis also occur in certain harmful occupations (lead, bismuth, aluminum, mercury, iodine, bromine) occurs in catarrhal or ulcerative form. Plus these workers have been around for a long time If they work, they have general symptoms of poisoning (headache, stomach pain, diarrhea pain, diarrhea, etc.). Bleeding from the gums during brushing teeth leakage, accordingly patients may have complaints and consequently they may also consult a doctor.</p>	<p>A-1,2 K- 1,3,6,7,11,18,22,29,37,42,43</p>

8.	<p>Periodontitis. Light and medium and heavy forms. Clinic, comparative diagnosis. Write a medical history. <i>Parodontitis</i> -inflammation and destructive periodontal tissue development: a) degree of disease: mild to moderate, severe; b) course: recurrence of acute (asha) chronic (spongiosa) attack , abscess remission, disease stagnation ; food cannot be chewed, as it may cause pain due to hemorrhage. The second The hemorrhage on the side is done after 3-5 days, during which time the previous treatment The hemorrhage in place will be absorbed. Repeat in one place during treatment Hemorrhage is not possible. The positive side of hemorrhage is explained as follows: capillaries with low serviceability rupture and at this expense hemorrhage occurs, the capillaries in the reserve open, and are filled with blood, and enters the service, the blood collected in the tissue, the activity of self-defense in the local tissue The enzymes in the blood, hormones that stimulate tissue encourages .. <i>Interactive method</i> Pen method in the middle of the table.</p>	A-1,2 K- 3,5,7,11,18,26,30,32,44,45
9.	<p>Periodontitis. Clinic, comparative diagnosis. Write a medical history. Clinic, diagnosis and diagnosis of periodontitis. In clinical practice periodontitis is relatively rare. Inflammation in this type of periodontal disease there are no pathological dental pockets. Teeth do not grind, little may contain tartar in quantity. Milk atrophy, sitting (retraction), opening of the neck of the teeth, cleft palate (teeth in parts of the neck, often on the side of the oral cavity). Periodontitis mainly in a generalized way. Patients have different teeth in the neck pain, presence, itching of the gums, and sometimes in the gums they complain of excruciating pain. In young people 2-4, sometimes There may be limited periodontitis around 6-8 teeth. Illness 20 occurs mainly in older people (after the age of 40). sometimes periodontitis turns into periodontitis with the addition of symptoms of inflammation. Anamnestic data, clinical signs, are the most basic for their comparative diagnosis The sign is that it is necessary to take into account the radiological changes. <i>Interactive method</i> Pen method in the middle of the table.</p>	A-1,2 K- 23,5,7,11,18,19,22,37,45
10	<p>Local methods of treatment of periodontal disease. Phyto-drugs in the treatment of inflammation in periodontal disease. Recipe. The main goal of treatment is what local causes play a role in the origin of the disease is to eliminate these causes in the first place. In this regard, the above we need to address the reasons. The most important of the local reasons</p>	A-1,2 K-2,3,6,7,11,18,22,32,34,42

	<p>is the ogaz gap was an unhygienic condition, dental caries, tartar, anomalous condition of the dentition. So, the first goal is to create a normal hygienic state in the oral cavity. For this teeth that are no longer serviceable are removed. The second is dental caries and tartar cleared. X-ray examination revealed sclerotic (bone marrow: bone marrow) in bone tissue shrinkage, narrowing of voids, etc.). Atrophic changes are a flat slip-decrease of the interdental barriers, however characterized by the integrity of the cortical bone plastics. .Interactive methods <i>"It simply came to our notice then"fullness" method</i> "Apples" methods.</p>	
11	<p>General treatment of periodontal disease. Recipe. Periodontitis is relatively rare in clinical practice. This is periodontal disease There is no inflammation in the type, pathological dental pockets x, am> yuts. Teeth There may be a small amount of tartar. Milk atrophy, sitting retraction, opening of the teeth, phonosis the appearance of defects (in the parts of the teeth and neck, often on the side of the ORIZ) possible. Periodontitis is mainly generalized. Patients have pain from various effects on the teeth, neck, gums, gums shrinkage, and sometimes pain in the gums complain that In humans, it is around 2-4, sometimes 6-8 teeth, ie may be borderline periodontitis. The disease is mainly in the elderly (over 40 years) then) u-chraydi in the form prevalent in humans. However, sometimes periodontitis periodontitis is known to be accompanied by symptoms of YALLIRLZNISH becomes Their anesthesia data, clinical signs, the most important sign is that it is necessary to take into account the radiological changes. Interactive methods <i>"It simply came to our notice then"fullness" method</i> "Apples" methods.</p>	A-1,2 K-1 3,6,7,11,18,22,
12	<p>Physiotherapeutic methods of periodontal disease.Physiotherapeutic methods of periodontal disease include helium neon laser beams, darsonvalization, diadynamotherapy, magnetic resonance currents.</p>	A-1,2 K-3,6,7,11,18,22,
13	<p>Modern methods of local and general prevention of periodontal disease. Medical examination. The main goal of treatment is what local causes play a role in the origin of the disease is to eliminate these causes in the first place. In this regard, the above we need to address the reasons. The most important of the local reasons is the ogaz gap</p>	A-1,2 K-3,6,7,11,18, 17 22,23 37 42

	<p>was an unhygienic condition, dental caries, tartar, anomalous condition of the dentition. So, the first goal is to create a normal hygienic state in the oral cavity. For this teeth that are no longer serviceable are removed. The second is dental caries and tartar cleared.</p> <p>Interactive methods <i>"It simply came to our notice then "fullness" method</i> "Apples" methods</p>	
14	<p>Idiopathic diseases of the periodontium. Clinic, comparative diagnosis, treatment. Among periodontal diseases, the peculiarity of these diseases is the lack of clinical signs rapid development. <i>Papion - Lefevre</i> In the syndrome, the alveolar bone melts as if it were a pathological process tooth ends with The reason for the origin is unknown. Clinical manifestations q Severe periodontitis level. The disease begins with milk teeth. One tooth after another After the presence of permanent teeth, a pathological process in the periodontal tissue as they continue, they are also removed one after the other. In case the teeth are not removed rapid absorption of the alveolar bone leads to tooth loss. This is also a tumor is a type of disease that results from chronic inflammation in the periodontal tissue The gum epithelium grows into the pathological tooth-gum pocket and separates the bone marrow from the bone separates. At first it does not bother the patient. Then around the tip of the tooth root swelling in the gums.</p> <p>Interactive methods «BLACK TULPOR »interactive game style</p>	A-1,2 K-3,6,7,11,18,22,
15	<p>Origin of periodontitis. Clinic. Periodontomas. <i>Desmodontosis.</i> In this disease, desmodont, that is, the rotation of the neck of the tooth and the surrounding area periodont fibers are understood. In desmodontosis, pathological changes occur in these tissues. The cause of the disease is unknown. The science that some scientists have conducted on this disease It was concluded that the result of their work was enzymopathy.</p> <p>Interactive methods Brainstorming style.</p>	A-1,2 K-3,6,7,11,18,22,
16	<p>Treatment of chronic moderate periodontitis in endocrine diseases Periodontal pathologies in diseases of the endocrine system initially do not bother the patient. Then around the tip of the tooth root swelling in the gums. The cause of pain was formed during the pathological process waste products are always separated through the pocket. The boundary in the X - ray image is clear,</p>	A-1,2 K-3,6,7,11,18,22,31 33 41

	<p>bone absorption reaching the root tip of the tissue is detected. The shape is noxious, i.e. the bottom will be wider. Electroodontodiagnostics of the tooth associated with the pathological process</p> <p>When done, the sensitivity of the pulp is significantly reduced, sometimes the response is completely sensitive will be determined.</p> <p>Interactive methods Brainstorming style.__</p>	
17	<p>Examination of periodontal pathologies and interpretation of clinical and laboratory signs in general diseases (AID, endocrine system, cardiovascular system, nervous system), comparative diagnosis and definition of the initial diagnosis, treatment plan and clinical history</p> <p>In cardiovascular diseases, especially in the period of their decompensation, gingivitis occurs or recurs. Initially, a catarrhal condition occurs. Milk The mucous membrane turns bluish-red color, the tissue swells.</p> <p>Gastrointestinal</p> <p>The disease is often accompanied by gingivitis. A. I. Rybakov co-authors (1980) gastrointestinal as a result of clinical-experimental studies conducted with presence of gingivitis in diseases of the gastrointestinal tract in their origin</p> <p>Data on the role of diseases are of particular importance is calculated.</p>	A-1,2 K-1.2.3,6,7,11,18,24,
18	<p>Examination of periodontal pathologies and interpretation of clinical and laboratory signs in mining diseases (hypoimmunoglobulinomy), comparative diagnosis and determination of the initial diagnosis, treatment plan and clinical history</p> <p>For gingivitis in blood diseases (leukemia, lymphocytic leukemia, myelogenous leukemia) whitening of the gums, no excessive swelling even when reddened, but it is characteristic that the diseased parts of the gums are clearly visible.</p> <p>Later, bleeding in the gums and wounds soon appear in their place can be. When applied, the odor begins to come. Patients eat, chew, they are afraid to speak. Patients, often causing bleeding from the mouth (gums)</p> <p>they go to the dentist, the patients become weak, capricious, general anemia occurs. Gingivitis is also in certain harmful occupations working (producing lead, bismuth, aluminum, mercury, iodine, bromine enterprises) occurs in catarrhal or wound form in workers. Besides, it's if workers work for long periods of time, they have general signs of poisoning (such as headache, stomach pain, abdominal pain, diarrhea) possible.</p> <p>Interactive method Pen method in the middle of the table.</p>	A-1,2 K-3,6,7,11,18,22,23 36 40

19	<p>Examination of periodontal pathologies and interpretation of clinical and laboratory signs in syndromic diseases (Papion-Lefevra, X -histocytosis), comparative diagnosis and initial diagnosis, treatment plan and clinical history</p> <p><i>Papion - Lefevre</i> In the syndrome, the alveolar bone melts as if it were a pathological process tooth ends with The reason for the origin is unknown. Clinical manifestations q Severe periodontitis level. The disease begins with milk teeth. One tooth after another After the presence of permanent teeth, a pathological process in the periodontal tissue as they continue, they are also removed one after the other. In case the teeth are not removed rapid absorption of the alveolar bone leads to tooth loss. This is also a tumor is a type of disease that results from chronic inflammation in the periodontal tissue The gum epithelium grows into the pathological tooth-gum pocket and separates the bone marrow from the bone separates. At first it does not bother the patient. Then around the tip of the tooth root swelling in the gums.</p> <p>Interactive method Pen method in the middle of the table.</p>	A-1,2 K-3,6,7,11,18,21,32,34,46
20	<p>Examination of periodontal pathologies and interpretation of clinical and laboratory signs in syndromic diseases (Osler, Itsenko-Cushing), comparative diagnosis and diagnosis of the initial diagnosis, treatment plan and clinical history</p> <p>Clinical manifestations q Severe periodontitis level. The disease begins with milk teeth. One tooth after another After the presence of permanent teeth, a pathological process in the periodontal tissue as they continue, they are also removed one after the other. In case the teeth are not removed rapid absorption of the alveolar bone leads to tooth loss. This is also a tumor is a type of disease that results from chronic inflammation in the periodontal tissue The gum epithelium grows into the pathological tooth-gum pocket and separates the bone marrow from the bone separates. At first it does not bother the patient. Then around the tip of the tooth root swelling in the gums.</p> <p>Interactive methods Brainstorming style.___</p>	A-1,2 K-3,6,7,11,18,22,34 45 46
21	<p>Examination of periodontal pathologies and interpretation of clinical and laboratory signs in diabetes mellitus, comparative diagnosis and determination of the initial diagnosis, development of a treatment plan and a history of clinical disease</p> <p>. Periodontal pathologies in diabetes mellitus Initially it does not bother the patient. Then around the tip of the tooth root</p>	A-1,2 K-3,6,7,11,18,22,

	<p>swelling in the gums. The cause of pain was formed during the pathological process waste products are always separated through the pocket. The boundary in the X - ray image is clear, bone absorption reaching the root tip of the tissue is detected. The shape is noxious, i.e. the bottom will be wider. Electroodon-todiagnostics of the tooth involved in the pathological process When done, the sensitivity of the pulp is significantly reduced, sometimes the response is completely sensitive is determined to be absent. So, in the latter case, the tooth pulp was destroyed.</p> <p>Interactive methods Brainstorming style.__</p>	
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**5.2. Content of clinical training topics
VIII-semester**

№	Names of clinical sessions and their summary using new pedagogical technologies	Literature lar
1.	<p>Mechanical cleaning of upper and lower gums Purpose: mechanical cleaning of upper and lower gums. Instruction: periodontal disease. Required equipment: Protective goggles, rubber gloves, gauze mask, antiseptics, toothpicks (excavator, hooks, probe).</p>	A-1,2 K- 3,6,7,11,18,22,
2.	<p>Soft toothpaste cleaning - Excavator curette enamel blades from mechanical devices are used to obtain soft under the gums and over the gums. For this purpose, first of all, the teeth and gums are washed with antiseptics and treated.</p>	A-1,2 K- 1,2,7,11,18,22, 24,26,30,33.
3	<p>Physical cleaning of upper and lower gums In the physical treatment of tartar under the gums and gums, scaller apparatus is used. First of all, the teeth and gums are washed with antiseptics and treated. To do this, we must pay attention to the positive and negative features of the device.</p>	A-1,2 K- 1,2,5,6,7,11,18 ,22,30,34
4.	<p>Determining the depth of periodontal pockets. In periodontitis, the depth of the gums is determined. This treatment is performed with a bar probe. The device is slowly inserted into the pathological pocket until a slight tingling sensation is felt. In the area of molars, 2 measurements are made on the cheekbones and palate, and one on the distal and medial areas - a total of 6 measurements.</p>	A-1,2 K- 3,6,7,11,18,22, 25,32,37
5.	<p>Putting a therapeutic bandage Required equipment: antiseptics, cotton swabs, repin (paste-paste), enzymes, metronidazole Antiseptic treatment of the milk edge Adhesion of the mass to the milk edge. Leave for 2–3 hours</p>	A-1,2 K- 2,8,7,11,19,22, 27,28,30,33,
6.	<p>Removal of necrotic view from the edge of the breast. antiseptics (3% hydrogen peroxide, Lugol's solution), binders (cotton swabs,</p>	A-1,2 K- 1,2,3,6,7,11,18

	balls, tampons), anesthetic solution (articaine, lidocaine, novocaine, ubistezin, septanest, etc.), enzyme, dental instruments (excavator, gladilka, curette) , Leave the turmeric saturated in the enzyme solution for 5 minutes on the edge of the necrotic gum	,23,34,35,39
7.	Anesthesia of the milk edge before treatment. Required equipment: dental instruments, anesthetics (articaine, lidocaine, novocaine, ubistezin, septanest, gingicaine gel, etc.), syringes, needles, bandages (gauze, cotton swab, ball, tampon and gauze piercings). Separating the tissue with cotton swabs to protect it from saliva and medicinal washes	A-1,2 K- 1,3,6,7,11,18,2 2,29,37,42,43
8.	Diathermocoagulation of the hypertrophic gum margin Required equipment: dental instruments, anesthetics (articaine, lidocaine, novocaine, ubistezin, septanest, gingicaine gel, etc.), syringes, needles, bandages (gauze, cotton swab, ball, tampon and gauze piercings) diathermocoagulator, antiseptic solutions (3% N2O2, iodine, lugol solution). Anesthesia of the interdental gums Sucking coagulation of the nipple with the help of "comma" shaped movements Repeated antiseptic treatment. Order to rinse at home with antiseptic solutions for 2-3 days	A-1,2 K- 3,5,7,11,18,26, 30.32,44,45
9.	Curettage (in the area of no more than 3 teeth). dental instruments, anesthetics (articaine, lidocaine, novocaine, ubistezin, septanest, gingicaine gel, etc.), syringes, needles, bandages (gauze, cotton swabs, balls, tampons and gauze bandages) antiseptic solutions (3% N2O2, iodine, lugol's solution), protective bandage-2% lidocaine solution infiltration anesthesia Removes gingivitis from the vestibular, aproximal and oral surface of the tooth, the device is directed from the root to the tartar	A-1,2 K- 23,5,7,11,18,1 9.22,37 45
10	Strengthening the dentition (temporary grinding). Bonding the contact surface of the teeth with a composite filling material. dental instruments, anesthetics, syringes, needles, binders 37% phosphoric acid, composite fillings Brushing teeth on the oral surface using 37% phosphoric acid 60 sec. processed during The marrow is then rinsed with water. Grinding teeth on the oral surface using 37% phosphoric acid for 60 sec. processed during Then the marrow is washed with water	A-1,2 K- 2.3,6,7,11,18,2 2,32 34 42
11	Milk massage Grind the teeth to the oral surface using 37% phosphoric acid for 60 sec. processed during Then the marrow is washed with water. Gently massage by placing the index finger in the area of the interdental suction in the transition fold 6-10 movements with the finger towards the top of the sucker.	A-1,2 K-1 3,6,7,11,18,22,
12	Submucosal injection for periodontitis. Required equipment: dental instruments, anesthetics (articaine, lidocaine, novocaine, ubistezin, septanest, gingicaine gel, etc.), syringes, needles, binders, antiseptic solutions (3% N2O2, iodine, lugol's solution), ascorbic acid solution2 ml. 1.0 ml of ascorbic acid and 1.0 ml of novocaine solution are injected into the syringe. The needle tip is at 45 degrees to the periosteum.0.5 mmis entered. 0.5-1.0 ml of the drug is administered.	A-1,2 K- 3,6,7,11,18,22,
13	A subcutaneous test to determine antibiotic tolerance (sensitivity).	A-1,2

	<p>Required equipment: dental device, dental instruments, binders, antiseptic solutions, alcohol 96 °, insulin syringes, antibiotics, tape measure.</p> <p>The inner surface of the wrist is treated with alcohol. 0.1-0.2 ml of antibiotic is injected into the insulin syringe. The needle tip is inserted at an angle of 45 degrees to the skin.</p>	K-3,6,7,11,18, 17 22,23 37 42
14	<p>Conducting prophylactic dryness of the oral cavity</p> <p>Periodontal tissue healing strategy. Specific approach to etiological, pathogenetic and symptomatic treatment. Primary, secondary and tertiary prevention.</p> <p>Dispensary control of periodontal diseases.</p> <p>Creating a general treatment plan. Proper and targeted use of antimicrobials, periodontal tissue collagenase inhibitors, nonsteroidal anti-inflammatory and anti-inflammatory agents in the etiological, pathogenetic and symptomatic treatment. Prevention of at-risk patients</p>	A-1,2 K- 3,6,7,11,18,22,
15	<p>Determining the RMA of the periodontium. To determine the periodontal index of the periodontium, this indicator is used to determine the severity of gingivitis. Various modifications are used. In most cases, the RMA index is used on the basis of the Parma modification. 1960. Tumors in periodontal tissue determine redness.</p> <p>index R —papilla, I ball); (M - marginum, 2 points); (A —attached, 3 points).</p>	A-1,2 K- 3,6,7,11,18,22,
16	<p>Determining the PI of the periodontium Determining the degree of alligation of the periodontium is used to determine and the weight process can be determined.</p>	A-1,2 K- 3,6,7,11,18,22, 31 33 41
17	<p>Determining the GI of the periodontium At the doctor's examination (osmotr) the shape and color of the gums (whiter, blue) determined to have changed. In recurrent chronic gingivitis, patients chew pain in the gums during bleeding, bleeding from it, gums and gums in general complain of swelling, redness. Looks and teeth on the teeth</p> <p>The presence of stones is noted.</p>	A-1,2 K- 1.2.3,6,7,11,18 ,24,
18	<p>Coordination of methods of cleaning dental caries and cavities</p> <p>Bleeding from the gums can occur when brushing teeth, accordingly patients may have complaints and, as a result, seek medical attention. It is also possible. At the doctor's examination (osmotr) the shape and color of the gums (whiter, blue) determined to have changed. In recurrent chronic gingivitis, patients chew pain in the gums during bleeding, bleeding from it, gums and gums in general complain of swelling, redness. Looks and teeth on the teeth</p> <p>The presence of stones is noted.</p>	A-1,2 K- 3,6,7,11,18,22, 23 36 40
19	<p>Medical treatment of pathological pockets 3% hydrogen peroxide, Lugol's solution), binders (cotton swabs, balls, tampons), anesthetic solution (articaine, lidocaine, novocaine, ubistezin, septanest, etc.), enzyme, dental instruments (excavator, gladilka, curette) , Leave the tourniquet saturated with an antiseptic solution for 5 minutes on the edge of the gums in pathological pockets</p>	A-1,2 K- 3,6,7,11,18,21, 32,34,46
20	<p>Burns healing lengths in the area of the breast pockets.</p> <p>Required equipment: antiseptics, cotton swabs, repin (paste-paste), enzymes, metronidazole Antiseptic treatment of the milk edge Adhesion of the mass to the milk edge. Leave for 2–3 hours</p>	A-1,2 K- 3,6,7,11,18,22, 34 45 46

21	<p>Curettage of pathological dental pockets dental instruments, anesthetics (articaine, lidocaine, novocaine, ubistezin, septanest, gingicaine gel, etc.), syringes, needles, bandages (gauze, cotton swabs, balls, tampons and gauze bandages) antiseptic solutions (3% N2O2, iodine, lugol's solution), protective bandage-2% lidocaine solution infiltration anesthesia Removes gingivitis from the vestibular, approximal and oral surface of the tooth, the device is directed from the root to the tartar</p>	A-1,2 K- 3,6,7,11,18,22,
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6. Instructions for the organization of laboratory work

Laboratory work on science is not included in the standard curriculum in the fall.

7. The form and content of the organization of independent work

The main purpose of the student's independent education is the formation and development of knowledge and skills to carry out certain educational work independently under the guidance and supervision of the teacher. The following forms are used in the organization of independent work of students:

- summarizing, writing abstracts and translating from the literature;
- annotation of book and article;
- in-depth analysis of scientific and methodological literature;
- work on lectures: preparation and observation of the plan of the report, development of the text of the report;
- make additions to the abstract on the recommended literature;
- participation in the seminar: preparation of abstracts, reports and abstracts for the seminar, filling in workbooks;
- promoting healthy lifestyles; - conducting experiments and achieving results;
- work on computers, dummies, phantoms and other models;
- development of albums, charts, tables, algorithms, slides, macro and micro preparations;
- collection of observation materials during the internship to complete the task.

Also, the student's independent work includes: - Curation of patients, preventive care, dispensary, record and conduct medical history;

- Duty in the clinical department (as a doctor and assistant nurse);
- Participate in the supervision of patients under the supervision of the attending physician or doctor on duty;
- participation in the processing of archival material;
- participation in clinical and pathological-anatomical conferences;
- Conducting interviews and lectures on sanitary education among the population;
- Olympiads, competitions, exhibitions, participation in conferences and other events.
- Case technology, design programs, widespread use in the process of independent work from organizers, etc.

7.1. Thematic plan of independent work of students

VIII-semester

t / r	Content of topics	hour
1	Soft views of the teeth and their role in the occurrence of periodontal disease. Involvement of soft tissues (pellicle, plaque) in the formation of gingivitis.	3
2.	Changes in immunobiological protective agents that occur in the gums under the influence of microorganisms in the plaque. "Involvement of dental plaque (stones) in periodontal inflammation."	3
3	The role of gingivitis in the development of periodontal disease. The role of dental plaque in the formation of pathological pockets. Functional examination methods used in periodontal tissue pathology.	3
4	Description of the periodontal bone aveola after permanent teeth have erupted.	3
5	Pregnant gingivitis. Passage, treatment.	3
6	Juvenile gingivitis. Passage, treatment.	3
7	X-ray description of normal bone alveoli. X-ray diagnosis in periodontal disease. X-ray data analysis.	3
8	The role of sublingual tartar in the occurrence of periodontitis.	3
9	Basic principles of treatment of periodontitis.	3
10	Basic principles of treatment of gingivitis.	3
11	Basic principles of treatment of periodontitis.	3
12	The use of laser light in the treatment of periodontal disease.	3

	Physiotherapeutic treatments.	
13	Principles of treatment of periodontal disease in gerantostomatology.	3
14	"Inflammation of periodontal tissue in x-histiocytosis patients."	3
15	Periodontal changes in eosinophilic granules. Diagnosis, comparative diagnosis.	3
16	Periodontal changes in endocrine diseases.	4
17	Changes in the periodontium in AIDS. Clinic, comparative diagnosis, treatment, prophylaxis.	4
18	Periodontal changes in blood diseases. Clinic, comparative diagnosis, treatment, prophylaxis.	4
19	Papion-Lefevra syndrome. Hand-Krischen-Schuller, Literer-Sive, syndromes.	4
20	Barrier-protective, immunobiological means of periodontal tissue and their changes with age.	4
21	Milk structure and means of protection.	4
	Total:	69

Report 1

Periodontology. Terminology. Classification of periodontal epidemiology. Ecology of the oral cavity. Causes and development.

1.1. Model of educational technology.

Training time -2 hours	Number of students: 20-80
Form of training	Introductory report.
<p>Lecture plan:</p> <ol style="list-style-type: none"> 1. Structure and functions of the periodontium. 2. Classification and prevalence of periodontal disease. 3. Normal depth of the gums. 4. Classification of epidemiology 5. Ecology of the oral cavity. 6. Causes and development. 	<p>Structure and functions of the periodontium. Classification and prevalence of periodontal disease. Normal depth of the gums .. Classification of epidemiology Ecology of the oral cavity. Causes and development. Theoretical knowledge of the structure of the periodontium is important in the study of its diseases.</p>
The purpose of the training:	
Pedagogical tasks:	The result of learning activities

1. Theoretical knowledge. 2. Theoretical knowledge Demonstrative explanation 	1. Conduct basic clinical examination methods A. probing (tooth cavity carious poplar, painless. Using a probe) B. percussion (vertical and horizontal, tweezers using) B. Palpation (folding with the help of fingers field) 2. Additional verification methods A. thermodiagnosics (teeth using a syringe check the response to hot cold) B. EOD (with the help of the device the tooth response is less than 100 mA) B. X-ray image reading (laboratory radiologist spend and read using: carious poplar in the picture connected with the tooth cavity, periodontal and a peculiar change around the root tip)
Teaching methods	Demonstration, lecture, conversation
Forms of teaching	Mass, collective
Teaching aids	Textbook, textbook, lecture text, projector, computer.
Teaching conditions	Methodologically equipped auditorium.
Monitoring and evaluation.	Oral control: question and answer.

technological map of the lecture.

Stages and timing of work.	Educator	Learners
Preparatory phase	1. Preparation of educational content on the topic. 2. Preparation of presentation slides for the introductory speech 3. Develop a list of references used in the study of science	
1. Introduction to the topic (15 minutes)	1. Introduces the purpose and function of the topic 2. Asks questions on the topic and. Information is given about the fibers of the periodontium, about the cellular elements of the periodontium, about the classification of periodontiums, about the causes of periodontium.	They listen Students answer the questions posed
2nd stage (55 minutes)	1.Explains the topic, showing slides.	
Phase 3 (10 minutes)	3.1. Concludes 3.2. Giving a topic for independent work.	He listens Takes notes

Subject description:

Subject statement. Par-atrophy, odont-tooth, logos-science, which means periodontology, is the science that studies the tissues around the tooth.

Periodontal tissues include gums, alveolar bone tissue, periodont and dental tissues, periodontal tissues are mutually hereditary (genetic), morphological and functional.

So, the periodontium is a complex of pus, the tooth and the surrounding tissue.

Academician N. N. Nesmeyanov was the first to propose to call this tissue complex an amphodonte member (organ). Considering the fact that in the disease, one of these tissues is infected with another, or all of them become infected at once, they are considered as a set of tissues - a complex.recommended.

Later, foreign scholars proposed to use different terms - "paradentsium", "periodontium", etc., Kantorovich "parhodont".

The term parodong is a term now accepted by dentists all over the world. Diseases of the periodontal tissue (amphodontosis), "periodontitis", "periodontitis", "periodontopathy", "alveolar piorrea" began to be called.

Nowadays, periodontal disease is called "gingivitis"dontit »,« periodontosis »,« idiopathic diseases »,« periodontitis »- each of these terms is used instead of face according to the definition of face.

HISTORICAL INFORMATION.

Periodontal diseases have been known since ancient times. In the literature, archaeologists from countries such as Babylon and Assyria, who lived between 3,000 and 5,000 BC, it was determined that he had the disease. It is known that such data existed in the Chinese before our century (2500 years), and there are instructions for their treatment. GipIn the works of Pocrates, 500 years before our century, the treatment of periodontal disease was described. According to Hippocrates, the gradual decay of teeth is due to changes in the balance of juices in the body (mining, mucus, matter, etc.).

Thus, the question of naming periodontal diseases, how or what to call them, has long been burned. That is why different names are beginning to appear. Blessing is more than 50. counted.

The famous "Laws of Medicine" of the great daha Abu Ali Ibn Sina (Avicenna) (980-1037) also contains many chapters on dental diseases, including gum disease. In the works of Abul-Qasim, who lived before him (936-1013) and at the same time, it was stated that periodontal diseases were caused by local causes, including tartar. Abul Qasim made and used special tools to remove tartar during his lifetime, and found ways to treat gum diseases.sold.

In the early fifteenth century Arnbroise Pare was associated with internal diseases, especially gastric diseases, in the origin of periodontal diseaseIn the sixteenth century, Forest argued that neurological diseases, and in the eighteenth century, Pause-hard (1726-1746) periodontal disease as a type of Scorbut (tsinga). The structure of the body (constitution) also emphasizes the role of its specificity, which is in line with modern concepts.

XIX Toirac emphasizes that periodontal disease should be considered as "alveolar piorrea" - "pus from the alveoli" (puorrhoi interalvtolodentair) "interalveolar pus", ie a local disease. In the twentieth century, a lot of information began to be collected in the study of periodontal diseases, the development of treatment methods.

In the nineteenth century, Russian scholars N. N. Znamensky, and in the twentieth century NN Nesmeyanov defended his doctoral dissertation on periodontal disease.

N., who has developed in-depth and valuable data in this area. A. Astaxov, A. I. Evdokimov, L. M. Landenbaum, P .; I, Lvov, D. A. Entin, I. O. Novik, and later A. I. Rybakov, E. E.. Platonov, L. R. Rubin, V. Yu. Kurlyandskiy, N. F. Danilevsky and many other scientists have made a worthy contribution to various aspects of periodontal disease.

In the following years I. S. Mashchenko, T. V. Nikitina, E. V. Belchikov, using modern scientific advances on the causes of periodontal disease, immunological changes in it and their role in periodontal disease, treatment and prevention of the disease, enriched the field with valuable information.At present, the study shows that periodontal disease is mainly caused by diseases of the internal organs and systems (gastrointestinal diseases, metabolic disorders,

cardiovascular diseases, etc.), stress, environmental conditions and other factors that adversely affect the body. emphasizes Of course, local causes (tartar, non-compliance with oral hygiene rules, pricking disorders, etc.) are also diseases. put forward the idea that it aggravates.

2. ANATOMICAL AND HISTOLOGICAL STRUCTURE, PHYSIOLOGY OF THE PERIOD.

Periodontal tissue includes the following organs:

1. Milk. We divide it into two, and this is important in understanding the anatomy of the periodontal tissue:

a) soft. or a loose gum layer. Bu.kavat oral cavity, moonnan is a mobile, soft gum located beneath the epithelium of the gums; b) solid. the consequence of immobile gums. This layer is the top layer of bone that covers the alveolar bone

2. Alveolar bone.

3. Periodont (the space between the root cementum and the alveolar bone. - periodontal ligament filling tissue.

4. Tooth tissue (primarily root cementum, tooth dentin located in the crown of the tooth and the enamel that covers it). Nasmit's shell, the curtain that envelops the enamel.

So the periodontium, the tissue is soft and hard. from tissues consists of. Soft. tissues.—Milk, Periodont, Nasmit shell (it can be called both soft and hard, ie intermediate. tissue) and hard. tukimalaryga:. root cement,. hard on the alveoli, gums (it can be called interstitial tissue), the bone walls of the alveoliradi.

Although these tissues have genetic and physiological (function, function, function, innervation) commonalities, their histological structures differ from each other. So, when we say periodontal tissue, we need to understand the sum of the teeth and the surrounding tissues: tooth enamel, dentin, cementum, gums, handsThe veola bone forms a periodontal tissue. Parodont tuk.imasini to know the state of the norm, in which kein the detection of inflammatory diseases, tissue adaptation (adaptation) is important in the study of the level.

The gums consist of an epithelial and a special membrane, but in the interdental gums there is a less developed mucous membrane. Mucus in other places. the histological structure of the gums from the membrane and skin is quite different. will come. These differences are his bajais related to the functions of the radar.

A hard, gum layer forms on the neck of the tooth and joins the circular ligament lig circularae dentis, and the Nasmit shell on the enamel joins the circular ligament on the neck. A cavity (jelobok) is formed between the tooth and the gums (soft.) And it is called a normal physiological pocket. Normally it is assumed that it will be at a depth of 2 mmlingan. Thus, gum milk surrichlari, marginal milk; alveolar gums.

E.. V. Borovsky et al. (2006) recommend the division of the gums into two - the gums between the teeth and the gums of the alveoli - in the study of periodontal tissue.

The interdental gums are the gums between the teeth, and the gums on the alveoli are the gums that cover the alveolar ridge. The alveolar ridge extends to the mucous membrane covering the jAG and the folds of the mouth on the side of the vestibulum oris; On the side of the oral cavity, the upper jaw is hard. tanglay mucus. curtain. The interdental teeth are triangular, the upper incisors are angled, facing the cutting (chewing) faces of the teeth, and fill the space between the teeth. If the teeth are sparsely located or some of them have been removed, the interdental displacement triangle loses its shape and the tooth enters the alveolar gums in the neck utadi.

The gum in the neck of the tooth is called the marginal - peripheral gum. Such divisions are of great importance in the clinic, indicating in which part of the periodontal tissue there are pathological changes.

Milk mucus. Since there is no submucosal layer in the membrane, the color of the alveolar gums between the teeth is normally light pink. Normally, pigment spots (melanin accumulation) can appear in the gum tissue. It may have dark brownish-brown spots on the arrow-pink gums. It is necessary to distinguish such spots from the presence in some parts of the oral mucosa, their pathological changes that occur as a result of exposure to certain diseases (heavy metal salts).

HISTOLOGICAL STRUCTURE OF THE PROPERTY

The mammary gland consists of a multilayered squamous epithelium and a special membrane, where the mucous membrane is almost loaded. or underdeveloped. Normally, the epithelium is branched and has a donor (zerni)styy) layer contains keratogialin in the cytoplasm of cells. Many researchers emphasize that the branching of the epithelium is a means of protection from mechanical, thermal, chemical factors that affect it. Normally, the epithelium has branching properties in humans. In some cases, the surface cells in the thorny layer of the epithelium are flattened by mechanical action, which can lead to parakeratosis.

The most important protective function of the epithelium is to prevent the entry of microbes and toxins released from them into the tissues under the epithelium. The epithelial structure of this function by means of glycosaminoglycans contained in the intercellular, sticky substance located in the multilayered squamous epithelium. Sour glycosaminoglycans are complex high-molecular compounds that have been found to be of great importance in connective tissue nutrition, regenerative processes, and tissue growth.

Normally, histochemical examination of periodontal tissue revealed the presence of neutral glycosaminoglycans (glycogen) in the epithelium. Glycogen is found mainly in the thorny layer, in small amounts, and decreases with age. Glycogen is also present in the vascular walls (endothelium) and intravenous leukocytes. RNA is mainly located in the cytoplasm of epithelial cells in the main (maternal, growing, basal) layer of the epithelium and in the plasma cells of connective tissue. Sulfhydryl groups of glycosaminoglycans were found at the junction of cytoplasm and x cells in the superficial branching layers of the epithelium. When the gums become inflamed (gingivitis) and appear, sulfhydryl groups disappear from the cells.

Neutral glycosaminoglycans are present in tufts of collagen fibers in the vascular walls of periodontal tissue. Primary cement contains small amounts of neutral glycosaminoglycans, while secondary cement contains large amounts of neutral glycosaminoglycans.gan.

In the alveolar bone, they have been found to occur mainly around the osteon canals. Sour glycosaminoglycans are found in the gums, gums, and basal membranes of periodontal tissue.raydi. Low in stroma (collagen fibers, veins). Fat cells contain heparin. There are data on the effect of hyaluronic acid-hyaluronidase structure on the permeability of capillary-connective tissue structures. Hyaluronidase (microbial or tissue-produced) depolymerizes glycoeamino glycans, disrupts the protein-binding (hydrolysis) of hyaluronic acid, thereby increasing the permeability of the connective tissue and ultimately reducing its ability to act as a barrier.

Hence, glycosaminoglycans. microbial of periodontal tissue and their poisons. Among the connective tissue elements of the breast are the most fibroblasts, fewer histiocytes and lymphocytes, and even fewer. fat and plasma cells occur.

In normal gums, fat cells accumulate around the veins, in the lining of the private membrane. The functions of fat cells have not been fully elucidated. They contain heparin, histamine and serotonin, and they have been shown to be involved in the breakdown of glycosaminoglycans.

A lot of research has been done on the structure of the gums. The importance of this structure is so well known that inflammation begins here. Milk epitheliumlia consists of the oral epithelium, the tooth surface of the gums, the hollow epithelium, and the connecting epithelium. oral epitheliumsi - multilayered squamous epithelium, hollow. the epithelium is between the multilayered and the connective epithelium.

Modern scientific foundations show that this structure is quite regenerative. E'pia violation of the connection of the wire with the enamel membrane indicates that the gums of the gums are cracked. The area between the tooth and the gums that normally forms is called the gingival arch instead of the "normal gingival pocket". In pathological cases, instead of pathological gums, use the word "gums", if the condition is only at the border of the gums, it is called "gums", and if there is a pathological condition in all tissues of the periodontium, it is called "periodontal gums". -milk pocket "or" pathological tooth-gum bone pocket "should be used instead. In the Milk Ark, the mining veins here are peculiardue to the increase in the permeability of the vascular walls (K. capillary rings are loaded and they are located close to the surface) and K.ON becomes a fluid-milk fluid similar to whey. The fluid contains electrolytes, enzymes and cells. The gums

and gums normally act as a barrier. Inflammation occurs mainly in the epithelium of the gingival wall and where the epithelium adheres to the tooth.

Collagen, elastic, oxytocin fibers, mining and lymphatic vessels, nerve fibers, connective tissue in the periodontal tissue. In addition, there are macrophages. The size and shape of the periodontium depends on various diseases that occur in it and in the body, such as a person's age, excessive pressure on the teeth. may change. Periodont's binding apparatus consists of collagen fiber bundles and the vessels between them, intercellular substances. The main function of dent fibers is to distribute the mechanical force (impact) during chewing evenly on the alveolar bone tissue, the nerve receptor apparatus and the microcirculatory pathways. In the periodontium there are cells such as fibroblasts, plasma, fat cells, histiocytes, mining cells, mononuclear macrophages, osteocytes close to the alveolar bone, close to the cement - cementoblasts. In addition, there are epithelial residual cells - Malyasse cells. Cells place in all parts of the periodont tissue, especially in the tricepslashgan. Periodontal tissues have been found to contain enzymes such as succinate dehydrogenase, lactate-dehydrogenase, NAD and NADF - diaphases, phosphatases, collagenases. It is also known that their activity is in areas close to the cement and bone, especially in the disease.

The interdental bone walls consist of a system of bone plates and osteons and a compact bone material that forms the cortical plate. The compact bone of the edges of the alveoli has many channels through which the blood vessels and nerve fibers pass. Between the compact bone layers is bone marrow, the gaps between them are filled with yellow bone marrow.

Periodontal fibers enter the alveolar bone near the cementum, and from the side of the bone. The incoming parts are called Toms fibers. The cement structure is realresembles a pile, but for the most part it has a cell load. The root (apix) of the root where the secondary (cellular) cement is located and the root of the multi-rooted teeth there are cells at the sites of furcation, but they do not resemble a bone because they are arranged irregularly.

The structure and chemical composition of the bone tissue of the alveolar tumor is almost indistinguishable from other bones of the body: it contains 60-70% of mineral salts and a small amount of water, 30-40% of organic matter. The organic matter is mainly composed of collagen. Using electron microscopy and radiological methods, their mineral crystals and collagen fibers. The osteoblast, osteocyte, and osteoclast x cells in the bone tissue ensure that it performs its facial function. In the cytoplasm and nuclei of these cells from 20ortik. The presence of the enzyme was determined using histochemical tests. Normal bone formation and its displacement are coordinated. There is evidence that this condition is related to hormones, particularly the activity of thyroid hormones, such as thyrocalcitonin. There are various theories about the role of thyrocalcitonin and fluoride in bone resorption and alveolar bone formation.

On the radiograph, the cortical plate of the bone consists of thematic, directional lines at the edges of the alveoli. The bone marrow is ring-shaped.

The structure of the cement is jix (horse-like dome-fiber bone, tsement The tooth covers the root surface at all levels. It is composed of a calcareous base substance and the collagen fibers in it. This is itsome of the collagen fibers continue into the periodontium and some into the bone tissue, and these parts are called Sharpeev fibers, by means of which they attach to the tooth alveoli. There are two types of cement tissue - primary, cell-free and secondary, cellular cement.

Hence, all periodontal tissues differ from each other by their histological structure, performing different functions. In the pathological process, one or all of this morphofunctional complex may gradually become diseased.

ROAD SUPPLY

The periodontal ligament has anastomoses between the carotid arteries and the interosseous arteries from the branch of the jaw artery that extends from the external carotid artery. The types of veins in the marginal gums and periodontium are connected with the gums and periodontal vessels at the enamel-cement boundary, at the anastomosis. Correction of Koh's vessels in the periodontium, its arteries, precapillaries, capillaries, postthe presence of capillary, venous, venous, and arteriovenular anastomoses, but the absence of complete arteries is characteristic. Capillaries are the thinnest-walled vessels that form the microcirculatory tract of the periodontium, through which they pass from the carotid artery to the veins. The same

periodontal tissue through the same microcirculatory pathway oxygen and other nutrients. The average diameter of the inner wall of capillaries is 3-12 microns.

Capillaries and surrounding connective tissue together with lymph nourish and protect periodontal tissue. The degree of permeability of the capillary wall is their primary physiological function. Capillaries permeability and durability are important in pathological processes in periodontal tissue.

INNERVATION

The innervation of the periodontium is due to the bundles of dental branches coming out of the second and third branches of the tertiary (p. trigeminus) nerve. In the pit of the alveoli, the lengths of the nerve fibers are divided into two: one to the pulp, and the other, parallel to the surface of the periodontium, the rod. urine is located along the pulp. Because periodontal tissue is rich in nerve fibers and nerve receptors, this zone is a large reflexogenic zone from which reflexes can spread to the heart, gastrointestinal tract, and other internal organ systems. Lymphatic supply is also very good, because there are many types of large and small lymphatic vessels in the periodontium, which are important in the norm, especially in the disease. Lymphatic vessels are mainly subepithelial connective tissue under the epithelium based on ma. Lymphatic vessels are thin-walled, small and irregular in shape. Lymphatic vessel during inflammation expands. Inflammatory infiltrates form inside the vessels and around their walls. In inflammation, the lymphatic vessels pass through the tissues, transporting inflammatory substances and helping to repair the inflammatory focus.

FUNCTIONS OF THE PERIODON

Adaptation occurs in response to large and small external and internal negative influences on the periodontal tissue. For example, the eruption of milk and permanent teeth, the eruption of some teeth from the dentition, the different consistency of food products, various diseases of the body, etc. the adaptation of the periodontium to rokhsats and the like indicates its largely compensatory ability.

Parsdont performs the following functions: tusik, ie barrier weight; feeding - trophic function; chewing pressure distribution function ;. formation of new tissue - plastic function; depreciation function,

Protection (tusik.) - The function of the barrier is to ensure the integrity of the periodontal tissue, to protect the body from the negative effects of changes in the environment during a healthy period, to prevent infection. is the ability to fight tsia, sensitization, intoxication.

The barrier function of the periodontium is determined by: 1. branching of the gingival epithelium (in inflammation this process is disrupted); 2. width of collagen fiber tufts; 3. durability of property; 4. The state of glucosaminoglycans in the connective tissue of the periodontium; 5. The structure and function of the cleft palate; 6. lysozyme, inhibin, immunoglobulin and similar bio in salivathe presence of its ability to fight bacteria under the influence of logically active substances; 7. fat and plasma cells formation of antibodies. Peroxidase provides a protective function by pushing the bone under the influence of osteoclasts and regulating the activity of lysosomal enzymes.

Nutrition- trophic function is determined by the presence of a large number of capillaries and nerve fibers. This task depends on the state of microcirculation in the periodontium. Reflex control of the periodontium depends on it the distribution of chewing pressure is determined by its transmission to various reflex pathways through a large number of nerve endings (receptors).

Formation of new tissues - plastic function is determined by the presence of new tissues in periodontal tissues in a constant manner and in response to pathological conditions. Cementoblasts and osteoblast cells perform this function. mynlaydi. In addition, fibroblasts, fat cells and others, as well as capillaries are less involved in metabolism. they add.

Depreciation Collagen and elastic fibers act as binders. Dental alveoli during chewing, pa- Periodontitis of the rhodontic veins and nerves - the circumference of the crown of the tooth (lig circularae dentis) protects from

Thus, the periodontal's ability to perform complex adaptive functions is of great importance for the whole organism. One and if it fails to perform its function, the mutual presence of periodontal tissue is disrupted, leading to the onset of the disease. Demak, pa all the functions of the rhodont are interdependent, physiological diarrhe that and coordinates the external balance.

DEVELOPMENT DEGREE, CLASSIFICATION OF PERIODONTIC DISEASES.

In the specialized literature, according to scientifically based evidence, 80-90% of people between the ages of 20 and 30 have gingivitis. After the age of 30, 60-70% of periodontitis, after the age of 40 - periodontitis and other diseases.

Periodontal disease, especially periodontitis, is especially common in gastrointestinal diseases, and periodontal disease is more common in healthy people than in other internal and systemic diseases. occurs (up to 100%).

This means that periodontal disease is the second most common dental disease after caries costs.

CLASSIFICATION

The issue of classifying periodontal diseases into certain classifications has always been a topical issue. As a result, many classifications have been proposed. It is now a periodontium used by dentists around the world in all CIS countries Classification, which is in line with the classification of salivary glands, was discussed at the Plenum of the All-Union Dentists XVI (Erevan city) was adopted in 1983. The following classification is used in our department. Scientific researches of the department proved to divide periodontitis into 2 types: slow-growing periodontitis and fast-growing periodontitis (Rizaev J.O, 2006).

Periodontal Diseases (MORBUS PARODONTALIS)

I. Gingivitis (gingivitis) - a gum that occurs as a result of maxillary and general adverse effects and does not affect the integrity of the gums. inflammation.

Form: superficial - catarrhal, ulcerative, hypertrophic

Weight: light, medium, heavy.

Course: acute (Acuta), chronic (chronica), recurrent (exacerbata).

Distribution: local (generalized! Isata)

P. Periodontitis — Periodontal tissue and jaws destruction of the bone structure of the veola tumor, inflammation of the periodontal tissue.

Ognrlii: light, medium, heavy.

Passage: utknr (Acuta). chronic (chronica), recurrent (exacerbata), abscess (abscessus), stagnation (remission, remissio).

Distribution: max.aliy (loct.lis), scattered (genercilisata).

III Periodontitis (periodontosis) - dystrophic lesions of the periodontium

Weight: light, medium, heavy.

Course: chronic, chronic (remission, remissio).

Distribution: scattered (gereralisata).

IV Idiopathic diseases with periodontal tissue prolapse (lysis) (periodontolysis - paradontolysis) - Papion-Lefevra syndrome, neutropenia, gamma globulinemia, uncompensated diabetes mellitus, etc.).

V. Periodontoma (periodontoma) - tumors and tumorsalivary glands (epulis, fibromatosis, etc.).

4. Causes of periodontal disease (etiology) and development (pathogenesis).

Despite numerous studies, the causes of periodontal disease and the mechanism of disease development are still not fully understood. There are many theories. Blessing reported that in 1911, the number of theories devoted to the study of the causes of periodontal disease had reached 350. Of course, in the years that followed, many theories emerged.

All theories can be divided into three groups⁴. 1. External - the effect of exogenous influences on local periodontal tissues; 2. There are internal-endogenous causes, which are pathological changes in the body; 3. Occurring as a result of internal and external influences. Of course, the external and internal causes of periodontal disease are more likely to occur under the general influence of the joint, but it should be noted that the etiology and pathogenesis are interrelated, it is impossible to study them separately. It's about 1903 Arckovy had said. Local and general taste These effects are not mutually exclusive, but they interact with the organism one after the other. But they are we find conditionally to study. Periodontal disease The composition of the larvae is as follows: mainly gingivitis before the age of 20, of which catarrhal gingivitis is 80-90%, and after the age of

20 it is kuprok. periodontitis occurs. Periodontitis is 4-5%. This means that gingivitis and periodontitis, which are mainly accompanied by inflammation, are very common.

Local factors. Some researchers write that periodontal disease is caused by local causes. These causes are: tooth decay, tartar, tooth decay misallocation of pressure, disruption of the bite, dystopia of the teeth, density, microflora, etc. It should be noted that only local factors are associated with periodontal disease. causative agents can not bulla.

General factors. General disorders of metabolism in the body, disorders of the nervous system, endocrine disorders brain effects are certainly important in the origin of the disease. Circumstances such as protein metabolism, vitamin hypoavitaminosis, vascular dysfunction, impaired oxygen supply to the local paro- / dont tissue, diseases of the nervous system are of great importance in the emergence and development of periodontal disease. dilar. Inflammation occurs under the influence of chemical, physical, mechanical, immunological, decreased resistance (reactivity) of the organism and many other causes.

According to the World Health Organization (WHO), gingivitis is caused by microbial infections that accumulate in the teeth. Depending on the degree of compliance with the rules of oral hygiene on the dental pellicle, in different cases, more or less views are collected. The compounds are mainly composed of polysaccharides and proteins, carbohydrates, salts, enzymes. In addition, there are inorganic substances associated with organic matter - calcium, phosphorus, magnesium, potassium, sodium. E.. V. Borovskiy, T. I. Lemetskaya et al. Emphasize the microbial factor in inflammatory diseases of the periodontium. According to them, the microorganisms that accumulate in the periodontal tissue follow a certain pattern: 2-3 nights - day, then gram-negative and gram-negative cocci in the gums, after 4-5 days - fusobacteria, from the 7th day - spirochetes, spirals. The composition of microbial views is about 70 microorganisms. They also play a role in the formation of tartar.

Disorders of salivary composition (hyposalivation, xerostomia), ie dysfunction of the salivary glands As a result, the appearance of tartar, tartar is accelerated, as the process of mechanical cleaning is disrupted. Other causes of periodontal inflammation include mechanical (chemical burns, etc.), mechanical, and physical causes of gum disease. .

For a number of reasons, the smallness of the oral cavity, anomalies of the lips and tongue can also cause the disease.

Common causes include diabetes mellitus, Itsenko-Cushing's disease, hormonal disorders of the reproductive system, nervous and internal diseases (oligophrenia, rheumatism, metabolic diseases, nephropathy and others), gastrointestinal diseases can be of great importance in the origin and development of periodontal disease.

ETIOLOGY OF INFLAMMATORY DISEASES OF THE PERIOD

Gingivitis

1. The number of microbes and their virulence -
 - A. Oral hygiene.
 - B. Influence of factors: tartar, features of dental anatomy, caries, iatrogenic factors specific -mikrobln factors G.
 - B. Diet (nutritional properties)
- Pathophysiological factors:
 - saliva (composition and properties, functional disorders). mouth breathing organism - reactive-ligi
2. Duration of impressions ->
3. General resistance:
 - young
 - The influence of drugs on systemic diseases
 - genetic disorders alimentary factors
 - psychosomatic factors
4. Occlusal injuries ->

Periodontitis

The causes (etiology) of the development (pathogenesis) of the disease are much better understood.

Inflammation begins in the gingival cavity, of course, after the violation of its protective function (barrier). The main pathogenetic mechanisms are cell injury (polymorphonuclear leukocytes and others), biologically active substances - mediators and inflammatory modulators, microcirculatory disorders, exudation and cell infiltration as a result of increased vascular permeability, milk collagen tissue degradation, transcapillary metabolism and secondary hypoxia, acanthosis of the epithelium, and transformation of the epithelium in the dentition into the oral epithelium. It is known that it ends with stages such as disruption of the tooth-gum joint and the formation of gums (pathological gums).

Exacerbation of pathological changes, the gradual transition of inflammation to the alveolar bone tissue, periodontium, the transition from gingivitis to periodontitis. with the development of inflammation, immunological changes range from nonspecific inflammation to signs of immunological inflammation.

The question of why gingivitis progresses to periodontitis is completely unknown. Researchers call it the organism. depending on the reactivity. and we x.am add to this that the cause is due to diseases of the internal organs and system. we explain. In the etiology and pathogenesis of periodontal disease or the general condition of the organism, diseases of the internal organs and systems, local factors play a role in the close presence of each other.

4. METHODS OF EXAMINATION OF PATIENTS

The purpose of examinations in periodontal disease is to identify as much as possible the local effects and general (internal organ and system) diseases in the patient's body and to study the pathogenetic findings between them.

Question-answer (poll). A comprehensive question-and-answer session with the patient reveals the onset of the disease, the stages of development, when the patient thinks, when it started, and what it is. that is, to collect information such as k.achon zurayshi, 'k.ul. It is necessary to understand the need to involve physicians in what specialties. This is a very important work to begin with. During the question-answer it is necessary to pay attention to the mental state of the patient. Often there is pus coming out of the gums, that is, pus from the mouth, the appearance of k, ulansa x, id in the mouth, falling as a result of grinding healthy teeth, even the patient can pull the falling tooth, sleep disorders, anemia, anorexia and it should not be forgotten that tension, etc., can lead to xrlat-lars, such as the patient's understanding, and even "feeling" of x.am from life.

Subjective sensations may begin before the disease is thematic, manifestations. At the end of the question and answer, the methods of examination of the patient, the need for specific examinations will be developed. Thus, although the question-answer and examination methods are carried out one after the other, they differ from each other: the methods of examination differ in the pathogenetic features of the disease, in each and every level of the periodontal complex, k.anak.athe general condition of the organism, its re-The nature of the periodontal disease serves to reveal the nature of the periodontal disease.

Thus, the process of examining the patient consists of the following: 1. At the initial examination, the patient's complaints, anamnesis. mouth examination, simple instruments, and laboratory tests ut-dig tentative, primary diagnosis. 2. Carrying out all necessary, special examinations (reoparodontography, immunological tests, microbiology, sometimes biopsy and cocoa) to identify some pathogenetic factors that cause the disease, extended, finalThe diagnosis is made. 3. Repeated, additional examinations during treatment (gastrointestinal tract, cardiovascular diseases, mining, urinary tract patients) and other additions to the Arabic treatment.

Thus, patient screening methods are divided into two: basic and additional screening methods.

Basic Questions and answers about the methods and the patient, the condition of the oral cavity, periodontal tissue, the degree of inflammation or dystrophic changes in them, their complications, dental caries that have a negative effect on the periodontium, sharp edges of fillings, irregular prikus , irregular orthodontic, orthopedic device or pro-therapies, their clamps and the like are affected by local effects and periodontal disease.including the creation of a plan of action for important work, such as identifying additional inspection methods needed for the lash.

The question and answer is to know what the disease is or what the patient thinks, when it started, new signs of the disease, how many teeth were removed and why they were removed, especially the number of teeth removed after the onset of the disease, because teeth can erupt like periodontitis in diabetes mellitus and therefore be removed or replaced in other diseases of the

system, complete in time. and to the enduntreated pulpitis, especially periodontitis, can be caused by teeth x.am.

In addition, the small size of the corridor of the mouth, the right or wrong adhesion of the lips, tongue, gums, carious teeth and similar colates are performed during x.am kurik (osmotr). It is also useful to determine the general condition of the patient, his mood, the thematic nature of the questions, the answers, etc.

There are also bad habits, such as chewing only on one side of the jaw or most of the jaw, negative professional influences, the nature of the meal (eating too much or not properly - eating sweets in excess), adherence to the rules of cleanliness, what (paste, powder) and it is necessary to clean the teeth in the order of k.ay and identify others.

It is necessary to determine whether the patient has been previously treated for periodontal disease, with what treatment, what are the benefits, whether the patient knows the current condition of the periodontium, internal and systemic diseases, and so on. If necessary, the advice of therapists, surgeons, endocrinologists, hematologists, pediatricians (in children with periodontal disease), psychoneurologists, psychiatrists, neurologists and doctors working in other specialties should also be consulted.

ORIZ When examining the bushes, it is necessary to determine the condition of the occlusal surfaces of the teeth, which have physiological and pathological erosion.

In general, periodontitis examination consists of several joints: 1. gums X. condition assessment; 2. pathological diastema (opening of the space between the teeth); 3. tooth displacement, bar - absence; 4. thickness of the gums; 5. the degree of erosion of the alveolar bone with the help of X-ray examination; 6. condition of occlusal surfaces of dental catheters; 7. locations of the process; 8. identification of teeth worthy of treatment or removal.

The condition of the milk is determined by its color, density, the presence or absence of mining, hypertrophy or atrophy of the gums, the size of the gums and gums.

The most common, especially in young people, is gingivitis - specially proposed to determine the prevalence of gingivitis.

Determination of the degree of tooth decay, gingival extraction, determination of the depth of pathological gums of the gums and periodontium using special probes, palpationIt is also necessary to know how to see pus coming out of the gums, how to detect pus from the gums. Paying attention to the rules of oral hygiene can be determined using the method of dental care - fuchsin liquid, erythrosine, Schiller - Pisarev (iodine crystals 1 g, potassium iodide 2 g, 40 ml of distilled water).

It is necessary to use special methods: X-ray, capillary microscopic, functional, Schiller-Pisarev, various indices. The most important of the additional methods is the radiological method. X-ray examination helps to diagnose periodontal disease, osteoporosis, fracture-resorption, and other changes in the alveolar bone. X-rays in additionTechnological examination: 1. The clinical manifestations of periodontal disease still show changes in the bone, although the first symptoms do not appear; 2. to be distinguished from other diseases that occur in the body, similar to periodontal disease, leading to various changes in the jaw bones; 3. to determine whether the abscess in the gums is marginal (periodontal) or apical; 4. only bone fractures-gpna, not at the base of the gums - thematic tartar at the root.lashda, is of great importance. In periodontology, in addition to oral dental radiographs, it is advisable to obtain mainly ortho- or pantomography - panoramic radiographs. If it is not possible to conduct a panoramic radiograph, it is possible to separate the anterior upper and lower teeth and masticatory teeth and draw a certain conclusion. Sometimes X-ray contrast agents (1. iodine solutions. 2. Barium sulfate and glycerin. 3. Zinc oxide. Preparations. 4. Silver powder and glycerin) are used to evaluate dental and gum pockets.

Another additional method is the content of sugar in the ore, ore elements, sugar in the urine, the composition of gastric juice, past and ongoing general diseases of the body, the level of resistance-reactivity of the organism, gums, periodontitis in general, rheo-rhodontographic data , capillary microscopic examination of periodontal capillaries, oxygen saturation of periodontal tissue by polyarography, nonspecific immunological changes in saliva - lysozyme to determine the size of the population, to check the activity of enzymes, with the help of microbiological tests,determination of the level of sensitivity of microorganisms in gums to antibiotics, bi in the fieldOxygen tests - electrolytes, cholesterol -

lipoproteins, the level of atherosclerosis, gums - biopsy data are needed to identify periodontal disease, diagnose it, compare it and, as a result, make plans for their treatment. Of course, it is not necessary to use all x of the methods shown.

6. Conclusion It can be said that periodontal tissues They have specific anatomical and physiological commonalities, although their histological structures are different, they are interconnected, and in pathological cases they are common tissues.

Oral microflora

The type, number and characteristics of microbes in the oral cavity depend on the food they eat, the amount and composition of saliva, the rules of personal hygiene, climatic conditions, internal and external changes in the body.

Due to the strong protective properties of the mucous membrane in the oral cavity, despite the abundance of various microbes in the mouth, diseases of the mouth are usually easily and quickly cured. The majority of microbes in the mouth (85-90%) are cocci.

The number of streptococci in 1 ml of saliva is 10⁸-10⁹. They are facultative and obligate in anaerobic form and have enzymatic active properties.

Leptotrichiae belong to the group of lactic acid-forming bacteria and are anaerobes that are long, of different widths, spear-shaped or swollen at the ends, and resemble tangled filaments. Actinomycetes are always found in the oral cavity of healthy people. They resemble filamentous fungi and consist of thin filaments. These filaments intertwine to form autumn-like mycelium, which, like fungi, form spores or multiply by simple fragmentation.

About 40-50% of the microbes observed in the oral cavity of healthy people are yeast-like fungi. The shape of the cells is oval or elongated, 7-10 microns in size, new cells sprout and divide. In addition, *S. from the group of yeast fungi. tropicalis, S. crusei* occurs. *S. albicans* belongs to the group of pathogenic fungi. Yeast fungi multiply rapidly and cause dysbacteriosis or candidiasis or local changes in the body. The disease is often endogenous and develops from strong antibiotics taken uncontrolled. Under the influence of strong antibiotics, the activity of antagonists of fungi that provide the normal microflora decreases, and fungi that are not affected by these antibiotics multiply. Spirochetes fall into the oral cavity during tooth extraction and are stored permanently. They are gram-negative anaerobes and are very mobile. Spirochetes are mainly annual wound-necrotic processes of the floor (Vincent's wound stomatitis, Vincent angina); pathological gum pockets, carious cavities and in pulp decay, other in ofhp forms of periodontitis nor with infection-causing fusobacteria and vibriion TB will be

Pathological dentition in the gums, dentition, intervertebral discs

Entamoeba gingivalis, Trihomonas occurs in the league. Their cup

The case is most common in people who do not follow the rules of oral hygiene occurs.

Antibacterial activity of saliva and micronutrients

a dynamic balance is maintained between the rofloras. This is saliva

The main function of the antibacterial property is to load the microflora

not to do it, but to control its quantitative and qualitative indicators.

Neutrophilic leukocytes, antibacterial agents that produce T- and V-lymphocytes, and salivary enzymes-oxidase, which act as phagocytosis in the oral fluid, increase the antibacterial protection of kallikrein due to humoral and cellular factors.

The nonspecific protection of the oral cavity is due to enzymes (lysozyme, RNA-aza, DNA-aza, peroxidases) produced by the salivary glands and released under the influence of migrating leukocytes. Enzymes with these antibacterial properties act on bacteria, viruses, fungi and the like. Oral fluid has fibrinolytic and coagulating properties, affects local homeostasis, inflammation, regenerative and other processes, as well as participates

in the purification of the mouth. At present, the presence of thromboplastin, antiheparin, prothrombin complex factors, fibrinase and others in the oral fluid has been identified in modern scientific studies.

Mechanisms of protection of the oral cavity

The protective mechanisms of the oral cavity are divided into nonspecific and specific protective factors.

Non-specific environmental factors. Nonspecific protective factors include mechanical, chemical, and physiological mechanisms. Mechanical protection is the washing of microorganisms and food waste from the intact mucous layer with saliva. Sulak

It not only washes away microorganisms, but also has a bactericidal effect on them with the help of its biologically active substances. Lysozyme (acetylmuramidase enzyme) is an alkaline protein that has the properties of a mucolytic enzyme. All secretory glands are detected in the produced fluids, especially in the autumn fluid, saliva, sputum. Lysozyme is a natural function that affects the mask of some gram-positive microorganisms and is primarily involved in the regeneration (regeneration) of biological tissues. Heparin is an inhibitor of lysozyme. Lysozyme is highly sensitive to acids, alkalis and ultraviolet light.

The protective role of salivary enzymes is to prevent microorganisms from adhering to the surfaces of the tooth or mucous membrane.

There are more than 50 enzymes in human mixed saliva that have different functions. The most active are proteases and glycolytic enzymes, whose function is to break down proteins, nucleic acids and carbohydrates.

(Lysines 3 — bactericidal factors, mainly affecting anaerobic and spore-forming aerobic microorganisms.

Polymolecular system of complement-whey proteins. The biological function of complement is to enhance phagocytosis and participate in inflammation.

Phagocytosis is the oldest phylogenetic form of the nonspecific defense process of the organism. Factors actively involved in phagocytosis are neutrophils, granulocytes and macrophages.

They capture microorganisms, other cells and digest them using lysosomal enzymes - proteases, peptidases, nucleases, phosphatases, lipases, corbaxylase. In addition, phagocytes are proteolytic enzymes such as collagenase, elastase, D and E cathepsin affects the scarring of the mucous membrane and the adhesion of immune complexes to the basement membranes of capillaries.

Specific factors of protection. Immunoglobulins are cells that perform specific protection of the oral cavity. There are 6 classes of immunoglobulins: A, G, M, E, D, U. Of these, Ig A, Ig G, Ig M are found in large quantities in the mouth.

Class A immunoglobulins occur in the body in two forms: serum and secretory type. The structure of the serum type is similar to Ig G in that it consists of two pairs of polypeptide chains linked by disulfide bonds. The secretory type of Ig A contains different proteolytic enzymes.

The formation of secretory immunoglobulins is associated with local synthesis. Evidence for this can be seen in the following example: In A-myeloma, serum immunoglobulin A production is disrupted, resulting in unchanged levels of immunoglobulin A secretors.

Immunoglobulin A is produced in plasma cells in a special plate of the mucous membrane. Ig G and Ig M are known from locally produced immunoglobulins.

Ig M is specific to the transport of a selective mechanism through the epithelial lining that covers the mucous membrane, and the amount of Ig M in saliva increases in the secretory Ig A tank. There is almost no change in the amount of Ig G when other immunoglobulins are reduced.

Other ways in which immunoglobulins A enter the saliva are known, and Ig G enters the saliva through the transit through the inflamed or damaged mucous membrane, as well as through the sieve through the epithelium of the mucous membrane. But the ability of serum Ig M to be absorbed into saliva is low.

Thus, one of the main reasons for the appearance of immunoglobulins in saliva is inflammation of the mucous membranes, local allergic processes. In these cases, the appearance of serum antibodies in large quantities under the influence of antigen - increases the biological protection of local immunity.

Report 2

Gingivitis, periodontitis, periodontitis. Local and general causes. Mechanism of disease development.

1.1. Model of educational technology.

Training time -2 hours	Number of students: 20-80
Form of training	Introductory report.
<p>Lecture plan:</p> <ol style="list-style-type: none"> 1. The course of gingivitis of various forms. 2. Primary and developmental forms of periodontitis. Clinic and comparison. 3. Changes in periodontitis in various systemic diseases of the body. 	<p>It is important to give students an idea of gingivitis, to know the causes, to make a comparative diagnosis of burns, to find a doctor who is responsible for his work, to prevent complications in the general body.</p> <p>To cover this topic, students are based on their knowledge of anatomy, histology, physiology, radiology. Students' knowledge of this topic will help them to study related subjects.</p>
The purpose of training:	
<p>Pedagogical tasks:</p> <ol style="list-style-type: none"> 1. Theoretical knowledge. 2. Theoretical knowledge <p>Demonstrative explanation</p>	<p>The result of learning activities</p> <p>Discarding practical skills</p> <p>Wear protective goggles, a gauze mask and rubber gloves.</p> <p>Antiseptic treatment of the operating area using 3% N2O2 or 3% lugol solution</p> <p>The instrumental arm should rest on the adjacent teeth or on the patient's jaw. Burn hands and tools to the base point (if the tooth moves, hold it with the fingers of the left hand)</p> <p>The movements should be gentle in the area of the hard stones. Cleaning the gums under the gums in the area of 3-4 teeth from the vestibular area of the tooth using a gladilka or excavator, hooks. Drug treatment of the dental area.</p>
Teaching methods	Demonstration, lecture, conversation
Forms of teaching	Mass, collective
Teaching aids	Textbook, textbook, lecture text, projector, computer.

Teaching conditions	Methodologically equipped auditorium.
Monitoring and evaluation.	Oral control: question and answer.

technological map of the lecture.

Stages and timing of work.	Educator	Learners
Preparatory phase	1. Preparation of educational content on the topic. 2. Preparation of presentation slides for the introductory speech 3. Develop a list of references used in the study of science	
1. Introduction to the topic (15 minutes)	1. Introduces the purpose and function of the topic 2. Asks questions on the topic and. Information is given about the fibers of the periodontium, about the cellular elements of the periodontium, about the classification of periodontiums, about the causes of periodontium.	They listen Students answer the questions posed
2. The main stage (55 minutes)	1. Explains the topic, showing slides.	
Phase 3 (10 minutes)	3.1. Concludes 3.2. Giving a topic for independent work.	He listens Takes notes

Subject description:

Gingivitis is an inflammation of the gums. Teeth - gum rotation

a) shape: catarrhal (, tissue nutrition is improved. The doctor explains the method to the patient on the first day, that is, after wiping the index and thumb of the hand with an antiseptic solution, an ointment is applied and massaged with a circular motion from the fold that holds the alveolar growth on both sides. Continue for 15-20 minutes, once or twice a day, for a total of 10-12 days. It should be noted that this method is used after the removal of stones in the gums and pathological gums (ligament sagagaPk), wound (gisegoza), hypertrophic (pyregorgorYsa); severity: mild, moderate (te (Ia), severe c) course: acute (asha), chronic (spgoshsa), seizures (exasegoa! a); g) distribution: local ("1osa1i8), general

Periodoptitis Inflammation and destructive development of periodontal tissues:

a) severity: mild, moderately severe;

b) course: recurrence of acute (asha) chronic attack abscess, remission, disease stagnation (getMo); food is not chewed because it can cause pain due to hemorrhage. On the other hand, hemorrhage is performed after 3-5 days, during which time the hemorrhage at the site of the previous treatment is absorbed. It is not possible to re-hemorrhage in one place during treatment. This means that the patient comes 2 or 3 times. The positive side of hemorrhage is explained as follows: capillaries with low functional capacity rupture and hemorrhage occurs, the reserve capillaries open, fill with blood and enter the service, the accumulated blood in the tissue leads to increased self-defense activity in the local tissue. enzymes, hormones stimulate tissues. Enzymes accelerate the process of digestion of waste tissue, dilute it and drain it from the veins capillaries and large blood vessels,

Injury to the tissue for various reasons is also one of the causes of periodontal disease. Both the patient and the dentist may be to blame for this. Incompetent conditions (digging between the teeth

and cavities with needles, hairpins, needles, matchsticks, etc.) that have become a habit by patients injure the gums.

Circumstances that cause inflammation of periodontal tissue by dentists: carelessness in the treatment of dental cavities, improper placement of highly toxic drugs used to necrosis it in inflammation of the pulp, especially when the poplar is in front of the gums. Permanent fillings can cause disease if improperly placed in the position of the gums hanging on the end. Even if the method of extracting tartar is used, the gums can be injured and subsequently inflamed.

One of the reasons for this is the fact that surgeons do not follow the rules of dentistry when performing dental operations, move the dome, and injuries that occur when they are complicated. When teeth are sharpened by orthopedic dentists, especially when the adjacent sides are separated, the interdental suckers are cut, the tissue bleeds and is injured. If the hooks of the removed teeth are located low, it will injure the gums. If the cast is too hard when removing the toothpaste with plaster, the gums are often rubbed and bleeding when it is removed. This also leads to subsequent inflammation of the local periodontal tissue.

If the patient is not instructed to follow the oral cavity in the orthodontic treatment of defects in the jaw rows, the birth of food debris in the orthodontic appliances and in uneven rows of teeth can lead to the appearance of the surface of the teeth.

Periodontal disease, which is caused by the fault of patients and dentists, is mostly local.

GENERAL FACTORS. According to a number of scientists who have studied this problem, periodontal disease is a disease of any organ or species in the body.

the term can be kept in the mouth. The duration of application of the bandages is 5-6 days.

PATIENT EXAMINATION METHODS

The purpose of examining the patient is to clarify the diagnosis and perform the treatment correctly based on its results. Methods of examination of the patient include: 1) inquiry of the patient's life and medical history; 2) clinical examination; 3) implementation of necessary laboratory and other testing methods.

Implementing these methods requires a high level of knowledge from the physician.

The patient's life history is asked along with the complaint, as the body's current state of affairs requires it. These include what diseases the patient has had during his or her lifetime, how severe they are, what complications they have left, the propensity to treat the disease, the rate of recurrence, and so on. The purpose of asking the patient what diseases he is suffering from is to treat periodontal disease as well as other diseases in the body, for which the patient should be referred to a specialist in the identified disease. Diagnosis of other diseases requested by the patient should be clearly written in a certain allotted place on the patient's medical history sheet. Such identification also involves caution and precision in the choice of medications prescribed to our patient. For example, It should be noted that at first the patient may say that he does not have any disease, as he may not know that periodontal disease is associated with other diseases, so the doctor should ask the patient additional questions with zero explanation. The doctor's level of knowledge ended up playing a big role in the conversation. It is also important to determine the patient's susceptibility to allergies. Finally, I must take into account the patient's home and working conditions

The second stage of the inquiry is to determine the history of the complaints that led the patient to seek medical attention. First, the doctor should listen carefully to all the complaints of the patient, and then clarify each type of complaint, if necessary, with additional questions. This is it

Glucocorticoid ointments (lacocorten, breast, deperzolone) can also be used in ulcerative gingivitis. Fastin -1 or fastin -2 ointment is also recommended for pain relief. Therapeutic bandages can be prepared by the physician himself before use. Antibiotics, enzymes, anesthetics are added to this package. Vitamin A, E, carotene oil or oblepixa oil can be taken as a base.

Anaerobic microbial species multiply in ulcerative gingivitis, so in order to achieve good results, metronidazole tablet is dissolved in chlor-hexedine (0.06% solution) and placed on the gums for 10-15 minutes. It is also possible to use a drug called cliostom, which has the same effect. Sangvirin 1% oil is also used.

Among the new drugs used in this disease are dalatsin C, epotselin. These antibiotics kill microbial species. These antibiotics are dissolved in saline or distilled water. Anti-inflammatory eucalyptus aerosol is also used. It contains norsulfazole, streptocide, thymol, eucalyptus essential oil. The goal is to accelerate the healing of gum tissue. The following drugs are recommended: solko-seril squeezing oil, 3% octatin oil, prefuzin gel. It contains fusidic acid and prednisolone. Hyposol aerosol is sprayed on the gums, it lasts 15-20 minutes. It is sprayed 3-4 times a day. 1-2 weeks. The physical methods prescribed for this disease include: laser light, ultraviolet light and various aqueous treatments.

Patients should be given 1 tablet of suprastin or diphenhydramine at bedtime. A 5% solution of ascorbic acid is prescribed for injection or ascorbic acid tablet. If the patient has a fever, it is

prescribed to take 0.5 g of sodium salicylate ash 3-4 times a day or 0.25 g, metronidazole 3 times a day. Duration of treatment - 1 week.

If there is caries on the teeth and its complications after the suppression of the acute phase of ulcerative gingivitis, it is necessary to begin treatment without delay.

If the indicator is 1 - 1, 5, the degree of cleanliness of the oral cavity is assessed as good, if 2.5, the level of cleanliness of the oral cavity is assessed as not clean.

Green and Vermilon recommended a simplified index in determining oral hygiene. In this case, the dental surface of the tooth is stained with one of the above-mentioned solutions.

Recommended teeth A $\frac{61.16}{00}$

Rating: 0 - unpainted, ie no toothpaste, 1 - toothpaste stains less than 1/3 of the tooth surface, 2 - toothpaste covers 1/3 - 2/3 of the tooth surface, 3 - toothpaste covers 2/3 of the tooth surface It covered more than 3 parts.

Conclusion: 0 - The hygienic condition of the oral cavity is good,

3 - The hygienic condition of the oral cavity is unsatisfactory.

The periodontal index is recommended to determine the pathological condition of the periodontal tissue complex. It was proposed by Ki \$ e l in 1956. The results of the examination are evaluated as follows: 0 - no change, 1 - mild gingivitis, 2 - gingivitis, but no pathological pocket, 6 - gingivitis, there is a pathological pocket and tooth decay, 8 - there are destructive changes in periodontal tissue, tooth decay, periodontal pocket deep, The formula is derived as follows:

$$\frac{\text{the sum of the value of the teeth examined}}{\text{the number of teeth examined}}$$

0.1 - 1.0 - mild periodontitis, 1.5 - 4.0 - moderate, 4.0 - 8.0 - severe.

The depth of the pathological tooth-gum pocket is detected by a special probe with a button tip. The bent part of the probe is mm. divided into larvae. Depth of pathological pocket 0.5 mm, 3 mm, 5 mm / WHO recommendation /. Another method of examination in periodontal disease is the degree of tooth decay. The tooth is squeezed on both sides with tweezers and moved towards the oral cavity and oral cavity, if the movement is 1 mm, it is assessed as the first degree. The vibration does not move to the side of the oral cavity and the oral cavity, but more than the first level and also to the side of the lateral teeth, this is the second level, if the tooth moves around its axis, it is considered the third level.

It is also important to check the bleeding of the gums. If the periodontal tissue is not diseased, the gums will not bleed.

CATARAL GINGIVITIS.

Pathogenesis

The pathological process that develops in this type of disease can be briefly explained as follows: under the toxic action of microorganisms located in the gums, polymorphonuclear leukocytes accumulate in this tissue. The alteration of these leukocytes leads to the activation of lysosomal enzymes (hydrolases, lysozyme, etc.), followed by the formation of biologically active substances (histamine, serotonin, etc.), and in the later stages of inflammation, prostaglandin is formed. As a result of the negative impact of these biologically active substances on the tissue, the activity of small blood vessels in the gums is disrupted, vascular permeability increases, albumin, immunoglobulins A, M, 0 fibrin-fibrinogen are detected in the connective tissue and vascular walls. In the early stages of inflammation, the number of vessels in the service increases, they become dilated and filled with blood. Inflammatory infiltrate is focal and occurs only in the gums. As inflammation develops, the infiltrate becomes rougher, fat cells increase The release of histamine, serotonin, heparin, and other substances slows blood flow in the venous mines and alters vascular tone. Intercellular swelling occurs in the epithelium of the gums, the resistance of the eustachian tube to external adverse effects is reduced. Due to the increase in permeability, harmful microorganisms accumulate among the epithelial cells, which become increasingly aggressive, resulting in an increase in plasma cells and their putrefactive waste. Such changes that occur in catarrhal gingivitis are of great importance in other types of the disease and in the development of periodontitis. fat cells increase The release of histamine, serotonin, heparin and other substances slows blood flow in the venous artery and alters vascular tone. Intercellular edema occurs in the mammary epithelium, the resistance of the extelium

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Although acute catarrhal gingivitis is rare in the general population, it is more common in young children. It occurs mainly as a symptom of an acute illness (sore throat, acute inflammation of the bronchial tubes). The gums ache, bleed, and there is an unpleasant odor in the mouth. As a result, the patient has difficulty eating and brushing his teeth. This makes the disease worse.

The goal of the treatment of periodontal disease is to draw the patient's attention to the hygienic condition of the oral cavity, as patients often do not brush their teeth regularly, as the disease is often accompanied by bleeding gums, which leads to further acceleration and aggravation of periodontal disease. To prevent this, the patient is perfectly taught the rules of tooth cleaning. A special toothbrush and toothpaste are recommended. In a patient mainly gums which eliminates this sign of bleeding

special toothpastes are used. If there is more inflammation in the gums, toothpastes that relieve this symptom are recommended. Once the tartar is removed, the neck of the tooth will be exposed! di and sometimes the patient develops hypersensitivity to the effects of hot, cold and sweets. In this case, one of the pastes such as "Colgeid, Ftorodent, Remodent, Pepsodent, Fluodent" is offered.

The next goal of local treatment is to eliminate bleeding gums and inflammation that occurs in them (i.e., to weaken the strength of pathogenic microbes, to eliminate the negative effects of waste products generated as a result of the pathological process on periodontal tissue). Many drug groups are recommended for this. Here are some of them:

1. Drugs to stop bleeding gums: 0.5 ml of 5% epsilon - aminocaproic acid is added to 2 ml of yuotonic solution, soaked in cotton wool, put on the gums or in the gums of the teeth using a gladilka and removed after 15 - 20 minutes. Tracilol powder is also dissolved in an isotonic solution (2500 MIE - 2ml). Logo-khilus - issued in two different rounds, one in the form of a powder or tablet in a paper bag. The tablet form is first ground, pulverized and dissolved in an isotonic solution, which is then placed on a cotton swab in the same way as above. 6% potassium iodine solution, lidaza-1 powder in a vial is dissolved in 30 ml of buffer solution, then placed in a cotton swab.

Anti-inflammatory drugs are divided into the following groups: 1 / antiseptics, 2 / enzymes, 3 / hormones, 4 / an-antibiotics, 5 / drugs that increase the activity of periodontal tissue and restore it. It should be noted that strong drugs are not used in periodontal disease. For example: bitter stone, whether powder, solution, manganese powder, antidepressants (azafen, pyrazidol, incazone, cefedrine, etc.).

Hypertrophic gingivitis

This disease is relatively rare in the population. It is found in pregnant women, during puberty, in epilepsy, and in women with bleeding, during the period of hormonal imbalance, in jaw defects. In hypertrophic gingivitis, changes occur mainly in the gums in front of the anterior incisors.

Many authors (Novik I.O., 1959Y., Savrakov D., Atana-sov E., 1962) have concluded in their observations of the course of the disease that it is of two kinds. Types of edema and fibrosis. In both species, the gums are first sucked between the teeth, and then the gums become larger in size. The gums on the inside of the mouth are slightly larger than the gums on the outside of the mouth. The patient feels discomfort in the lips and cheeks. Husn is sick, especially in adolescence, because the crown of the tooth is covered to some extent with gums.

The duration of treatment is 10 days. Citrine is sent in the same way. Aevit drajeda, galaskobin 0.5, ascorbutin 0.3, are also prescribed.

If a patient with periodontal disease is diagnosed with an additional mental disorder (for example, mental retardation, neurosis, neurasthenia, etc.), then it is also recommended medications prescribed to the same group of patients. These include the following drugs: trioxazine-0.3, oxypiline 0.02, amizil-0.001, these drugs have psychotropic effects.

Sedatives: noxiron - 0.1, barbamil 0.1, nembu-tal -0.1, all in tablet form. Depending on the severity of the disease, take 1 tablet three times a day or 1 tablet before bedtime. Bekhterev, Pavlov collaborates with liquid drops or solutions from the ball, consisting of a mixture of several different drugs. A tablespoon is prescribed to drink three times a day.

Dietary foods recommended for patients with periodontal disease should first of all be nutritious, contain vitamins, calcium, phosphorus salts, amino acids. It is found in the following foods: cottage cheese, sour cream, legumes, cabbage, barley, fish, egg whites, greens, vegetables, raw fruits.

If the patient is diagnosed with another disease, he will be prescribed a diet by the same specialist.

Lecture 3

Marginal periodontitis is an infectious disease. Periodontal diseases and general medical conditions

1.1. Model of educational technology.

Training time -2 hours	Number of students: 20-80
Form of training	Introductory report.
Lecture plan: 3. The course of gingivitis of various forms. 4. Primary and developmental forms of periodontitis. Clinic and comparison. 3. Changes in periodontitis in various systemic diseases of the body.	It is important to give students an idea of marginal gingivitis, to know the causes, to make a comparative diagnosis of burns, to find a doctor responsible for his work, to prevent complications in the general body. To cover this topic, students are based on their knowledge of anatomy, histology, physiology, radiology. Students' knowledge of this topic will help them to study related subjects.
The purpose of training:	
Pedagogical tasks: 1. Theoretical knowledge. 2. Theoretical knowledge Demonstrative explanation	The result of learning activities Discarding practical skills Wear protective goggles, a gauze mask and rubber gloves. Antiseptic treatment of the operating area using 3% N2O2 or 3% lugol solution The instrumental arm should rest on the adjacent teeth or on the patient's jaw. Burn hands and tools to the base point (if the tooth moves, hold it with the fingers of the left hand) The movements should be gentle in the area of the hard stones. Cleaning the gums under the gums in the area of 3-

	4 teeth from the vestibular area of the tooth using a gladilka or excavator, hooks. Drug treatment of the dental area.
Teaching methods	Demonstration, lecture, conversation
Forms of teaching	Mass, collective
Teaching aids	Textbook, textbook, lecture text, projector, computer.
Teaching conditions	Methodologically equipped auditorium.
Monitoring and evaluation.	Oral control: question and answer.

technological map of the lecture.

Stages and timing of work.	Educator	Learners
Preparatory phase	<ol style="list-style-type: none"> 1. Preparation of educational content on the topic. 2. Preparation of presentation slides for the introductory speech 3. Develop a list of references used in the study of science 	
1. Introduction to the topic (15 minutes)	<ol style="list-style-type: none"> 1. Introduces the purpose and function of the topic 2. Asks questions on the topic and. Information is given about the fibers of the periodontium, about the cellular elements of the periodontium, about the classification of periodontiums, about the causes of periodontium. 	They listen Students answer the questions posed
2. The main stage (55 minutes)	2. Explains the topic, showing slides.	
Phase 3 (10 minutes)	<ol style="list-style-type: none"> 3.1. Concludes 3.2. Giving a topic for independent work. 	He listens Takes notes

Periodontitis is a separate independent nosological periodontal disease. Depending on the location, local - around a few teeth and scattered - can be around all or almost all teeth. Periodontitis is an inflammation of all periodontal tissues.

The origin of local periodontitis can be caused by local adverse effects: the fall of filling material or arsenic between the teeth, tooth decay, various injuries, improperly prepared orthopedic and orthodontic appliances, prostheses and similar factors.

The development of widespread, generalized periodontitis Disorders of periodontal tissue can be caused by a violation of the protective, barrier function and the strength-reactivity of the immune resistance in the body, as

well as local adverse effects. Impairment of the immune system in the body as a result of diseases of the internal organs and systems (cardiovascular, gastrointestinal, endocrine systems), which often lead to a decrease in body strength, metabolic disorders, plays a major role in the development of periodontal disease (E . E. Platonov, 1969, I. Novik et al., 1969, V. S. Ivanov, 1989 and

Periodontitis begins after catarrhal gingivitis, hypertrophic gingivitis. During the process, the integrity of the gums, the apparatus that connects the teeth is broken, bone tissue is absorbed (resorption), a pathological pocket of the gums appears (E. E. Platonov, 1969, I.). Novik et al., 1969, V. S. Ivanov, 1989 et al.).

The pathological processes that occur in periodontitis, if not treated in a timely manner, continue to deepen, in particular, the absorption and atrophy of the alveolar bone tissue continues.

E.. V. Borovsky et al. (1989) Periodontitis is characterized by the following they think.

1. Periodontitis mainly occurs in people aged 30-40 years.
2. The anamnesis of the patients reveals the presence of bleeding gums for several years.
3. Presence of a breast pocket or periodontal pocket.
4. Catarrhal, ulcerative, or proliferative-hypertrophic inflammation of the gums.
5. Presence of destructive-destructive changes in the radiological structure of the interdental alveolar bone. Various inflammations, destructive changes in the gums (movement of the teeth, changes in their location, pain, dysfunction, etc.).
6. Recurrence of chronic periodontitis, in particular, the presence of general disorders of the body in abscess periodontitis - an increase in body temperature, changes in blood composition.
8. Tooth decay, stones, food debris in the teeth, gums, etc.

Subjective in periodontitis - the patient's sensations are bleeding from the gums, some teeth are shaken to varying degrees, aphrodisiacs, hot, cold pain in the neck of the teeth, pus from the gingival pockets, sometimes abscesses in the gums. The presence of slar is characterized by an odor when applied from the oral cavity. In addition, patients are bothered by depression, sleep disturbances, and similar unpleasant sensations.

Objective examination shows bleeding from the gums, different levels of dentition, the presence of stones, tooth movement, pus coming out of the gingival pockets, especially when the gums are pressed with an instrument, the positiveness of the Schiller-Pisarev method, the presence of pathological gingival pockets (main sign) felt.

The above-mentioned subjective and objective symptoms are mainly visible changes that occur at the peak of the disease, when the patient is forced (often) to consult a doctor.

According to the classification, periodontitis is divided into acute, chronic and remission (stagnation period) stages, mild, moderate and severe in terms of clinical course.

Periodontal pocket depth in mild periodontitis 3.5 mm up to 1/3 of the height of the interdental alveolar tumors, mainly between the teeth, at the initial stage of destruction of bone tissue structure, destruction of tooth movement at the physiological level, the patient's general condition changesmagan.

Tooth-gum (pathological) pocket depth in moderate periodontitis 5 mm Up to 1/2 of the interdental alveolar tumor is bone erosion (grade II), there are foci of osteoporosis, tooth movements are grade I or II, some teeth may have shifted their position by moving.

In moderate to severe periodontitis, blood and pus may come out of the gums, and the doctor may notice an odor when applied orally.

In remission of periodontitis, patients do not complain excessively, but there is disease.

Acute periodontitis is rare, mainly due to local adverse effects (sharp edges of the filling, artificial crowns that have entered the gums excessively, prosthetic clamps, etc.) and can often be around certain teeth.

At the same time, patients complain of spontaneous acute pain, bleeding from the gums.

On objective examination, the doctor sees that there is a tooth-gum pocket, the gums are red and swollen, and when you touch it, there is bleeding.

Chronic periodontitis can often be the result of a patient seeking medical attention late, occasionally not coming after incomplete treatment. In its origin, as mentioned above, may play a role in general chronic gastrointestinal, cardiovascular, metabolic disorders, diseases of the nervous system and other internal organs and systems in the body.

In mild chronic periodontitis, patients complain of intermittent bleeding from the gums, especially when brushing teeth, odor when applied to the mouth, various discomforts in the gums, rapid accumulation of tartar, inflammation localized around some teeth or spread to most teeth or around most teeth .

On objective examination, the gums are bluish in color, slightly swollen, the depth of the gums pockets 3.5 mm is noted to be around.

The radiograph shows that the upper parts of the compact plate - the interdental barriers are eroded, the appearance of the interdental alveolar barriers is blurred, 1/3 of them are eroded, but the movement of the teeth remains at the physiological level and there is no displacement.

In chronic periodontitis of moderate severity, the pathological changes are much deeper than in the mild degree, and the depth of the gums (pathological) pockets 5 mm reaches the periodontal pocket.

Patients also complain that bleeding from the gums occurs not only during cleaning, but also when biting hard objects (bread, apples, pears), changes in the color and shape of the gums, some or a group of teeth move and fall out of the dentition. , unpleasant sensations such as itching, stinging in the gums, and similar discomforts may occur.

When the doctor looks at the lens, he sees that the gums are blue (cyanosis), the interdental gums are swollen, they are separated from the teeth, bleeding when touching the gums, they are mixed with purulent pus, periodontal pockets and their depth is 4-5 mm. The pathological process will not be the same, some will be more developed around the teeth, some less developed.

Local adverse effects exacerbate the pathological process of inflammation, leading to its deepening. All patients will have different levels of tooth decay, tartar, and teeth with 1st or 2nd degree movement. Inflammation of the gums is often superficial-catarrhal, but in some cases takes the form of ulcerative, hypertrophic gingivitis.

Bone destruction in 1/2 of the interdental barriers during the active course of the pathological process on the radiograph, The foci of osteoporosis appear to be an enlargement of the periodontal fissure in the neck of the tooth.

In recurrence of chronic periodontitis, the inflammation in the gums may worsen, the gums may become red, mixed with the anterior bluish color, the gums may bleed, the pus may separate, and all this may accumulate and change the patient's general condition (headache, fatigue, anemia, etc.).

Various inflammatory processes in the periodontium, their clSchiller-Pisarev, Kulazhenko, Yasinovsky tests, study of biochemical parameters of blood are used in order to determine the course and severity of the disease using laboratory, biochemical and functional methods.

For example, using the method of vital microscopy (stomatocopy) in periodontitis can be seen an increase in the number of capillaries in the gums, an increase in their tension, diapedesis of erythrocytes (outflow from the blood vessels), decreased stasis, swelling of the capillaries.

Rheoprodontograms can show changes in vascular function, tone, blood flow ability, tension.

Secondary hypoxia, oxidation-reduction process by polyarography, detection of secondary immunodeficiency by immunological methods, etc., is very important for the diagnosis of periodontitis, planning treatment options.

The following are the most important indicators for the comparative diagnosis of gingivitis, periodontitis and periodontitis, which are the most common periodontal diseases:

In the diagnosis of periodontitis, a comparative diagnosis, which is of great help and is the most widely used method in the clinic, is radiography. Radiological changes are different because

periodontal there are also different changes in bone tissue at different levels of pathological changes in the tissue. osteoporosis and destruction of the cortical plates of the alveolar barrier in primary, mild periodontitis

Criteria for comparative diagnosis of some periodontal diseases

Evaluation criteria	Disseminated catarrhal gingivitis	Disseminated periodontitis	Periodontitis
Milk redness (hyperemia)	have	have	no
Bleeding from the breast	have	have	no
Tooth-milk (pathological) pocket)	no	have	no
Teeth (pathological) movement	no	have	NO
JAWbone tissue change	no	Periodontitis damage type changes ladi.	osteosclerosis
Alveolar bone changes in tissue tumors	load.	At different levels there is destruction	no
The surrounding bone cortical plate-change of	LOAD	Destroyed gan)	change gan
In bone tumors the presence of osteoporosis	no	There are various foci of osteoporosis.	no
The height of the alveolar barrier (vegetation)gi	no	It occurs at different levels in bone tissue.	decay is different

if later, this tumor can be seen, the absorption of the ends of the barriers, disappearance. In this case, the absorption begins to be absorbed

horizontally and vertically (along the root direction), while the vertical absorption forms bone pockets. Alveolar tumors are in the form of abscesses, abscesses or spreads, and tartar accumulates under the gums. There may be no change in some areas of the jaw.

In periodontitis, there is osteosclerosis, a sclerosis-like change in the bone called eburnation.

Pathological changes also vary at different levels of periodontitis. Lenin notes that pathological changes are present in all periodontal tissues.

In mild periodontitis, nonspecific chronic inflammatory changes in the gums - dystrophic changes in the epithelium, in some cases, the presence of its surface layer decay (necrosis) and leukocyte infiltration. As epithelial atrophy occurs, glycogen in it decreases.

In the connective tissue under the epithelium there is bleeding (plasmorrhagia), sometimes fibrinoid changes, sclerosis. The structure of the connective tissue is disrupted, mucoid shi around the gingival pockettumors, proliferation of mucopolysaccharides, coarse argyrophilic fibers, some dissolved (lysis), changes such as dissolution of collagen fibers.

In the walls of blood vessels are observed blood clots (plasmorrhagia), sclerosis, accumulation of lymphoid-histocytes in all areas of gum tissue, plasma cells, fuchsinophil or Russell bodies, leukocyte infiltration, proliferation of fat cells.

Thus, in mild periodontitis, it is due to changes in the vascular bed, and in fibrous tissue, dystrophic changes — even decay, changes in connective tissue have a secondary negative effect on the epithelium, leading to its atrophic and dystrophic changes.

Absorption and degradation processes take place in the interdental parts of the alveolar bone tissue using macrophages and osteoclasts. The epithelium can grow along the length of the root.

At the same time the root cementum is also caused by inflammation decomposes. Bone loss can occur simultaneously with the formation of new bone tissue. The walls of the blood vessels are dilated, the middle layers are sclerotic and hyaline, their insides are narrowed, and the vascular periphery is sclerotic.

The pathomorphological changes in moderate and severe periodontitis are more profound.

HeavyIn chronic periodontitis, the reason for patients to see a doctor is pain in the gums, bad or unpleasant sensations, crooked teeth, gaps between them (diastema, tremas), occasional bleeding from the gums, pus. Patients may experience a certain amount of mental distress, depression, and a certain degree of difficulty in dealing with anxiety.

Objective examination reveals changes in the shape of the gums, granulation tissue, fibrosis, inflammatory infiltrates, red-blue color, non-

adhesion of the gums to the teeth, tooth decay, stones, food debris, bleeding from the gums, etc. are given.

Probing reveals that the depth of periodontal pockets is 5-7-8 mm, the pathological movement of the teeth is II-III degree, the teeth are shifted in all directions. It is characterized by the presence of traumatic occlusion. Sometimes healthy teeth can fall out.

Once periodontitis is treated, it goes into remission. There are no patient complaints in the active course of the disease.

In recurrence of chronic periodontitis, inflammation in the gums may worsen, redness of the gums, mixed with anterior bluish discoloration, bleeding gums, separation of pus from them, and all this may accumulate and change the general condition of the patient (headache, fatigue, anemia, etc.).

The radiograph shows the destruction of bone tissue of II-III degree, the presence of foci of osteoporosis, the presence of pathological bone pockets.

Inflammation begins in the gingival cavity, of course, after the violation of its protective function (barrier). The main pathogenetic mechanisms are cell injury (polymorphonuclear leukocytes, etc.), biologically active substances - mediators and inflammatory modulators, disruption of microcirculation, exudation and cell infiltration due to increased vascular permeability, degradation of collagen tissue, transcapillary metabolism and secondary hypoxia, acanthosis of the epithelium, and the transformation of the epithelium in the gingival canal into oral epithelium, which is known to end with stages such as disruption of the dental-gum joint and the appearance of a gum (pathological gum) pocket. Disruption of defense mechanisms and the formation of new tissue - leads to disruption of the regeneration process and granulation tissue formation.

The development of pathological changes, the gradual transition of inflammation to the alveolar bone tissue, periodontium, the transition from gingivitis to periodontitis. immunological changes with the development of inflammation, transition from nonspecific inflammation to signs of immunological change. The result is a pathological gum pocket, a pathological bone pocket.

In the area of the interdental barrier, in the area of porous bone tissue, in the area of the superficial bone, and this process manifests itself in the form of purulent abscesses (abscesses) in the area of soft tissue.

Thus, in periodontitis, there are varying degrees of pathological changes in all periodontal tissues, the processes of erosion, absorption prevail over the formation of new bone.

As a result of the decrease in the body's reactivity, the tissues lack the ability to regenerate and protect, resulting in the onset of dystrophic processes in periodontal tissue. This is especially seen in the suppression of physical and chemical processes, and its negative result leads to disruption of the

permeability of the vascular wall, blood circulation, metabolism, and occurs in the absence of oxygen in the tissue. Completely oxidized nutrients are formed in the tissue. This is evidenced by the disruption of the oxidation and reduction process. As a result, gingivitis, periodontitis, periodontitis develop.

Many scientists are concerned with the theory that periodontal disease may be related to endocrine disorders. A.Efimov (1970), GFGafurova (1974), Udovitskaya (1975) conducted research on pathological changes in periodontal tissue, especially in diabetes. Periodontal disease occurs in 90-95% of cases of diabetes. It was concluded that the main cause was pathological changes in the capillaries. Angiopathy develops in the same periodontal tissue in the capillaries of the patient's body today. The longer the duration of the disease, the younger the patient, the more severe the periodontal disease, and it occupies the entire periodontal tissue. Osteoporosis occurs in the bone tissue of the jaw alveoli, which is especially accelerated in the interdental bone tissue, resulting in bone resorption being noxious,

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sending it to the crease or putting its grease in the tooth-gum pocket and pouring paraffin or other bandage over it. It is also recommended to use bugadion or indomethacin ointment against swelling.

4th report

Local and general methods of treatment of periodontal diseases, prevention, organization of periodontal care, dispensary.

1.1. Model of educational technology.

Training time -2 hours	Number of students: 20-80
Form of training	Introductory report.
Lecture plan: 1. Local and general treatment methods in periodontal diseases 2. Get on the dispensary list. 3. Measures to prevent periodontal disease. Prevention of periodontal disease	Local treatment of periodontal disease is carried out comprehensively. These are therapeutic orthopedic and surgical methods. In the local treatment are used antiseptics, antibiotics, vitamins, enzymes, sulfonamides. After a course of treatment, the dentition is restored. Grinding teeth of 3-4 degrees are removed. Moderate and severe periodontal diseases are registered in the dispensary and the necessary documents are filled out.
The purpose of training:	
Pedagogical tasks: 1. Theoretical knowledge. 2. Theoretical knowledge	The result of learning activities Discarding practical skills Milk kirgogi treated with 3% peroxide hydrogen

Demonstrative explanation	Separating the milk edge from the saliva with cotton swabs Anesthetic application of necrotic gum (using solution, gel or spray) Leave the turmeric soaked in the enzyme solution for 5 minutes on the edge of the necrotic gum
Teaching methods	Demonstration, lecture, conversation
Forms of teaching	Mass, collective
Teaching aids	Textbook, textbook, lecture text, projector, computer.
Teaching conditions	Methodologically equipped auditorium.
Monitoring and evaluation.	Oral control: question and answer.

technological map of the lecture.

Stages and timing of work.	Educator	Learners
Preparatory phase	1. Preparation of educational content on the topic. 2. Preparation of presentation slides for the introductory speech	
1. Introduction to the topic (15 minutes)	1. Introduces the purpose and function of the topic 2. Asks questions on the topic and. Information is given about the fibers of the periodontium, about the cellular elements of the periodontium, about the classification of periodontiums, about the causes of periodontium.	They listen Students answer the questions posed
2nd stage (55 minutes)	1.Explains the topic, showing slides.	
Phase 3 (10 minutes)	3.1. Concludes 3.2. Giving a topic for independent work.	He listens Takes notes
	Development of a list of references used in the study of science Borovsky E.V. "Therapeutic dentistry" M., 2006 Borovskiy E.V. etc. "Terapevticheskaya dentology" .- M., 2004 Kamilov X.P., Mamedova F.M. "Treatment dentistry" recipe directory.- 1995. Borovskiy E.V., Barisheva Yu.D., Maksimovskiy Yu.M. "Therapeutic dentistry" .- M.: Medicine, 1998.	Takes notes

Subject description:

LOCAL TREATMENT OF PERIODONTAL DISEASE

The main goal of treatment is to eliminate the local causes of the disease in the first place. In this regard, we must address the above reasons. The most important of the local causes was the unhygienic condition of the oral cavity, dental caries, tartar, anomalous condition of the dentition. So, the first goal is to create a normal hygienic state in the oral cavity.

- Treatment plans:
- Local: 1) Tooth decay and tartar removal.
- 2) prescribing anti-inflammatory drugs.
- (trypsin, oleandomycin, etazole, anesthetic, methylura-tsil - mixed with vitamin E)
- 3) from physical methods, laser light to acute inflammation
During the fight, then vacuum massage, then electrophoresis on the day of adding a 2% solution of novocaine to vitamin V, duration 12 days.
- 4) adherence to oral hygiene. General treatment is intended for 10 days.

To do this, teeth that are unfit for service are removed. The second step is to clean the gums and tartar. Before performing this procedure, a 3% iodine solution is applied to the tooth surface. At the same time, the teeth look absorbed in the memory, as a result of which the eyes turn brown and are clearly visible. One of the ultrastom, ultradent, or ka-ritron apparatus is used to eliminate these views. If there are also tartar along with the dentition, large stones can be removed with an excavator and the stones between the teeth can be removed with the help of raspil. Factors of ulcerative gingivitis: acute inflammation of the upper respiratory tract, mental and physical exhaustion and vitamin C deficiency in the body, difficult eruption of wisdom teeth, impaired cleft palate as a result of a diseased tooth,

The disease is acute. The patient loses strength, appetite decreases, body temperature rises. The patient feels pain in the head and joints. The lymph nodes around the jaw are enlarged and painful to the touch. The patient has difficulty chewing, pain in the gums, bleeding a little. Also, regular mouthwashing, brushing teeth is difficult due to pain, which in turn leads to aggravation of the disease. Opaday smells bad. Because of this, the patient breathes superficially, which weakens the body's oxygen supply. As a result, a chain is formed between the course of the disease and its causes. Therefore, the patient's condition worsens day by day. The disease develops more rapidly, is widespread, and can occupy the gums around all teeth. The disease often begins in the wisdom teeth and quickly spreads to the gums of other teeth. How widespread it was determined the course of the disease.

This is how the smell comes when used when building the oral cavity. The surface of the tooth is covered with thick tartar. The gums are swollen, red, there are sores in some places, necrotic tissue appears on the edge of the gums, a light touch causes pain and bleeding (Fig. 10). Leukocytes

If the drug does not get into the body, the patient develops complications, including symptoms: headache, dizziness, nausea, tremors, fever. But these complications will soon pass. Other drugs belonging to this group are released in pyrogenic ampoules. It is injected into the shoulder muscle once every three days, for a total of 20 injections.

Fluoride and ossin drugs can also be prescribed for this purpose. It is in the form of tablets or dragees, taken once a day for 30 days.

In case of periodontal disease due to decreased activity of the gonads, in this case, the use of drugs such as polysol, cholesterol, antihypoxin gives good results. Duration 1—3 months.

Special stimulants: these include hormonal drugs. It is necessary to consult an endocrinologist before prescribing these drugs to the patient. These drugs are not prescribed in kidney and heart disease.

Nerabol: 5ml g. Twice a day, duration-1 month.

Retabolshg. 1.0 mg, three injections into the shoulder muscle once every three weeks, for a total of a cup.

Thyrocalcitonin (TKT) or calcetrix, this drug mainly increases the activity of bone tissue, stops the displacement of bone tissue, increases the calcium content in the bone. Therefore, when this drug is prescribed to the patient, it is recommended to take calcium at the same time. Additional neurogenic and sedative medications are also prescribed. This stimulant is released in the form of a solution or tablet in an ampoule. The duration of treatment is 20 days, the result is very effective.

Timalin (5 mg). Dissolve 1 ml in 0.5% novocaine and inject. It is also possible to send a student to the burma once a day, a total of 5 injections.

Stimoblast or osteogenic cytotoxin serum. It is prescribed when the periodontal disease is acute and a good result is achieved. 0.1 mg 1 ml. dissolved in an isotonic solution and applied to the base of the gums. i The

dissolved solution reaches 4-5 gums. The injection is given once every 4 days, in total the drug is given 2-3 times.

Krn and blood substitutes can also be used to stimulate the body.

Autohemotherapy - 3.0 - 5.0 ml from the patient's vein. blood is taken and sent to the muscle space in the tailbone.

Isohemotherapy is taking blood from another person's veins and sending it to the patient's buttock muscle space. The amount of this is the same as before. the mic is red, bleeds when touched with the instrument, and the patient feels pain. One of the reasons mentioned above is obvious. X-ray does not reveal a pathological change at the tip of the alveolar tumor. If the mechanical effect lasts a long time, the pathological process becomes chronic.

Treatment of acute periodontitis mainly consists of eliminating the factor that caused it. In addition, if you take one or two days of the recommended anti-inflammatory drugs, the disease will completely disappear.

The first clinical signs of periodontitis begin in the gums, in which to some extent inflammation occurs. There will be stains and stones on the neck surface of the tooth. Inflammation in the gums is the result of prolonged exposure

the rotating ring at the neck of the tooth is broken. This disease ranges from gingivitis to periodontitis

indicates that Inflammation can occur in three ways. Periodontitis, bone tissue and gum pocket. Regardless of how the inflammation spreads, osteoporosis and destructive changes to bone tissue occur. But when you move towards the bone, this change goes faster. Periodont side

The tooth moves more when directed. Milk

|^? ** Dshch | subcutaneous abscesses are formed when

Therefore, caution should be exercised when prescribing to patients prone to allergies.

If periodontal disease is caused by liver disease, it is preferable not to prescribe vitamins V1 and V6 to the patient, as these vitamins are phosphorylated in the liver and become biologically active. Hyperacid gastritis, when vitamin V6 is prescribed in 12-finger bowel disease, can lead to the onset of the disease, with the result that a positive outcome cannot be achieved if periodontal disease develops as a complication of the disease. These vitamins increase the acidity of gastric juice.

Another group of drugs prescribed in periodontal disease is antibiotics. These drugs are traditionally prescribed when the disease is acute. As the pathological process in periodontal disease develops sequentially in most tissues, one of the following antibiotics - linocin, lincomycin, dalatsin C, levo-mycetin, ristomycin, ampicillin, rondonycin, cefobids are prescribed. The method of prescribing is no different from general medicine. Ordering time should not be less than 10-15 days. The drug is given orally, injected into the gum muscle or shoulder muscle. When prescribing an antibiotic, of course, a generalization of vitamins is used, decamin, nystatin is prescribed to prevent the development of fungal diseases.

The following is the data on the level of susceptibility of microbes to some antibiotics: chloramphenicol - 96%, ristomycin - 88%, ampicillin - 80%, tetracycline - 54% and penipillin - 46%.

Antibiotics are available in capsules, tablets and ampoules in solution. Of the antibiotics, rondonycin, tsifobid, dalatsin C are rapidly absorbed into the body and have a detrimental effect on microbes in more bone tissue. Antibiotics are given orally, intramuscularly or intravenously. In addition to antibiotics, Trichopol tablets can be prescribed to kill germs in bone tissue. Treatment is prescribed according to a special scheme. On the first day, one tablet is given four times, then three times a day for four days, and two times a day. In total, 20 tablets are used for the duration of treatment. A better result is given if a mixture of thixol is prepared in the gum pocket while the patient is drinking trexopol. The tablet is mixed in a 0.5% solution of novocaine. Novocaine can be replaced by 1% trochomonotsid or 0.5% lutenuride solution.

Dispensary admission of patients should consist of two stages. In the first, a dispensary control group is formed. These include: gingivitis, mild, moderate, and severe periodontitis, and periodontitis in patients under 60 years of age, and periodontitis in patients under 30 years of age. In the second stage, two groups are distinguished: the first is the group of those who need active treatment at the time of onset of the disease. The second is a group of patients who need rehabilitation measures during remission. Dispensary control is determined by the severity of the disease. The outcome of treatment is evaluated after 2-3 years of dispensary supervision.

The first stage of dispensary control can be carried out by a general practitioner. The second stage should be performed by a specialist periodontist. No more than 40 patients at a time under the supervision of each periodontologist will ensure a quality teaching.

MEASURES TO PREVENT PERIODONT DISEASE

These activities will initially be carried out nationwide. Developed by the Ministry of Health, it is important to regularly introduce the law to the public. Economic activities are part of nationwide activities to plan personal hygiene, the scope of services, recreation, nutrition, and physical education. While all measures in this regard are important, the most important is to improve the environment.

Prevention of periodontal disease should be carried out in conjunction with the prevention of general medical diseases. For example: endocrine diseases, especially diabetes, gastrointestinal diseases, etc. In this regard, special attention should be paid to the health of the fetus in pregnant women. A pregnant woman should be involved in prophylactic work three times during the fetal period under the supervision of a dentist. When the first fetus was identified, organs and tissues in the oral cavity were sanitized if necessary. The next stage of prophylaxis is carried out in the second half of the fetus and finally before the referral to the maternity hospital.

Sanitary-educational work should begin in women's clinics, and special short-term courses should be actively conducted in kindergartens, schools, and boarding schools until the children reach adulthood.

Injury to the tissue for various reasons is also one of the causes of periodontal disease. Both the patient and the dentist may be to blame for this. Incompetent conditions (digging between the teeth and cavities with needles, hairpins, needles, matchsticks, etc.) that have become a habit by patients injure the gums.

Circumstances that cause inflammation of periodontal tissue by dentists: carelessness in the treatment of dental cavities, improper placement of highly toxic drugs used to necrosis it in inflammation of the pulp, especially when the poplar is in front of the gums. Permanent fillings can cause disease if improperly placed in the position of the gums hanging on the end. When using the method of extraction of tartar, the gums can be injured and subsequently inflamed.

One of the reasons for this is the fact that surgeons do not follow the rules of dentistry when performing dental operations, move the dome, and injuries that occur when they are complicated.

When teeth are sharpened by orthopedic dentists, especially when the adjacent sides are separated, the interdental suckers are cut, the tissue bleeds and is injured. If the hooks of the removable teeth are located low, it will injure the gums. If the cast is too hard when removing the toothpaste with plaster, the gums are often rubbed and bleeding when it is removed. This also leads to subsequent inflammation of the local periodontal tissue.

If the patient is not instructed to follow the oral cavity in the treatment of orthodontic defects of the jaw rows, the birth of food debris in the orthodontic appliances and in uneven rows of teeth can lead to the appearance of the surface of the teeth.

Periodontal disease, which is caused by the fault of patients and dentists, is mostly local.

GENERAL FACTORS. According to a number of scientists who have studied this problem, periodontal disease can be kept in the mouth for a while by any organ or species in the body. The duration of application of the bandages is 5-6 days.

Treatment of periodontitis. This type of periodontal disease is mainly treated depending on its course. When atrophy intensifies and the sensitivity of the tooth-neck section increases, rem therapy is aimed at increasing the level of mineralization of the dental plaque. 1-2% sodium fluoride, calcium chloride, vitamin V1 are injected into the tissue using electrophoresis. For this purpose, fluoride can be applied to the teeth.

After treatment, the goal is to bring the periodontal tissue closer to its full physiological state, increase vascular activity, increase the mineral salts in the bone, micronutrients and normalize metabolic processes. This is mainly achieved using physical methods.

Dystrophic changes in nerve tissue occur as a result of poor blood supply to periodontal tissue. Scientists PAGlushkova, DAEntin, E.E.Platonov, I.O.Novik and others have confirmed in their scientific work that this pathological process causes periodontal disease.

As a result of the decrease in the body's reactivity, the tissues lack the ability to regenerate and protect, resulting in the onset of dystrophic processes in periodontal tissue. This is especially seen in the suppression of physical and chemical processes, and its negative result leads to disruption of the permeability of the vascular wall, blood circulation, metabolism, and occurs in the absence of oxygen in the tissue. Completely oxidized nutrients are formed in the tissue. This is evidenced by the disruption of the oxidation and reduction process. As a result, gingivitis, periodontitis, periodontitis develop.

Many scientists are concerned with the theory that periodontal disease may be related to endocrine disorders. A.Efimov (1970), GFGafurova (1974), Udovitskaya (1975) conducted research on pathological changes in periodontal tissue, especially in diabetes. Periodontal disease occurs in 90-95% of cases of diabetes. It was concluded that the main cause was pathological changes in the capillaries. Angiopathy develops in the same periodontal tissue in the capillaries of the patient's body today. The longer the duration of the disease, the younger the patient, the more severe the periodontal disease, and it occupies the entire periodontal tissue. Osteoporosis occurs in the bone tissue of the jaw alveoli, which is especially accelerated in the interdental bone tissue, resulting in bone resorption being noxious,

Periodontitis also develops in diseases of the gastrointestinal tract. In this common disease, the secretion of gastric juice is disrupted, histamine is increased in the bloodstream, which leads to dilation of the vascular wall and increases its permeability. As a result, the circulation of lymph fluid in the lymphatic vessels is disrupted, which leads to inflammation of the gums, which are part of the periodontal tissue (P. N. Andrianov, 1961). Increased acid and alkaline phosphatase in blood serum (MS Kovalkj, 1974). sending it to the crease or putting its grease in the tooth-gum pocket and pouring paraffin or other bandage over it. It is also recommended to use bugadion or indomethacin ointment against swelling.

In moderate periodontitis, the same drugs are used, in addition, open curettage is performed.

When periodontitis is severe, enzymes are used as a supplement. Enzymes enhance the process of oxidation and regeneration by regulating the exchange of substances in the tissue. There are many types of enzymes, one of which is selected and dissolved in isotonic or special buffer solution or alkaline solution 1mg - enzyme 1 ml - solution. An antibiotic can also be added to the solution; 25000-50000 TB per 1ml, sulfanilamide preparations can also be used (5ml, enzyme 0.1 g); can also be added to the enzyme from drugs in the category of nitrafuron. The prepared solution is soaked in a cotton swab, inserted into the tooth-gum pocket, and after standing for 20-30 minutes, the swab is removed. This treatment is repeated 7-10 days. The enzyme can also be sent to the tissue by electrophoresis. The solution is prepared as described above and sent from the positive pole.

In relapse of periodontitis can be used 0.05% solution of ter-rilitin in the gums. After 15-20 minutes, the cotton wool is removed. It is also possible to put a mixture of methiclose in the pocket. Its composition is as follows: prophezin 5.0, chlorhexidine 0.2, methyluracil 0.2, glycerin 30.0, zinc oxide up to 100.0. All this

is mixed and mixed in any oil (vitamins E, A, carotene, peach oil, etc.). Caripazim is 0.5-1-2% soluble. It contains a number of enzymes. Used as an application. Beneficial in the treatment of periodontitis. In addition, the contraceptive or trasilol is injected into the pocket using a cotton swab in the form of a solution with lysozyme.

Antibiotics are also widely used in moderate, severe, or recurrent types of periodontitis. An example is lincomycin hydrochloride (30%). Milk is sent to the reader fold every day or every other day. Lincotsin is also administered in the same way as lincomycin. Gram-negative concentrations affect streptococci. It penetrates to the bone tissue. Claforan is effective against gram-negative and aerobic microbes, as well as other microbes, so this antibiotic works well. It is also injected into a transient fold with a syringe - Tarivid, a drug with a very wide range of action, is available in tablets (0.2 g). Only local tissue is added as a mixture or as part of a healing bandage. Fusidintgel is applied against microbes. It has an anti-inflammatory and anti-tumor effect and enhances phagocytosis.

Water treatment. It uses a variety of mineral waters and antiseptic solutions. This method removes food debris trapped in the gaps between the teeth in the oral cavity, in the incisors, in the tooth cavities, and from waste and putrefactive products containing disease products.

There are different methods of water treatment. For example: rinsing the mouth, taking a bath, that is, holding it in the mouth for a while.

The second method is to spray aqueous solutions, tinctures, mineral water in the form of a shower with a special nozzle on the gums and teeth under a pressure of 0.5-2.0 atmospheres with a special device called AGMS. Another advantage of this device is that it can send oxygen to the crane through a special metal tube.

Water temperature can be hot, warm or body temperature and even cold depending on the degree of inflammation. If the inflammation is severe, the temperature will be higher, if it is low, it will be warm, if the wound is healed, the water will be warm and the rest will be cold. In this case, mainly the capillary walls are exercised and increase their resistance to external adverse effects. The duration of treatment is 10-15 minutes, once a day for 10 days.

Ultraviolet light is also widely used. The main pathological symptom of periodontal disease is the absorption of mineral salts from bone tissue. This type of physical method increases the retention of mineral salts in the periodontium in the bone tissue. Another good feature of ultraviolet light is that microbes are killed on the surface of the irradiated tissue, the walls of the capillaries are strong, and the outflow of fluid from the blood is reduced. Treatment with ultraviolet light disrupts the circulatory connection in the neck of the tooth below, the pathological tooth forms a gum gum pocket, leading to an inflammatory process.

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Report 5

Idiopathic diseases of the periodontium, tumors, the role of the dentist in treatment.

1.1.Model of educational technology.

Training time -2 hours	Number of students: 20-80
Form of training	Introductory report.
Lecture plan: 1. Pappion Lefebvre, Hand Krischend and other syndromes 2. Tumor diseases of the periodontium The role of other specialists in the treatment of periodontal	The ideopathic diseases of the periodontium include Papiion Lefebvre, Hand Krischen, diabetes mellitus X-histocytosis, neutropenia. The disease occurs as a syndrome of other diseases, and the clinical symptoms are manifested exclusively in the oral cavity. The disease is called generalized periodontitis and is accompanied by lysis of bone tissue. The jaw bones slide and the teeth fall out. Some authors have included its origin in the group of

disease.	fermontopathies.
The purpose of training:	
Pedagogical tasks: 1. Theoretical knowledge. 2. Theoretical knowledge Demonstrative explanation	The result of learning activities Discarding practical skills Antiseptic treatment of the milk edge Apply the healing ointment to the edge of the gums Mix the repin (paste-paste) or alginate mold mass until it becomes a dough. Glue the mass to the edge of the gums. Leave for 2–3 hours
Teaching methods	Demonstration, lecture, conversation
Forms of teaching	Mass, collective
Teaching aids	Textbook, textbook, lecture text, projector, computer.
Teaching conditions	Methodologically equipped auditorium.
Monitoring and evaluation.	Oral control: question and answer.

technological map of the lecture.

Stages and timing of work.	Educator	Learners
Preparatory phase	1. Preparation of educational content on the topic. 2. Preparation of presentation slides for the introductory speech:	
1. Introduction to the topic (15 minutes)	1. Introduces the purpose and function of the topic 2. Asks questions on the topic and. Information is given about the fibers of the periodontium, about the cellular elements of the periodontium, about the classification of periodontiums, about the causes of periodontium.	They listen Students answer the questions posed
2nd stage (55 minutes)	3. Explains the topic, slide show:	
Phase 3 (10 minutes)	3.1. Concludes 3.2. Giving a topic for independent work.	He listens Takes notes
	Development of a list of literature used in the study of science <i>Osnovy terapevticheskoy stomatologii.</i> / Klaus. M. Lemanin 1999. Lukinyx M.L. Caries tooth.- N. Novgorod, 1996. Ivanov V.S. Inflammation of the pulp of the tooth. - M., 1990. Stepanov A.E. Kosmeticheskoe vosstanovlenie koronok zubov. - M., 1999.	

Subject description:

IDIOPATHIC DISEASES

Among periodontal diseases, the peculiarity of these diseases is the rapid development of clinical signs.

In Papillon-Lefebvre syndrome, the alveolar bone seems to melt, a pathological process that ends with tooth extraction. The reason for the origin is unclear. The clinical picture is similar to the severity of periodontitis. The disease begins with milk teeth. After the extraction of one tooth after another, they are removed one after the other, as the pathological process continues in the periodontal tissue before the permanent teeth are extracted. If the teeth are not removed, the rapid absorption of the alveolar bone will cause the tooth to fall out. An additional symptom that is always present in the patient is a skin rash on the soles of the feet and gray palms, ie hyperkeratosis, and peeling of the upper part of it.

Papillon-Lefebvre syndrome -hereditary keratoderma (autosomal recessive inherited type). Changes in periodontal disease are characterized by a clearly progressive disruptive-dystrophic process. They are combined with the appearance of obvious hyperkeratosis, cracks in the palms, soles and wrists

Diseases are susceptible to young children. Swollen, hyperemic, deep periodontal pockets with gum serous-purulent exudate were noted around the deciduous teeth. The formation of cysts in the bone tissue, the funnel-shaped resorption of the bone, significant disruptive changes that lead to the loss of milk and the subsequent appearance of permanent teeth. The destruction and lysis of the alveolar ridge (part) continues even after the tooth is lost, until the final resorption of the bone.

Desmodontosis. **Desmodontosis**(juvenile periodontal disease). Periodontal disease is a pathological condition of periodontal disease characterized by progressive lysis of periodontal tissue, in which certain diseases of the body, syndromes of unknown etiology are of great importance. General features of periodontolysis: sustainable development of all periodontal tissue destruction processes; rapid formation of periodontal pockets, which determines the separation of pus, tooth mobility, displacement and disruption; Bone pockets appear in a relatively short time, vertical type destruction predominates, then lacuna is formed, osteolysis processes lead to complete resorption of periodontal bone tissue and tooth loss in 2-3 years . The etiology of the disease is unknown, the value of hereditary factors or enzymopathies is accepted. During adolescence, adolescents and young women often become ill. This process is observed in children with severe uncompensated diseases and genetic causes: uncompensated diabetes, blood diseases, Papillon-Lefebvre syndrome, histiocytosis X and others.

In this disease, desmodont is understood as the circumference of the tooth neck and the surrounding periodontal fibers. In desmodontosis, pathological changes occur in these tissues. The cause of the disease is unknown. Some scientists have concluded that enzymopathy is the result of scientific research on the disease.

The pathological process in periodontal tissue takes place in three stages:

1. Degeneration occurs in periodontal fibers and bone tissue, with non-inflammatory epithelial pro-life in the gums and capillary walls.

2. The polyphenous epithelium grows along the tooth root. The connective tissue is slightly infiltrated with plasma and polyblast cells.

3. Under the influence of secondary microbes, inflammation is exacerbated, shchyulified epithelium is separated from the root, and pathological gum-tooth pocket is formed.

Desmodontosis has a unique clinical appearance. The pathological process begins in a symmetrical position, often with incisions and chewing teeth on the first floor. There are no tartar, tooth-gum pockets are deep, teeth grind, pus separates from pathological pockets, enamel has a non-carious disease, ie hypoplasia.

On X-ray imaging of bone tissue, the most common type of osteoporosis is acute and has bone pockets.

Histological examination revealed thickening of the capillary walls, thickening of collagen fibers, hyaline sclerosis. Il-knee cement was absorbed, swelling was observed in the remaining periodontal tissue, os-teolysis in the bone, thinning of its dense part was observed.

Eozshyufilsh granulema occurs in children and cats. The clinical X-ray image is similar to that of acute gingivitis and periodontitis. The pathological process may be limited or diffuse. Pathological changes in the bone tissue are not only in the alveolar process, but also in the body of the jawbone, so it is possible that the lower jawbone may break spontaneously.

Pathomorphological studies have shown that reticular cells, a collection of eosinophils, lymphomacrophage infiltrate are observed in the tissue.

Leterer - The pathological change in the periodontium in Sive disease occurs as a diffuse acute manifestation of periodontitis. Therefore, the patient's condition becomes severe, body temperature rises, appetite decreases, he loses weight, may suddenly fall.

The pathological changes that occur in periodontal tissue in Hend-Schuller-Krischen disease are also similar to the diffuse acute course of periodontitis. Common additional symptoms are diabetes mellitus, basedov's disease (i.e., puffiness of the eyeballs), the appearance of tissue such as a tumor in the bone, and the back of the growth when the patient is young.

In the local treatment of periodontal disease with histocytosis "X" drugs are selected based on its symptoms, and hematologists, oncologists and endocrinologists are involved in the treatment. Often hormonal drugs, protein anabolizers, antibiotics, sensitizing drugs, fluoride and other medications are prescribed.

Types of idiopathic diseases include changes in periodontal tissue in severe diabetes.

Localized histiocytosis X (eosinophilic granuloma, Taratinov's disease) is a localized reticular cystitis. It most often affects children and young people (20-25 years). During the disease there is a prodromal period and a definite stage.

In the prodromal period, there are single foci of deformation that appear in the skeletal area with slight pain, itching, and swelling. The process is often localized in the flat bones, affecting the skull, lower jaw (alveolar part and branch). Swelling and cyanosis of the gingival papillae are observed in the oral cavity (usually in the premolar and molar areas), followed by papillary hypertrophy, pathological mobility of one or two molars, bleeding, ulceration of the gingival border, periodontal cho 'ntaklar may appear. In the blood - an increase in the number of neutrophils, accelerated ESR. Often the process is two-sided in nature. The course is fast - 1.5–2 months.

Histiocytosis X Treatment is carried out in conjunction with oncologists and hematologists. Tooth extraction with topical therapy, removal of the tooth cavity using analgesics, curettage of the periodontal pocket, high level of pathological mobility and orthopedic treatment.

diabetes is a chronic disease. Because of its clinical course and signs of complications, the patient seeks dental care too late. Changes in periodontal tissue are as follows: gums swollen, red, bleeding a little, Pathological tooth-gum pockets are deep, pus is secreted more. The teeth would grind, and the bone elements in the alveolar process would be quickly absorbed.

Periodontal cyst. It is also a type of tumor in which, as a result of chronic inflammation in the periodontal tissue, the gum epithelium grows into the pathological tooth-gum pocket and separates the bone marrow from the bone. At first it does not bother the patient. Later, swelling develops in the gums around the tip of the tooth root. The reason for the absence of pain is that the waste products formed during the pathological process are always excreted through the pocket. X-rays show a clear border, with bone absorption reaching the root tip of the tissue. The shape is noxious, i.e. the bottom is wider (Fig. 20 a, b). Electroodon-todiagnosics of the tooth involved in the pathological process reveals a significant decrease in pulp sensitivity, sometimes no response at all. So, in the latter case, the tooth pulp was destroyed.

It is treated surgically. The tooth involved in the pathological lesion is of course removed. The bottom of the wound is well penetrated. Diathermocoagulation can also be performed at the site of injury to prevent recurrence of the disease. The injury is secondary. Therefore, it is necessary to pay special attention to the state of the oral cavity

this group of diseases includes desmondontosis, histiocytosis X, Papillon-Lefebvre syndrome, and others. milk

Clinical appearance. There are two stages of the disease:

- The first stage of desmodontosis is characterized by the absence of signs of inflammation. Early symptoms are deformation of this part of the tooth; in particular, the fan-shaped separation of the teeth. The result is diastema, trematism. The symmetry of the lesion is characteristic (central incision and molars on both sides of the jaw). The border of the gums does not change, but bleeding is observed. Tooth debris is low or absent. In terms of performance, IG is within normal limits, with an RMA of 0%. Narrow and deep

periodontal pockets were noted in the area of the movable teeth. On radiography, resorption of bone tissue of the vertical type with a deep bone pocket is observed; the second stage of desmodontosis - increased pathological tooth mobility, inflammation is added, there is pain in the gums, swelling, bleeding. On examination, periodontal pockets with purulent discharge are detected at different depths, the intensification of the process and the formation of abscesses are noted. Pathological mobility varies from high levels to complete stability, and vice versa. Secondary traumatic occlusion occurs, the electroencephalography of the moving tooth pulp decreases, diffuse bone loss is detected on radiography, bone tissue in the first molar and incision zone, bone resorption in the form of a bowl.

Clinical signs of periodontal disease in children are detected at the age of 1.5-2 years. After a year or two, the baby loses its pearls first and then the other baby teeth. The same thing happens with permanent teeth: bone lysis occurs, which leads to the appearance of deep periodontal pockets, followed by displacement, mobility and loss of incisors first, then first molars, then other teeth .

Histologically: no structural changes in the epithelium, hypervascularization, thickening of the walls of capillaries, lymphoplasmic infiltration, thickening of collagen fibers, hyaline sclerosis do not occur in the submucosal layer. In the periodontium edema, disorganization, hyalinosis of collagen fibers are observed, cement is restored. Thin plate thinning, osteolysis in the bone is detected. In this case, there is no osteoclastic reaction. Significant reductions in the bone tissue of the interdental septum, including in areas where inflammation of the eye is not detected or poorly expressed, are detected on radiographs.

Differential diagnosis. Periodontolysis should be distinguished from diabetes. In the case of diabetes, changes in periodontal disease corresponding to the concept of “periodontal disease” are observed in children, during adolescence, especially in diseases diagnosed in a timely manner or in its uncompensated course. Patients complain of dryness of the oral cavity, severe bleeding of the gums, pathological mobility of the teeth, changes in their condition, the appearance of pus, halitosis, and tooth loss.

On examination, a severe picture of periodontitis, hyperemia of the gums, swelling, infiltration, and proliferation of granulation tissue is usually observed, which is the same picture as a violation of the configuration of the gums. Usually periodontal pockets, the pathological mobility of the teeth usually varies in depth, from insignificant in some sections to II-III degree in others. In the case of dental arch and traumatic occlusion, the change of teeth is always pronounced. On radiography, significant disruption of bone tissue is detected by lacunar, puffy resorption.

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Report 6

Use of physiotherapeutic treatments in periodontal disease.

1.1. Model of educational technology.

Training time -2 hours	Number of students: 20-80
Form of training	Introductory report.
Lecture plan:	

4. Local and general treatment methods in periodontal diseases 5. Get on the dispensary list. 6. Measures to prevent periodontal disease. Prevention of periodontal disease	Local treatment of periodontal disease is carried out comprehensively. These are therapeutic orthopedic and surgical methods. In the local treatment are used antiseptics, antibiotics, vitamins, enzymes, sulfonamides. After a course of treatment, the dentition is restored. Grinding teeth of 3-4 degrees are removed. Moderate and severe periodontal diseases are registered in the dispensary and the necessary documents are filled out.
The purpose of training:	
Pedagogical tasks: 1. Theoretical knowledge. 2. Theoretical knowledge Demonstrative explanation	The result of learning activities Discarding practical skills Milk kirogi treated with 3% peroxide hydrogen Separating the milk edge from the saliva with cotton swabs Anesthetic application of necrotic gum (using solution, gel or spray) Leave the turmeric soaked in the enzyme solution for 5 minutes on the edge of the necrotic gum
Teaching methods	Demonstration, lecture, conversation
Forms of teaching	Mass, collective
Teaching aids	Textbook, textbook, lecture text, projector, computer.
Teaching conditions	Methodologically equipped auditorium.
Monitoring and evaluation.	Oral control: question and answer.

technological map of the lecture.

Stages and timing of work.	Educator	Learners
Preparatory phase	1. Preparation of educational content on the topic. 2. Preparation of presentation slides for the introductory speech	
1. Introduction to the topic (15 minutes)	1. Introduces the purpose and function of the topic 2. Asks questions on the topic and. Information is given about the fibers of the periodontium, about the cellular elements of the periodontium, about the classification of periodontiums, about the causes of periodontium.	They listen Students answer the questions posed
2nd stage (55 minutes)	1. Explains the topic, showing slides.	
Phase 3 (10 minutes)	3.1. Concludes 3.2. Giving a topic for independent work.	He listens Takes notes
	Development of a list of references used in the	Takes notes

	<p>study of science Borovsky E.V. "Therapeutic dentistry" M., 2006 Borovskiy E.V. etc. "Terapevticheskaya dentology" .- M., 2004 Kamilov X.P., Mamedova F.M. "Treatment dentistry" recipe directory.- 1995. Borovskiy E.V., Barisheva Yu.D., Maksimovskiy Yu.M. "Therapeutic dentistry" .- M .: Medicine, 1998.</p>	
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The most common physical treatment for periodontal disease is electrophoresis (drug ions are sent to the tissue using electricity). One of the advantages of this method is the positive effect of direct current on the tissue. In particular, capillaries dilate, tissue becomes slightly painless, waste products formed in the pathological process are washed through the veins, bone tissue is saturated with minerals (due to calcium and phosphorus in the blood), so the patient should take medication containing these minerals during treatment, e.g. : calcium gluconate, calcium glycerophosphate, calcium lactate. Electrophoresis often uses vitamins vr C, RR, biostemulators: aloe, gumizol, fibs and others. From enzymes: lidase, honsuride, heparin. 2-6% potassium iodine and aminocaproic acid can also be used.

When performing electrophoresis, it is necessary to pay attention to the polar difference of drugs. For example, if electrophoresis is performed with calcium chloride, 6-8 layers of gauze are placed on the electrode to be placed in the mouth and moistened with calcium chloride, the second large electrode is moistened with a special cotton pad and placed on the wrist. The electrode wire coming out of the mouth is connected to the positive of the device, and the suede electrode wire is connected to the negative pole. Because polarity is so important in electrophoresis, only drugs with the same polarity are used during treatment. If one day is positive, for example, vitamin V, and the next day is negative for vitamin C, the treatment will not be good, because in electrophoresis the residual part of the drug ions introduced into the tissue by electric current is returned to the electrode on the second day. opposite ions are attracted to each other. On the second day, the drug remains partially in the gauze soaked in the electrode tag layer, which reduces the number of ions introduced into the tissue. The treatment is performed using AGN, POTOK, GR and other devices. Duration of treatment is 20-30 minutes. Treatment is 12 days.

Darsonvalization. This physical method mainly uses alternating current. There are two different methods. Sparkly and non-sparkling. In the event of a spark, the electrode does not touch the patient's body. 4 mm will be intermediate. This creates a secondary charged spark, and this spark has a positive effect on the tissue. Due to the high temperature, the fluid in the cell evaporates, good conditions are created, that is, a lot of nutrients, in addition, the mucous membrane is more injured, bleeding due to uneven teeth. This condition facilitates the transition of saprophytic microbes to a pathogenic state, resulting in waste and humus formed during the life of these microbes leading to inflammation of the tissues.

Injury to the tissue for various reasons is also one of the causes of periodontal disease. Both the patient and the dentist may be to blame for this. Incompetent conditions (digging between the teeth and cavities with needles, hairpins, needles, matchsticks, etc.) that have become a habit by patients injure the gums.

Circumstances that cause inflammation of periodontal tissue by dentists: carelessness in the treatment of dental cavities, improper placement of highly toxic drugs used to necrosis it in inflammation of the pulp, especially when the poplar is in front of the gums. Permanent fillings can cause disease if improperly

placed in the position of the gums hanging on the end. When using the method of extraction of tartar, the gums can be injured and subsequently inflamed.

One of the reasons for this is the fact that surgeons do not follow the rules of dentistry when performing dental operations, move the dome, and injuries that occur when they are complicated.

When teeth are sharpened by orthopedic dentists, especially when the adjacent sides are separated, the interdental suckers are cut, the tissue bleeds and is injured. If the hooks of the removable teeth are located low, it will injure the gums. If the cast is too hard when removing the toothpaste with plaster, the gums are often rubbed and bleeding when it is removed. This also leads to subsequent inflammation of the local periodontal tissue.

If the patient is not instructed to follow the oral cavity in the treatment of orthodontic defects of the jaw rows, the birth of food debris in the orthodontic appliances and in uneven rows of teeth can lead to the appearance of the surface of the teeth.

Periodontal disease, which is caused by the fault of patients and dentists, is mostly local.

GENERAL FACTORS. According to a number of scientists who have studied this problem, periodontal disease can be kept in the mouth for a while by any organ or species in the body. The duration of application of the bandages is 5-6 days.

Treatment of periodontitis. This type of periodontal disease is mainly treated depending on its course. When atrophy intensifies and the sensitivity of the tooth-neck section increases, rem therapy is aimed at increasing the level of mineralization of the dental plaque. 1-2% sodium fluoride, calcium chloride, vitamin V1 are injected into the tissue using electrophoresis. For this purpose, fluoride can be applied to the teeth.

After treatment, the goal is to bring the periodontal tissue closer to its full physiological state, increase vascular activity, increase the mineral salts in the bone, micronutrients and normalize metabolic processes. This is mainly achieved using physical methods.

Water treatment. It uses a variety of mineral waters and antiseptic solutions. This method removes food debris trapped in the gaps between the teeth in the oral cavity, in the incisors, in the tooth cavities, and from waste and putrefactive products containing disease products.

There are different methods of water treatment. For example: rinsing the mouth, taking a bath, that is, holding it in the mouth for a while.

The second method is to spray aqueous solutions, tinctures, mineral water in the form of a shower with a special nozzle on the gums and teeth under a pressure of 0.5-2.0 atmospheres with a special device called AGMS. Another advantage of this device is that it can send oxygen to the crane through a special metal tube.

Water temperature can be hot, warm or body temperature and even cold depending on the degree of inflammation. If the inflammation is severe, the temperature will be higher, if it is low, it will be warm, if the wound is healed, the water will be warm and the rest will be cold. In this case, mainly the capillary walls are exercised and increase their resistance to external adverse effects. The duration of treatment is 10-15 minutes, once a day for 10 days.

Ultraviolet light is also widely used. The main pathological symptom of periodontal disease is the absorption of mineral salts from bone tissue. This type of physical method increases the retention of mineral salts in the periodontium in the bone tissue. Another good feature of ultraviolet light is that microbes are killed on the surface of the irradiated tissue, the walls of the capillaries are strong, and the outflow of fluid from the blood is reduced. Treatment with ultraviolet light disrupts the circulatory connection in the neck of the tooth

below, the pathological tooth forms a gum gum pocket, leading to an inflammatory process.

Dystrophic changes in nerve tissue occur as a result of poor blood supply to periodontal tissue. Scientists PAglushkova, DAEntin, E.E.Platonov, I.O.Novik and others have confirmed in their scientific work that this pathological process causes periodontal disease.

As a result of the decrease in the body's reactivity, the tissues lack the ability to regenerate and protect, resulting in the onset of dystrophic processes in periodontal tissue. This is especially seen in the suppression of physical and chemical processes, and its negative result leads to disruption of the permeability of the vascular wall, blood circulation, metabolism, and occurs in the absence of oxygen in the tissue. Completely oxidized nutrients are formed in the tissue. This is evidenced by the disruption of the oxidation and reduction process. As a result, gingivitis, periodontitis, periodontitis develop. Water treatment. Various mineral waters and antiseptic solutions are used for this method.

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Many scientists are concerned with the theory that periodontal disease may be related to endocrine disorders. A.Efimov (1970), GF Gafurova (1974), Udovitskaya (1975) conducted research on pathological changes in periodontal tissue, especially in diabetes. Periodontal disease occurs in 90-95% of cases of diabetes. It was concluded that the main cause was pathological changes in the capillaries. Angiopathy develops in the same periodontal tissue in the capillaries of the patient's body today. The longer the duration of the disease, the younger the patient, the more severe the periodontal disease, and it occupied the entire periodontal tissue. Osteoporosis occurs in the bone tissue of the jaw alveoli, which is especially accelerated in the interdental bone tissue, resulting in bone resorption being noxious,

Periodontitis also develops in diseases of the gastrointestinal tract. In this common disease, the secretion of gastric juice is disrupted, histamine is increased in the bloodstream, which leads to dilation of the vascular wall and increases its permeability. As a result, the circulation of lymph fluid in the lymphatic vessels is disrupted, which leads to inflammation of the gums, which are part of the periodontal tissue (P. N. Andrianov, 1961). Increased acid and alkaline phosphatase in blood serum (MS Kovalkj, 1974).

sending it to the crease or putting its grease in the tooth-gum pocket and pouring paraffin or other bandage over it. It is also recommended to use bugadion or indomethacin ointment against swelling.

In moderate periodontitis, the same drugs are used, in addition, open curettage is performed. When periodontitis is severe, enzymes are used as an additional drug. Enzymes enhance the process of oxidation and regeneration by regulating the metabolism of substances in the tissue. There are many types of enzymes, one of which is selected and dissolved in isotonic or special buffer solution or alkaline solution 1mg - enzyme 1 ml - solution. An antibiotic can also be added to the solution; 25000-50000 TB per 1ml, sulfanilamide preparations can also be used (5ml, 0.1 g per enzyme); can also be added to the enzyme from drugs in the category of nitrafuron. The prepared solution is soaked in a cotton swab, inserted into the tooth-gum pocket, and after standing for 20-30 minutes, the swab is removed. This treatment is repeated 7-10 days. The enzyme can also be sent to the tissue by electrophoresis. The solution is prepared as described above and sent from the positive pole. In relapse of periodontitis can be used 0.05% solution of ter-rilitin in the gums. After 15-20 minutes, the cotton wool is removed. It is also possible to put a mixture of methiclose in the pocket. Its composition is as follows: prophezin 5.0, chlorhexidine 0.2, methyluracil 0.2, glycerin 30.0, zinc oxide up to 100.0. All this is mixed and mixed in any oil (vitamins E, A, carotene, peach oil, etc.). Caripazim is 0.5-1-2% soluble. It contains a number of enzymes. Used as an application. Beneficial in the treatment of periodontitis. In addition, the contraceptive or trasilol is injected into the pocket using a cotton swab in the form of a solution with lysozyme.

Antibiotics are also widely used in moderate, severe, or recurrent types of periodontitis. An example is lincomycin hydrochloride (30%). Milk is sent to the reader fold every day or every other day. Lincotsin is also administered in the same way as lincomycin. Gram-negative concentrations affect streptococci. It penetrates to the bone tissue. Claforan is effective against gram-negative and aerobic microbes, as well as other microbes, so this antibiotic works well. It is also injected into a transient fold with a syringe - Tarivid, a drug with a very wide range of action, is available in tablets (0.2 g). Only local tissue is added as a mixture or as part of a healing bandage. Fusidintgel is applied against microbes. It has an anti-inflammatory and anti-tumor effect and enhances phagocytosis.

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sending it to the crease or putting its grease in the tooth-gum pocket and pouring paraffin or other bandage over it. It is also recommended to use bugadion or indomethacin ointment against swelling.

In moderate periodontitis, the same drugs are used, in addition, open curettage is performed. When periodontitis is severe, enzymes are used as an additional drug. Enzymes enhance the process of oxidation and regeneration by regulating the metabolism of substances in the tissue. There are many types of enzymes, one of which is selected and dissolved in isotonic or special buffer solution or alkaline solution 1mg - enzyme 1 ml - solution. An antibiotic can also be added to the solution; 25000-50000 TB per 1ml, sulfanilamide preparations can also be used (5ml, 0.1 g per enzyme); can also be added to the enzyme from drugs in the category of nitrafuron. The prepared solution is soaked in a cotton swab, inserted into the tooth-gum pocket, and after standing for 20-30 minutes, the swab is removed. This treatment is repeated 7-10 days. The enzyme can also be sent to the tissue by electrophoresis. The solution is prepared as described above and sent from the positive pole.

In relapse of periodontitis can be used 0.05% solution of ter-rilitin in the gums. After 15-20 minutes, the cotton wool is removed. It is also possible to put a mixture of methiclose in the pocket. Its composition is as follows: prophezin 5.0, chlorhexidine 0.2, methyluracil 0.2, glycerin 30.0, zinc oxide up to 100.0. All this is mixed and mixed in any oil (vitamins E, A, carotene, peach oil, etc.). Caripazim is 0.5-1-2% soluble. It contains a number of enzymes. Used as an application. Beneficial in the treatment of periodontitis. In addition, the contraceptive or trasilol is injected into the pocket using a cotton swab in the form of a solution with lysozyme.

Antibiotics are also widely used in moderate, severe, or recurrent types of periodontitis. An example is lincomycin hydrochloride (30%). Milk is sent to the reader fold every day or every other day. Lincotsin is also administered in the same way as lincomycin. Gram-negative concentrations affect streptococci. It penetrates to the bone tissue. Claforan is effective against gram-negative and aerobic microbes, as well as other microbes, so this antibiotic works well. It is also injected into a transient fold with a syringe - Tarivid, a drug with a very wide range of action, is available in tablets (0.2 g). Only local tissue is added as a mixture or as part of a healing bandage. Fusidintgel is applied against microbes. It has an anti-inflammatory and anti-tumor effect and enhances phagocytosis.

Galvanization- use of low voltage (30-80V) and non-high voltage (up to 50mA) uninterruptible power supply for therapeutic purposes.

A number of changes are observed in tissues under the influence of constant electric current (DET): these changes lead to the creation of new conditions for various

biochemical and physical processes. The human body is about 60% water, so it can be considered as an electrolyte that stores ionized molecules of various chemical compounds. When DET passes, ions, water molecules, and charged protein particles move in the space between the electrodes: the positive springs to the cathode, the negative springs to the anode.

Under the influence of DET in the sweat and silt layers: mining irons expand, mining circulation increases and hyperemia occurs, the permeability of the vascular wall increases, local temperature rises. The iron-iron reaction activates fashion exchange, leading to an increase in epithelial and connective tissue regeneration.

Dorili electrophoresis- The combined effect of the drug and DET. This method involves the dissociation of complex substances into positive and negative ions in the solvent, which allows the charged springs to enter the tissue under the electrode.

In this case, ions with the same ionic polarity as the electrode are introduced, which accumulate in the skin and form a depot. In addition to the skin, tissue deposition also occurs. As a result of the relatively low mining cycle in the skin, the ion depot is pushed slowly.

Konga ensures that the drug is constantly sprayed. However, the amount of substance entering the mine in this way is not very high.

Local concentration, high electrical activity of ions, biophysical and biochemical changes in tissues caused by direct current have a unique pharmacotherapeutic effect.

Electrophoresis minimizes side effects of the drug, as it injects only the necessary components into the tissue. The therapeutic effect of electrophoresis, in addition to DET parameters, depends on the location of the electrodes, the area of exposure, the functional state of the organism, the pharmacological properties of the drug, its concentration, individual sensitivity of the patient to the drug and electricity.

Studies have shown that the number of ions introduced in low-concentration mixtures is linearly related to the concentration of the solution. Therefore, 2-6% solutions are recommended for electrophoresis. According to the author, the optimal concentration is 1-3%.

The advantage of electrophoresis is that the drug can reach the tissues that are difficult to inject. In dental practice, electrophoresis is used in enamel, dentin tissue, tooth pulp and periodontium, malignant canals.

Contraindications to galvanization and drug electrophoresis are acute purulent inflammatory processes, malignant tumors, decompensation of cardiac activity, cerebral vascular sclerosis, epilepsy, acute skin diseases, toxicity, propensity to mine, individual intolerance to the drug.

Apparatus used for galvanization and drug electrophoresis: wall galvanizing apparatus (AGN-32), portable galvanizing apparatus (AGP-33), "Potok-1", "Potok-2", oral galvanizer (GR-1M, GR-2).

Electro-anesthesia with a constant electric current - this method changes the excitation of the nerve when an electric current is passed, and an electric current is generated in the tissues, which has an analgesic effect. In electrostatic decontamination, a constant electric current can be passed through the positive and negative poles, but the bridge is based on the negative pole. In electro-dehydration, the current is 10-20 mA. When the DC current exceeds 30 μ A, the pulp undergoes necrosis. It is used when caries forms a cavity, when the tooth is sharpened with an artificial coating, when the pulp horn is opened. Electroaggression is more common in older Karaganda youth.

ELOZ-1, ELOZ-2 devices are used for electro-decontamination.

Diadynamotherapy is a current drawn from the posterior front of a semi-sinusoidal shaped exponent with a frequency of 50-100 Gts with a constant pulse and a combination of them. It is accepted in injuries of the 3 horns and facial nerve, in painful syndromes, periodontitis, pulsation.

Sinusoidal Modulated Currents (STM) - A sinusoidal alternating current with a frequency of 5000 Gts with a modulated amplitude between 10-150 Gts. Indications for SMT: disorders of peripheral vascular structure, functional disorders of the neuromuscular system, chronic inflammatory processes, trigeminal neuralgia, facial injuries, periodontitis, periodontitis.

Contraindications: Tumors, cardiovascular decompensation, infectious diseases.

Electrodiagnostics is a method of examining nerve and muscle spasms with electrical observation.

In dentistry, the examination of the electrical excitability of nerve receptors in the pulp is used in electrodiagnostics. In intact teeth, the tooth pulp senses a current in the range of 2-6mkA. When the crown pulp is damaged, the excitability is 7-60 mkA, when the root pulp is damaged - 60-100 mK.

Decreased excitability 101-200mkA pulp maturation and periodontitis

receptors. In periodontitis, neuritis

excitability increases to 1.5-0.5mkA.

EOM-1, EOM-3, EOD-2M devices for EOD transmission used.

Practical lesson 1

Dental care. Methods of cleaning teeth, tools.

1.1. Model of educational technology.

Training time -3 hours	Number of students: 11-22
Form of training	Practical training
Practical training plan:	<ol style="list-style-type: none"> 1. Giving insight to the periodontium. 2. Paradont plum structure. 3. Fibers in the area of the tooth neck.
The purpose of the training:	Students will learn how to protect their medical history, how to examine patients with periodontal tissue pathologyshunting
Teaching methods	Multimedia, interactive methods.
Forms of teaching	Mass, collective
Teaching aids	Curriculum development, electronic textbooks and computers.
Teaching conditions	Methodologically equipped auditorium.
Monitoring and evaluation.	Oral control: question and answer.

Technological map of practical training.

Stages and timing of work.	Educator	Learners
Preparatory phase	<ol style="list-style-type: none"> 1. Controls the cleanliness of the audience 2. Checks the readiness of students for training 3. Controls attendance 	They listen
1. Introductory stage of training (10 minutes)	<ol style="list-style-type: none"> 1. Determining the level of basic knowledge related to the topic. 2. Explain the essence of the interactive method. 3. Topic analysis in an interactive way. 	They write and listen to the topic
2nd main stage (135 minutes)	<ol style="list-style-type: none"> 1. Divide students into small groups and ask questions on the topic. 2. Uses slides, multimedia <ol style="list-style-type: none"> a) Preservation of disease history for Zachet Methods of examination of patients with periodontal tissue pathology 3. Solve tests and situational problems. 	They watch and record.
Stage 3	<ol style="list-style-type: none"> 1. Performing practical skills. 2. Use of dummies and phantoms. 3. Conducts treatment 4. Summarizes and summarizes the information provided on the basis of topics, 	They solve. They write.
final stage (35 minutes)	<ol style="list-style-type: none"> 1. The finalist draws a conclusion, the active participant encourages the students and gives an overall assessment 2. Supervises, evaluates independent work and assigns an independent task to the next lesson 3. Gives homework <ol style="list-style-type: none"> A) Write an abstract on the topic C) Prepare questions on the topic <ol style="list-style-type: none"> 1. Functions of the periodontium. 2. What is the width of the periodontal ligament of the upper teeth? 3. What is the width of the periodontal ligament of the lower teeth? 4. What are the methods of objective examination? 	He listens Takes notes Takes notes Takes notes
References	<p style="text-align: center;">Basic literature</p> <ol style="list-style-type: none"> 1. Borovskiy E.V. "Therapeutic dentistry" M., 2006 2. Borovskiy E.V. etc. "Terapevticheskaya dentology" .- M., 2004 3. Kamilov X.P., Mamedova F.M. "Treatment dentistry" recipe directory.- 1995. 	Takes notes

	<p>4. Borovskiy E.V., Barisheva Yu.D., Maksimovskiy Yu.M. "Therapeutic dentistry" .- M.: Medicine, 1998.</p> <p style="text-align: center;">Additional literature</p> <p>1. Osnovy terapevticheskoy stomatologii. / Klaus. M. Lemanin 1999.</p> <p>2. Lukinyx M.L. Caries tooth.- N. Novgorod, 1996.</p> <p>3. Ivanov V.S. Inflammation of the pulp of the tooth. - M., 1990.</p> <p>4. Stepanov A.E. Kosmeticheskoe vosstanovlenie koronok zubov. - M., 1999.</p> <p>5. Dmitrieva L.N. and dr. «Therapeutic dentistry». - M., 2004</p> <p>6. Dunyazina T.M. and dr. «Modern methods of diagnostics of periodontal disease» - S.Pet.2001.- 48p.</p>	
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The type of toothpaste comes in layers and colors. Depending on the degree of hardness, it is called differently. They are called soft-look, hard-stones. The colors of tartar are white, light or dark brown, bluish-brown. Their coloring is caused by food (tea, coffee, fruits), tobacco, drugs, dyes in the blood. Not chewing food with a certain group of teeth for some reason, and the high content of carbohydrates in the food, especially sucrose, glucose and fructose, leads to the rapid appearance of tooth decay. Soft toothpaste contains mostly proteins and carbohydrates, not mineral compounds

Tooth stones contain organic and inorganic substances. Organic matter makes up 18-20 percent. They contain migrating epithelium, food debris, bacteria, mucin, and salivary cells. Inorganic substances make up 71-78% and contain calcium, phosphorus, magnesium, alkali metals, carbonates and trace elements. 60-70% of the inorganic part is calcium phosphate.

The process of tartar formation can take place in three stages:

1. Saturation of softening dirt with mineral compounds and the formation of primary crystalline buds. This period is about 45-60 days.
2. Growth and maturation of crystal buds. This period lasts about 45-60 days, sometimes 600-700 days, ie 1.5-2.0 years.
3. Saturation of crystal buds with complete mineral compounds takes more than 1.5 - 2.0 yds.

Depending on where it appears, stones on the gums and under the gums are distinguished. The stones on the gums are more likely to be located close to the outlets of the salivary glands. Occurs on the tooth surfaces (on the tongue side of the lower incisors, on the cheeks of the upper chewing teeth above). These stones range in color from white to brown-black. The whiter the color of the stone, the softer it will be. Tooth stones are less common in young people and more common in adults. People who have a lot of tartar in their teeth have more calcium and phosphorus in their saliva and blood, which indicates a violation of mineral metabolism. Depending on their composition, tartar is very similar to stones that form in the kidneys and liver.

irradiated in groups. Similar to the method of using ultraviolet light, one day the tissues around the teeth in the upper jaw are irradiated, the next day the periodontal tissue in the lower jaw is irradiated, the total number of treatments is 10-12.

Before the procedure, the tissue is anesthetized, the upper and lower gums are removed, the surface of the tooth tissue is decorated, and the pocket is washed. Pathologically granulated tissue enters the breast with special currettes using a vacuum. The disadvantage of this method is that it is difficult to know whether the granulation at the bottom of the pocket has been completely removed because the tooth-gum pocket is deeper. On the plus side, it is the same as vacuum treatment, in that the capillaries that do not perform their function are ruptured, the reserve capillaries open and fall into service, the sutures in the capillaries flow through the blood, and blood circulation is improved due to capillary dilation, resulting in tissue stimulation.

Another method recommended for the removal of pathological granulation tissue, tooth-gum pocket, is the chemical method. For this purpose, the following chemical compound is inhaled: active chlorine 5.68 g, sodium alkali 7.8 g, sodium carbonate 32 g. The second solution is 5% neutralized citric acid. Practical experience has shown that this chemical solution does not have tissue toxicity and does not adversely affect the regeneration of the gums. The method is as follows: the milk is limited to cotton wool on both sides. The function of feeding a drop of the first chemical solution, which is dried in a toothpick pocket with a cotton swab and pipetted into the pocket, is mainly due to the activity of the vessels and capillaries and the activity of receptors. Regeneration (plastic function) is performed mainly due to the constant renewal of cells. This function is assigned to the service of cementoblast and osteoblast cells. In addition, fat, fibroblast cells are important.

Practical lesson 2

Methods of examination of patients with periodontal tissue pathology (basic methods)

1.1. Model of educational technology.

Training time -3 hours	Number of students: 11-22
Form of training	Practical training
Practical training plan:	4. Giving insight to the periodontium. 5. Paradont plum structure. 6. Fibers in the area of the tooth neck.
The purpose of the training:	Students will learn how to protect their medical history, how to examine patients with periodontal tissue pathologyshunting
Teaching methods	Multimedia, interactive methods.
Forms of teaching	Mass, collective
Teaching aids	Curriculum development, electronic textbooks and computers.
Teaching conditions	Methodologically equipped auditorium.
Monitoring and evaluation.	Oral control: question and answer.

Technological map of practical training.

Stages and timing of work.	Educator	Learners
Preparatory phase	<ol style="list-style-type: none"> 1. Controls the cleanliness of the audience 2. Checks the readiness of students for training 3. Controls attendance 	They listen
1. Introductory stage of training (10 minutes)	<ol style="list-style-type: none"> 1. Determining the level of basic knowledge related to the topic. 2. Explain the essence of the interactive method. 3. Topic analysis in an interactive way. 	They write and listen to the topic
2nd main stage (135 minutes)	<ol style="list-style-type: none"> 1. Divide students into small groups and ask questions on the topic. 2. Uses slides, multimedia <ol style="list-style-type: none"> a) Preservation of disease history for Zacher Methods of examination of patients with periodontal tissue pathology 3. Solve tests and situational problems. 	They watch and record.
Stage 3	<ol style="list-style-type: none"> 1. Performing practical skills. 2. Use of dummies and phantoms. 3. Conducts treatment 4. Summarizes and summarizes the information provided on the basis of topics, 	They solve. They write.
final stage (35 minutes)	<ol style="list-style-type: none"> 1. The finalist draws a conclusion, the active participant encourages the students and gives an overall assessment 2. Supervises, evaluates independent work and assigns an independent task to the next lesson 3. Gives homework <ol style="list-style-type: none"> A) Write an abstract on the topic C) Prepare questions on the topic <ol style="list-style-type: none"> 1. Functions of the periodontium. 2. What is the width of the periodontal ligament of the upper teeth? 3. What is the width of the periodontal ligament of the lower teeth? 4. What are the methods of objective examination? 	He listens Takes notes Takes notes Takes notes

References	<p style="text-align: center;">Basic literature</p> <p>1. Borovskiy E.V. "Therapeutic dentistry" M., 2006</p> <p>2. Borovskiy E.V. etc. "Terapevticheskaya dentology" .- M., 2004</p> <p>3. Kamilov X.P., Mamedova F.M. "Treatment dentistry" recipe directory.- 1995.</p> <p>4. Borovskiy E.V., Barisheva Yu.D., Maksimovskiy Yu.M. "Therapeutic dentistry" .- M.: Medicine, 1998.</p> <p style="text-align: center;">Additional literature</p> <p>1. Osnovy terapevticheskoy stomatologii. / Klaus. M. Lemanin 1999.</p> <p>2. Lukinyx M.L. Caries tooth.- N. Novgorod, 1996.</p> <p>3. Ivanov V.S. Inflammation of the pulp of the tooth. - M., 1990.</p> <p>4. Stepanov A.E. Kosmeticheskoe vosstanovlenie koronok zubov. - M., 1999.</p> <p>5. Dmitrieva L.N. and dr. «Therapeutic dentistry». - M., 2004</p> <p>6. Dunyazina T.M. and dr. «Modern methods of diagnostics of periodontal disease» - S.Pet.2001.- 48p.</p>	Takes notes
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S a v o l l a r:

- 1 Give an understanding of the periodontium.
- 2 What is a periodontal plum?
- 3 What is the direction of the fibers in the area of the tooth neck?
- 4 What is the direction of the fibers in the root tip area?
- 5 Functions of the periodontium.
- 6 What is the width of the periodontal ligament of the upper teeth?
- 7 What is the width of the periodontal ligament of the lower teeth?
- 8 What are the methods of objective examination?
9. What are the methods of subjective verification?
10. Indicate the methods of complex examination of periodontal tissue.
11. Show the Schiller Pisarev method.
12. What does the Russell test determine?

Tests:

How to start examining patients with periodontal disease...

In studying the anamnesis of the disease and life *

Consists of palpation

From laboratory indicators

Forgiveness in the fall

What are the special inspection methods...

All answers are correct *

Shiller Pisareva

X-ray

Capillary microscopic

Schiller Pisarev Probe Composition...

All the answers are correct

Crystal iodine 1 gr

Potassium iodide 2 gr

Distilled water 40ml

In the frontal lobe of the jaw, a hematoma usually occurs in a few seconds.

50-60sek *

70-80 sec

20-30 sec

40-50sek

How to determine the depth of the gums.

All answers are correct *

Gradient probe

Shtift

With Kotrast solution

What are the levels of tooth decay?

3 *

2

4

0

In what direction is the first degree movement?

Lunj-til, lab-til *

Fakatgina lab-til

Around the face arrow

Medial-distal

Which scientist's method is used to assess the active migration of leukocytes.

M.A. Yasinovskiy *

I.I. Ivanova

A.M. Sadikov

M.S. Yasperskiy

What index determines the degree and prevalence of periodontal tissue damage?

PI *

PMA

OHI-s

SPINT

Who developed the PI...

A.Russel *

Parma

V.V. Volodkina

E.A. Fedorov

How to evaluate periodontitis in the first stage in PI...

0.1-1.0 points

1.5-4.0 b

4.8-8.0b

1.5-2.5b

Only studies the change in the initial phase of the periodontium...

PMA *

PI

OHI-s

SPINT

The scientist who suggested that PMA be expressed in%...

Parma *

Russel

WHO

Kulajenko

How is OHI-s assessed if the dentition is more than 1 in 3 of the dental crown...

1 *

2

3

0

What index determines the degree of coverage of the tooth by looking...

OHI –s

PI

SPINT

PMA

How to study the microcirculatory state of the periodontium...

Biomicroscopy *

Photoplethysmography

Exoosteometry

Polyarography

Periodontal means:

a group of tissues surrounding the tooth

tooth circumference

tooth and its surrounding tissues

teeth and gums

bone marrow cell, dental cementum

The main methods of clinical dental examination include:

ask the patient

determination of hygienic index

Determination of RMA

radiography of teeth

The main methods of examination in clinical dentistry include:

ask the patient

determination of hygienic index

Determination of PMA

radiography of teeth

EOD

Detected by palpation:

condition of the salivary glands

condition of the lymph nodes

depth of caries poplar

planes softened in enamel and dentin

D. the presence of a closed cavity

It is determined by X-ray examination:

the presence of closed caries cavities
periodontitis
sensitivity of the pulp
tooth color
tooth decay

It is determined by X-ray examination:

the condition of the tissue surrounding the tooth
the presence of perforations
sensitivity of the pulp
tooth color
tooth decay

Examinations are carried out in the clinical laboratory:

oral fluid
blood test
palpation
percussion
probing

Examinations are carried out in the clinical laboratory:

oral fluid
sulakning
palpation
percussion
probing

Situational issues:

Issue 1

The patient is 12 years old, and in some cases, bleeding in the gums is observed when eating solid food.

Does the patient have any degree of bleeding symptoms?

Analyze:

Issue 2

Fedorova Volodkina, Shiller Pisyareva, Green-Vermilion indices in which cases.

Issue 3

Tooth decay and tooth decay are determined by which solutions and in which indices are calculated?

Interactive methods

A method of conducting an interactive game "ROUND TABLE" on the topic of chronic granulomatous periodontitis.

Needed for work:

1. Questions and situational issues printed on a separate sheet.
2. Numbers for Jrebi.
3. Clean paper, pen.

Direction of work.

1. The group students are divided into 3 subgroups.
2. Each small group of students sits at a separate table and takes a sheet of paper and a pen.

3. The student's name, surname, small group number, faculty, name of the game are written on the sheet.
4. One student from each small group receives a task option from an envelope.
5. Students write the task on a piece of paper.
6. This sheet rotates in a circle.
7. In the round, all students write their answers on a piece of paper and pass it on to someone else.
8. Allocate 3 minutes for the answer.
9. At the end of the time the answers are handed over to the teacher.
10. All participants discuss the answers and mark the most correct, giving it a maximum score.
11. The discussion lasts 15 minutes.
12. When rating a lesson, the rating points for the work game are taken into account.
13. Жавоби учун баллар дарсни назарий қисми рейтингдан ажратилади.
14. Ўқув жаридасини пастки бўш қисмида ўйин ўтказилганидан далолат берувчи ёзувга гуруҳ старостаси қўл қўяди.
15. Жавоблар ўқитувчи томонидан сақланади.

1. Пара – ён, одонт – тиш. Тиш илдизи ва суяк пластинкасини бир-бири билан боғлаб турувчи бириктирувчи тўқимадан ташкил топган.
2. Периодонтал ёриқ юқоридан милк билан, ён ва пастки тарафдан суякнинг ички пластинкаси ва фиброз толалардан иборат.
3. Тиш бўйни соҳасида толалар циркуляр ва ён тишларни бир-бири билан боғловчи трансептал толалардан иборат.
4. Илдиз учи соҳасида толалар вертикал жойлашган.
5. а) таянч-ушлаб турувчи
б) босимни тақсимлаб берувчи
в) пластик
г) трофик
д) сенсор, химоя
е) тиш чиқиши ва алмашилишида иштирок этади.
6. Юқори жағда 0,2-0,25 мм.
7. Пастки жағда 0,15-0,22мм.

Мавзу баёни

КАСАЛЛИК ТАРИХИНИ СХЕМАСИНИ ЁРИТИШ.

1.Муковасида.

1.Кафедра номи. 2.Кураторни исми,шарифи. 3.Ассистентни исми,шарифи. 4. Таъхис. П.Паспорт қисми.

1 .Беморнинг исми,шарифи. 2.Еши. 3.Жинси. 4.Яшаи жойи. 5.Касби. Ш.Субъектив маълумотлар.

*1 .Врачга мурожат қилган вақтдаги беморнинг шикоятлари (огрикни тупик характери,пайдо булиш вақти,огрик хуружсини давомийлиги,унинг жойлашиши)
2.Шу касалликнинг ривожланиш тарихи(анамнези)(қачондан бошлаб огрий бошлаган,қандай бошланган,бемор огрикни нима билан боғлайди. Огрикни қолдириши учун нима билан ва қандай даволанган еки даволанмаган).*

3.Кискача ҳаёт тарихи (анамнези) (булиб утган касалликларига,қушилиб келган касалликларига,овкатланиш хусусиятига,ирсиятига) қупрок эътибор берилади.

ГУ. Объектив текшириш.

1. Беморнинг умумий ахволи, кайфияти, тана харорати. 2. Юз-жағ соҳаси холати (бунда тери холати, шиллик каватлар, ассиметрия борлиги, уч шохли нервнинг чиқиш нукталарининг холати, юмшоқ тукума билан ~огликлиги, огрикли еки огриксизлиги ва бошқалар курилади).

3. Оғиз бушилиги холати, тулик тиш катори (формуласи), шиллик кавати холати. Аник тишининг холати текширилади, яъний (куриш, зондлаш, перкуссия).

V. Дастлабки ташхис (диагноз). Юкорида курсатилган маълумотлар асосида уйилади.

VI. Кушимча текшириш усуллари (термадиагностика, ЭОД, рентген).

VII. Киесий ташхис. Клиник жихатдан ухшаш касалликлар билан ажратувчи белгилар асосида таккосланади.

VIII. Якуний клиник ташхис. Клиник жихатдан албатта тасдикланади (беморнинг шикоят, объектив куриниши, солиштирма ташхис асосида).

IX. Келиб чиқиш сабаблари (этиопатогенези). Айнан илу касалликнинг келиб чиқиш сабаблари.

X. Даволаш режаси. (Танланган даво усули, аник тасдикланиши ва катновлар буйича езилади).

XI. Кундалик. (беморнинг шикоятлари, тиш холати, умумий холат еритилади).

XII. Эпикриз.

XII. Натижа. Пародонт сўзи грек тилидаги рага — атроф, ён ва одонт — тиш деган сўзлардан тузилган.

Пародонт — анатомик тузилма бўлиб, милк, альвеола суяги, суяк пардаси, периодонт, тиш тўқ ималаридан ташкил топган

Бу тўқ ималарни бирлаштирувчи омил уларнинг тузилишидаги ўхшашлига ва фаолиятларидадир. 1905 йилда Н.Н. Несмеянов биринчи бор тиш атрофидаги тўқ ималарнинг ҳаммаси бир пайтда касалга чалиниши ҳамда идаги фикрни илгари сурди. Буни амфодонт аъзоси деган ибора билан аташни тавсия килди. Кейинчалик пародонт ибораси ишлатилиб, у шу кунга қадар хорижда ҳам ишлатилади.

Пародонт касаллигини тушуниш учун, бу анатомик тузилманинг ҳам ар бир қисмини атрофлича таърифлаш лозим.

Милк деганда, альвеоляр, яъни тиш катакчаларини қоплаб турган юмшоқ шиллик кават назарда тутилади. Милк эркин ва бириккан қисмлардан иборат. Эркин қисмини милк жияги ва тишлараро сўрғ ич ташкил этади. Бириккан қисмининг шахей катлам толалари суяк пардасига ёпишгандир. Тишнинг бўйин қисмида унта айланма боғлам толалари кушилади, бошқа толалар билан эса калин мембранани ташкил килади. У тишнинг бўйин қисмидаги периодонтни ташкил ноҳуш таъсирлардан ҳам имога қилувчи тусиқ ҳам исобланади. Эркин милк жияги тиш билан бироз ботиқ лик (желобок) ҳам осил килади. У 0,5 мм. гача катталиқда бўлади. Эпителийнинг тиш тўқ имасига бирикиш механизми шу қунгача ўрганилса ҳам, лекин ниҳоят оясига етказилмаган. Айрим олимлар бу ҳам олатни эпителийнинг ёпишқоқ лик хусусияти хисобига тиш тўқимаси билан бириккан деб хисоблашади. Бу бирикма ҳам айта тикланиш хусусиятига эгадир. Айнан шу бириккан жойгача бўлган чуқурлик 1-2 мм

СТОМАТОЛОГИЯ ШИФОХОНАСИДА ДАВОЛАНУВЧИ БЕМОРЛАРНИНГ КАСАЛЛИК
ВАРАҚАСИНИ ТЎЛДИРИШ НУСХАСИ

Умумий пародонт кечишининг ўргача даражаси

ШИКОЯТИ: Милк оғ рийди, қ онайди, тишлар қ имирлайди, овқ ат истеъмом килганида қ ийналади, оғ зидан ёқ имсиз хид келади.

КАСАЛЛИКНИНГ РИВОЖЛАНИШ БОСҚИЧИ: Касалликбош-ланганига 6 йил бўлган. Кандди диабетнинг иккинчи йили. Аввал икки марта стоматологда даволанган. Натижаси яхши. Физик усуллар-дан электрофорез витамин В. билан кабул қ илинган.

КУРИЛГАНДАГИ МАЪЛУМОТЛАР: ташки кўринишида ўзгариш йўқ . Жағ ва тип ости лимфа безлари катталашган, оғ рийди. Тана ҳ аро-рати 36,8°. Тиш тож қ исмида, бўйнида никотин карашари ва тошлар кўп бўлди Милк шишган, огрийди, салга қ онайди. Т^ш-милк чўнтак-ларининг чукурлик даражаси ҳ ар хил (4-6 м*0, алюеола ўсиғ ига бар-моқ билан босилганда қ онайди. Тишларниш қ имирлаш дМражаси I-

Текшириш режалари. ГИ (гигиена ин^{ркс}: и, СЖА (сўрғ ич, жияк, альвеола милки индекси) ни, ПИ ни (пародо) ГС тўқ ималари индекси)аникдаш.

Вакуум ташхиси. / / г л >

Клиник ва махсус текширишлар натижаси:

ГИ - 2,5, СЖА - 3,0, ПИ - 3,8. У

Вакуум ташхиси. 2 — 13 дақиқа, 6 -7[^]23 дақ иқ а.

Панорама рентгени тасвирида: тишлараро альвеола ўсиғ и ноте кис б. 3

пасайган, —Нгт тишлар атрофида суяк чўнтаги чуқ ур. Альвеола ўси-эо

гида (кранган қ исмида) кенг таркалган осте<Йлороз ва тиш илдизларида тошлар аниқ ланади. Жағ суягининг тана қ исмида ўзгаришлар қ айд килинмайди.

Даволаш режалари:

Маҳ аллий: 1) тиш карашлари ва тошларни олиб ташлаш.

2) яллигланишга карши дори буюриш.

(трипсин, олеандомицин, этазол, анестезин, метилура-цил — витамин Е да қ ориштирилади)

3) физик усуллардан, лазер нури ўтқир яллигланишга карши курашиш даврида, сўнг вакуум уқ алаш, унданкейин витамин В га 2% ли новакаин эритмасини қ ўшибхар куни электрофорез килиш, муддати 12 кун.

4) оғ из гигиенасига риоя килиш. Умумий даволаш 10 кунга мўлжалланади.

этиб, суяк пластинкаси, остеонлар туркумидан иборат жуда пишиқ тўқ имадир.

Зич қ исмининг ичи ф оваксимон бўлиб, суяк тўсиқ лари ва каналчалардан иборат. Каналчаларда сариғ ёғ ли суяк илиги бор ва улардан қ он, лимфа ва майда нерв толалари ўтади.

Альвеола суяк тўқ имаси танадага бошка суяклардан фарқ килмай-ди. Таркибида 60-70 фоиз минерал тузлар, 30-38 фоиз органик моддалар ва кам миқ цорда сув бор. Минерал тузларнинг асоси кальций, фосфор бўлса, органик модданики — колагендир.

Суяк тўқ имасидаги остеобласт, остеоцит ва остеокласт ҳ ужайралари некрозга учрайди ва кайта тикланади. Соғ лом танада бу жараён мувозанат ҳ олатида бўлади. Бордию, касалик юз берса, некроз жараёни тезлашади, шунда кайта тикланиш сусаяди. Суяк тўкимасидаги ҳ ужайра таркибида йигирмадан ортиқ ферментлар бўлади. Охирги маълумот-ларга қ араганда ҳ ужайралар фаолиятида тиреокальцитонин ва фтор-нинг

Пародонтининг қ он билан таъминланиши

Ягона ташки уйқ у артериясидан ажраладиган кон томир оғ из бўшлиғ идаги хамма тўқ ималарни қ он билан таъминлайди. Бу артерия пастки жағ суяги бўғ ини бўйин сатҳ ига тўғ ри келадиган жойда чакка ости чуқ урлигининг ичида охирги томирларига бўлинади. Ички жағ — а. тахОат

пнегпа ва чакка юзаси — а. ретрогалШ 8ирегЦс1а1ш. Жағ арте-рияси бошланғ ич қ исмининг пастки юзасидан пастки жағ артерияси — а. а1уео1аш Мепог ажралади. У пастга йўналиб, мандибула тешигига кириш олдида мускулга бир шох бериб, каналга киради. Пастки жағ каналишшг кўндаланг бўлимқ да тишларга (аа.(1еп1а1е8) ва катакчалараро альвеола ўсиғ ига шохчалар беради. Тиш артерияси илдиз учи тешигига кириш олдидан илциз учи периондотига шохчалар бериб, канал ичига киради ва пульпани кон билан таъминлайди. Иккинчи артерия альвеола суяга, милк ва периодонтга толачалар (гатШрюкп, а1уео1агез) беради (2расм). Пастки жағ артериясининг давоми ментал тешигидан чиқ иб, цахан, лаб тўкималарини қ он билан таъминлайди.

Беморларни диспансер назоратига олиш икки боскичдан иборат бўли-ши керак. Биринчисида диспансер назоратига олинадиган гуруҳдар ту-зилади. Буларга: гингивит, енгил, ўртача ва оғ ир даражадаги пародон-тит ва 60 ёшгача бўлганларда пародонтоз, 30 ёшгача бўлган касалларда-ги пародонтолиз киради. Иккинчи босқ ичда иккита гуруҳ ажратилади: биринчиси касаллик қ ўзиган пайтда фаол даволашга мухтож бўлганлар гуруҳидир. Иккинчиси — ремиссия пайтида соғ ломлаштириш чорала-рига мухтож бўлган беморлар гуруҳидир. Диспансер назорати касаллик-нинг оғ ир-енгиллигига караб белгиланади. Даволаниш натижаси 2-3 йил диспансер назорати бўлгандан кейин баҳ оланади.

Диспансер назоратининг биринчи боскичини умумий кабулдаги врач олиб бориши мумкин. Иккинчи боскични мутахассис пародонтолог олиб бориши мақ садга мувофиқ дир. Ҳар бир пародонтологанинг назо-ратига бир пайтда 40 касалдан ортиқ бўлмаслиги даволашнинг сифат-ли ўтишини таъминлайди.

ПАРОДОНТ КАСАЛЛИГИНИНГ ОЛДИНИ ОЛИШ ТАДБИРЛАРИ

Бу тадбирлар дастлаб давлат миқ ёсида олиб борилади. Соғ ликни сақ лаш вазирилиги томонидан ишлаб чикилган ахамияти катта эканлиги исботланган.қ онунларни аҳ олига мунтазам равишда таништириб боришдир.

Иқ гисодий тадбирлар умумдавлат тадбирларнинг бир кисми бўлиб, шахсий гигиенага, аҳ олени хизмат доирасини, дам олишини, овқ атланишини, жисмоний тарбия билан шуғ улланишини режалаштиришдир. Бу борада ҳ амма тадбирлар аҳ амиятли бўлса-да, янада аҳ амиятлиги экологияни яхшилашдир.

Пародонт касаллигини олдини олиш умумий тиббиёт касалликла-рини олдини олиш билан бирга олиб борилиши зарурдир. Масалан: эндокрин касалликларини, айниқ са қ андди диабетни, ошқ озон-ичак касалликларини ва ҳ .к. Бу борада хомиладор аёлларда хомилани соғ лом кечишига ҳам катта аҳ амият берилиши керак. Хомиладор аёл хомила даврида уч маротаба стоматолог назоратидан ўтиб профилактика ишларига жалб килиниши керак. Дастлабки хомила аниқ ланганида оғ из бўшлигидаги орган ва тўқ ималар зарурият бўлса санация килина-ди. Кейинги боскич профилактикаси хомиланинг иккинчи ярмида ва ниҳ оят, туғ рукҳ онага йўлланма бериш олдидан олиб борилади.

Санитар-окартув ишлари аёллар маслахатхоналаридан бошланиб, то болалар балогатга етгунга, яъни боғ ча, мактаб, интернат муассасалари-да махсус қ искд курс дарслари фаол олиб борилиши керак.

Танглай каноти тугунининг пастки бурчагидан танглай нерви.Канадца танглай олди нерви (п.ра1аипш ашепог) шохчаси ажралади. У танглайнинг

катга тешигидан чиқиб, каттиқ танглайнинг шиллиқ тахкашнинг пастки бўлиmidан юқ ори жашинг орқ а бўлимини таъминловчи шохчалар чиқ ади. Улар купи билан 4 та, қўпинча 2-3 та бўлади. Бу шохчаларнинг айримлари альвеола ўсиғ ининг ташқ и юзасини айланиб ўтиб, катга чайнов тишлари атрофидаги милк-ни таъминлайди. Бошқ алари суякнинг майда каналчаларидан суякка ва Гаймор бўшлига ичига киради. Толачалар ўзаро туташиб, альвеола-нинг юқ ори орқ а нерв чигалини ҳ осил қ илади. Читал толачалари пародонт тўқ имасини нервлар билан таъминлайди.

Альвеоланинг юқ ори ўрта шохи (гапи alveolar шрепогез) доимий эмас, у кўз косасининг орқ а қ исмида кўз ости нервидан ажралиб, альвеоланинг орка томонига йўналади ва олди хамда оркадага толалар билан туташади. Кўз ости нервидан (шу номли каналдан чиқ и-шидан 6-8 мм ичкарида) биттадан бештагача тола ажралиб, вертикал ҳ олда альвеола томон йўналади ва бўлимдаги пародонт тўқимасини таъминлайди. Ўрта нерв бойлами марказ томондаги нерв чигаллари толала-ри билан туташади. Юқ ори жағ дага нерв чигаллари толалари билан туташади. Юқ ори альвеола нервлари деб (p.alveolaris шрепогез) аталади.

Муолажани бажаришдан аввал тўқ има оғ риқ сизлантирилади, милк устки ва остки тошлари олиниб, тиш тўқимаси юзаси пардозланади, чўнтак ювилади. Милкдага патологик грануляцияланган тўқ има вакуум ёрдамида махсус қюреткалар билан кирилади. Бу усулнинг камчилиги шундаки, тиш-милк чўнтаги чуқ урроқ бўлгани учун чўнтак тубидаги грануляцияни тўлиқ олинган ёки олинмаганини билиш кийиндир. Ижобий томони худди вакуум билан давлашдаги кабидир, яъни хизмат доирасини бажаролмаётган капиллярлар ёрилади, захирадаги капиллярлар очилиб хизматга тушади, капилляр лардаги тикинлар қ он бўйлаб окиб кетади, капиллярлар кенгайиши хисобига қ он айланиши яхшиланади, натижада тўқ има-нинг раббатланишига имкон туғ илади.

Патологик грануляциян тўқ имани, тиш-милк чўнтагини йўқ отиш мақ садида тавсия этилган яна бир усул кимёвий усулдир. Бу мақ садца куйида кўрсатилган кимёвий аралашма иншатилади: фаол хлор 5,68 г, натрий ишқ ори 7,8 г, карбонат натрий 32 г. Иккинчи эритма 5 % ли нейтралланган лимон кислотасидир. Амалий тажриба шуни кўрсатди-ки, бу кимёвий эритма тўқ имани захарлаш хусусиятига эга эмас ва милкнинг қайта тикланишига салбий таъсир кўрсатмайди. Усул куйи-дагича бажариладос милк икки томондан пахта болишча билан чегара-ланади. Тиш-милк чўнтаги пахта пиликча билан қурутилиб, пипетка-га тортилган биринчи кимёвий эритмадан бир томчи чўнтакка томи озиқ лантириш вазифаси асосан томир ва капиллярларнинг хизма-ти хамда рецепторлари фаолиятининг ҳ исобига бажарилади. Қайта тик-ланиш (пластик вазифаси) асосан хужайраларнинг доимий янгиланиб туриши ҳ исобига бажарилади. Бу вазифа цементобласт ва остеобласт ҳ ужайралари хизматига юкланади. Булардан ташқ ари, семиз, фиброб-ласт хужайраларнинг хам ахамияти бор. Коллаген ва эластик толалар асосан амортизация вазифасини бажа-ради. Бунда тўқ ималараро жойлашган суяқ махеулотлар ва коллоид-лар катнашади. Пародонт тўқ имасининг вазифалари бир-бири билан узвий боғ лангандир. Бирор салбий о мил вазифаларнинг бирини кучи-ни сусайтирса, у албатта бошкаларининг вазифасига хам ўз таъсирини кўрсатади. Пародонт тўқ ималари бир-бирининг вазифасини хамжи-ҳ атлик билан қ ўлаб-қ увватлайди.

МИЛК СУЮҚ ДИГИ. Суюқдикдаги фагоцитларнинг фаол ва им-мунологик хусусияти пародонт тўқ имасининг жиягини химоя килиш-да мухим ахамиятга эгадир. Ажраладиган суюқдик жуда кам бўлиб, рағ батланиш ёки яллиғ ланиш сабабли миқ цори ҳ ам, таркиби хам ўзга-ради, бу эса химоя вазифасининг ошишини таъминлайди.

Пародонт касаллигида жаррохлик усулини кўллаш

Пародонт касаллигини махаллий даволашда жаррохдик усули ҳ ам катга ўрин тутади. Чунки бу касалликнинг асосий белгиларидан бири

Тиш кири тури катгақдиқда ва рангда бўлади. Каттиклик даражаси-га караб, у хар хил номланади. Юмшоқ лари-караш, каттиқ лари-тошлар дейилади. Тиш тошларининг ранглари оқ, оч ёки туқ жигарранг, кўкимтир-қ ўнғ ир бўлади. Уларнинг рангганишига овқ ат (чой, кофе, мева-лар), тамаки, дори моддалари, қ он таркибидаги бўёвчи моддалар сабаб бўлади. Тунукасослар, мисгарлар, алюмин, қ ўрюшин ва бошка зарарли чанглар ҳ осил бўлувчи корхоналарда ишлайдиган кипшлар тиш тошлари рангига касблари омил бўлади. Овкатни бирор сабабга кўра маълум гуруҳ тишлар билан чайнамаслик ва овкат таркибида корбонсувлар, айниқ са сахароза, глюкоза ва фруктоза миқ цорининг кўплиги тиш ка-рашининг тез пайдо бўлишига олиб келади. Юмшоқ тиш карашида минерал бирикмалар эмас, асосан оқ сил ва углеводлар бўлади.

Тиш тошларида органик ва ноорганик моддалар бўлади. Органик моддалар 18-20 фоизни ташкил этади. Уларнинг таркибида кўчган эпителий, овқ ат қ олдиқдари, бактериялар, муцин ва сўлак таначалари бўлади. Ноорганик моддалар 71-78 фоизини ташкил этиб, таркибида кальций, фосфор, магний, ишқ орий металллар, корбонатлар, микроунсурлар топилади. Ноорганик кисмнинг 60-70 фоизини кальций фосфат ташкил килади.

Тиш тошларининг шаклланиш жараёни ўч босқ ичда кечиши мумкин:

1. Юмшоқ тиш кирининг минерал бирикмаларга тўйиниши ва бошлангич кристалл куртакларнинг ҳ осил бўлиши. Бу муддат карийб 45-60 кунгача борада.
2. Кристалл куртакларининг ўсиши ва мукаммаллашиши. Бу муддат карийб 45-60 кун, гоҳ о 600-700 кунгача, яъни 1,5-2,0 йилгача чўзилади.
3. Кристалл куртакларининг тўла минерал бирикмаларга тўйиниши 1,5 — 2,0 йилдан кўпроқ давом этади.

Пайдо бўладиган жойига караб, милк устидаги ва милк остидаги тошлар тафовут килинади. Милк устидаги тошлар кўпроқ сўлак бездари йўларининг чикадиган жойларига яқ ин жойлашади. Тиш юза-ларида (пастки кесувчи тишларнинг тил тарафидаги, юқ орида катта чайнов тишларининг лунжтарафларида) пайдо бўлади. Бу тошларнинг ранги оқ цан то қ ўнғ ир— қ орагача бўлади. Тошнинг ранги канчалик оқ бўлса, у шунчалик юмшоқ бўлади. Тиш тошлари ёшларда камроқ, катталарда кўпроқ бўлади. Тишларда тош жуда кўп ҳ осил бўладиган одамларнинг сўлагига ва қ онида кальций ва фосфор кўпроқ бўлади, бу ҳ ол минераллар алмашинувининг бузилишидан дарак беради. Тиш тошлари ўз таркибига кура, буйрак ва жигарда ҳ осил бўладиган тош-ларга жуда ўхшаш бўлади. гуруҳ -гуруҳ ларга бўлиб нурлантирилади. Ультрабинафша нуруни ишлатиш усулига ўхшаш, бир кун устки жағ даги тиш атрофи туқ ималари нурлантирилса, иккинчи кун пастки жағ даги пародонт тўкималарига нур берилади, жаъми муолажалар сони 10-12.

Пародонт касаллигида энг кўп буюриладиган физикавий муолажа электрофорездир (электр токи ёрдамида дори ионлари туқ имага юборилади). Бу усулнинг афзаллик тарафларидан бири шуки, туқ имага доимий токнинг ижобий таъсиридир. Айниқ са капилляр қ он томирла-ри кенгаяди, тўкима бироз оғ риқ сизланади, патологик жараёнда ҳ осил бўлган чиқ инди моддалар вена томирлари оркали ювилиб кетади, суяк туқ имаси минералларга тўйинади (қ он таркибидаги кальций ва фосфор хисобига), шунинг учун бемор даволаниш давомида шу минераллар бўлган доридан ичиши керак, масалан: кальций глюконат, кальций глицерофосфат, лактат кальций. Электрофорезда кўпинча витамин вр С, РР, биостемуляторлардан: алоэ, гумизол, фибс ва бошкалар ишлатилади. Ферментлардан: лидаза, хонсурид, гепарин. 2-6 % ли калий йод, аминокапрон кислотадан ҳам фойдаланса бўлади.

Электрофорез муолажасини бажаришда дориларнинг кутб фаркига ахамият бериш керак. Масалан, кальций хлор билан электрофорез ўтказилса, оғ изга қ ўйиладиган электродга 6-8 кават дока қ ўйилиб, айнан кальций хлор билан ҳ ўланади, иккинчи катта электродни махсус пахмоқ цан қ илинган таг катлами сув билан ҳ ўланади ва билакка қ ўйилади. Оғ издан чикадиган электрод сими асбобнинг мусбатига, сует

электрод сими эса манфий кутб га уланади. Электрофорезда кутб катта ахамиятга эга бўлгани учун даволаниш давомида факат бир хил кутб-ли доридангина фойдаланилади. Агар бир кун мусбатли, масалан, витамин в, ва иккинчи куни витамин С манфийли килинса, даволаш натижаси яхши бўлмайди, чунки электрофорезда тўкимага электр токи ёрдамида киритилган дори ионларининг қ олдиқ қисми иккинчи куни электродга кайтиб чиқади, биз физика қ оидасига биноан биламизки, қ арама-қ арши ионлар бир-бирига тортилади. Иккинчи куни электрод таг катлами ҳ ўлланган докадаги дори қ исман қ олади, бу эса тўқ имага киритиладиган ионлар сонини камайтиради.

Муолажа АГН, ПОТОК, ГР ва бошқа аппаратлар ёрдамида ўткази-лади. Муолажа муддати 20-30 дақиқа. Даволаш 12 кун.

Дарсонвализация. Бу физикавий усулда асосан ўзгарувчан токдан фойдаланилади. Икки хил усули бор. Учкунли ва учкунсиз. Учкунли усудца электрод беморнинг танасига тегилмайди, ўртада 3-4 мм оралиқ бўлади. Бундан иккиламчи зарядланган учкун ҳ осил бўлади ва мана шу учкун тўқ имага ижобий таъсир қилади. Ҳарорат даражасининг юқ орилиги сабабли хужайра таркибидаги суюқдик бутланади, яхши шароит юзага келади, яъни озука куп, бундан ташқ ари, шиллиқ парда нотекис жойлашган тиш хисобига кўпроқ жароҳ атланади, қ онайди. Бундай ҳ олат сапрофит микробларнинг патоген ҳ олатига ўтиши учун қулайлик туғ диради, натижада бу микробларнинг ҳаёт жараёнида ҳ осил бўлган чиқ инди ва чиринди моддалар тўкималарнинг яллигланишига олиб келади.

Тукиманинг хар хил сабабларга кўра жароҳатланиши хам пародонт касаллигининг келиб чиқиш сабабларидан биридир. Бундай сабабнинг келиб чиқишида хам бемор, хам стоматологлар айбдор булишлари мумкин. Беморлар томонидан одат бўлиб қ олган ноқ обил ҳ олатлар (туғ но-ғ ич, соч ушлагич, игна, гугурт чўпи ва бошқ алар билан тиш орасини ва тиш ковакларини ковлаш) милкни жароҳ атлайди.

Стоматологлар томонидан пародонт тўқ имасининг яллиғ ланишига сабаб бўладиган ҳ олатлар: тиш ковакларига ишлов беришда эхтиётсиз-лик, пульпа яллиғ ланишида уни некрозлаш учун қ ўлланиладиган ўта захарли дориларни, айниқ са кавак тугаш бўлиб милк олдида жойлашган ҳ олатида қ ойдага хилоф равишда қ ўйиш. Доимий пломбалар тугаш тарафда милкка осилган ҳ олатда нотўғ ри қ ўйилса, касалликка сабаб бўлади. Тиш тошларини қ ўдда олиш усулидан фойдаланилганида хам милк жароҳатланиб, кейинчалик яллиғ ланиши мумкин.

Жарроҳ стоматологлар тиш олиш операциясини бажаришларида тиш олиш қ о ид ала рига риоя қилмасликлари, купол ҳ аракат қ илишлари, мураккаб олишларида рўй берадиган жароҳатланиш хам сабаблардан биридир.

Ортопед стоматологлар томонидан тишлар чархланганида, айниқ -са туташ тарафлар сепарация қилинганда тишлараро сўрғ ичлар кесиб юборилади, тўкима қ онайди ва жароҳ атланади. Олиб қ ўйиладиган тишларнинг илгақлари паст жойлашган бўлса, милк жиягини жароҳ атлайди. Гипс билан тиш қ олипини олинаётганида гипс ўта қ отиб кетса, уни олишда кўпинча милк шилинади ва қ онайди. Бу ҳ ам кейинчалик махаллий пародонт тўқимасининг яллиғ ланишига сабаб бўлади.

Жағ тиш қ аторларидаги нуқ сонларни ортодонтия усули билан даволашда ҳ ам оғ из бўшлиғ и орасалигига риоя қ илишни беморга таъқидланмаса, овқ ат қ олдиқдарининг ортодонтия аппаратларига ҳ амда нотекис тиш қ аторларида тугилиб қ олиши тишларнинг юзасида қараш пайдо бўлишига сабаб бўлади.

Беморлар ва стоматологлар айби билан ҳ осил бўладиган пародонт касаллиги асосан маҳаллий бўлади.

УМУМИЙ ОМИЛЛАР. Бу муаммони ўрганган бир катор олимлар-нинг фикрича, пародонт касаллиги организмдаги бирор аъзо ёки тур муддат оғ изда ушлаб турилса бўлади. Боғламларни қ ўллаш муддати 5-6 кун.

Пародонтозни даволаш. Пародонт касаллигининг бу турини асосан унинг кечишига қараб даволанади. Атрофия қучайиб, тиш-бўйин қ исмининг сезувчанлиги ошганда ремтерапия, яъни тиш катгақ тўқ има-

сининг минералланиши даражасини оширишга қаратилади. 1-2%ли натрий фтор, кальций хлор, витамин В1 электрофорез ёрдамида тўқ има-га юборилади. Шу мақсадда фтор локани тишига суркаш ҳам мумкин.

Касалликни даволашдаги сўнгга мақсад пародонт тўқ имасини тўла физиологик ҳолатга яқинлаштириш, қон томирлар фаолиятини ошириш, суяк таркибидаги минерал тузлар, микроэлементларни қўпайтириш ва метаболик жараёнларни меъёрлаштириш. Бунта асосан физикавий усулларни қўллаб эришилади.

Сув билан даволаш. Бунга ҳар хил минерал сувлар ва антисептик эритмалардан фойдаланилади. Бу усул оғиздан бўйишдаги тишларнинг ораликларида, ўтувчи бурмаларда, тиш қавакларида тугилиб қолган оёққа қон оқибларини ва касаллик мақсулотлари бўлган чиқинди ва чиринди мақсулотлардан тозалайди.

Сув билан даволанишнинг ҳар хил усуллари бор. Масалан: оғизни чайиш, ванна килиш, яъни биров оғизда ушлаб туриш.

Иккинчи усул сувли эритмалар, дамламалар, минерал сувларни махсус АГМС номли мослама билан 0,5-2,0 атмосфера босими остида милк ва тишга махсус учлик билан душ ҳолида пуркалади. Бу асбобнинг яна бир афзаллиги шундаки, унинг таркибига махсус металл найча орқали кранга кислород юбориш ҳам мумкин.

Сув ҳарорати яллиғланиш даражасига қараб иссиқ, илиқ ёки тана ҳароратида ва ҳатто совуқ ҳам бўлиши мумкин. Яллиғланиш кучли бўлса, ҳарорат ҳам юқорироқ бўлади, паст бўлса илиқ, агар яра тузалган бўлса, сув дам иссиқ, дам совуқ килиниши мумкин. Бунда асосан капилляр деворлари машқ қилинади ва ташқи салбий таъсирларга чидамлилигини оширади. Даволаш муддати 10-15 дақиқа, 10 кун давомида ҳар кун бир мартаба ўтказилади.

Ультратрабинафша нуридан ҳам кенг фойдаланилади. Пародонт касаллигининг асосий патологик белгиси суяк тўқ имасидан минерал тузларнинг сўрилиб кетишидир. Физикавий усулнинг бу тури айнан қон таркибида пародонтга келган минерал тузларнинг кўпроқ суяк тўқ имасида тугилиб қолганини оширади. Ультратрабинафша нурининг яна бир яхши хусусияти шундаки, нурланган тўқ има юзасида микроблар нобуд бўлади, капилляр қон томир деворлари бақувват бўлади, қон таркибидаги суяк ликнинг тўқ имадан ортиқ даражада чиқиб кетиши камайтирилади. Ультратрабинафша нури билан даволашда қондаги астида тиш бўйин қисмидаги айланма боғланманли бузади, патологик тиш милк қўнтак ҳосил қилади, яллиғланиш жараёнига олиб келади.

Пародонт тўқ имасининг қон билан яхши таъминланмаслиги натижасида нерв тўқ имасида дистрофик узгаришлар юзага келади. Бу патологик жараён пародонт касаллигига сабабчи эканлигини олимлардан ПАГлушкова, ДАЭнтин, Е.Е.Платонов, И.О.Новик ва бошқалар ўз илмий ишларида тасдиқлаганлар.

Организм реактивлик қобилиятининг сусайиши натижасида тўқ ималарда қайта тикланиш ва химоя кучи етишмайди, натижада пародонт тўқ имасида ҳам дистрофик жараён бошланади. Бу айниқса физикавий ва кимёвий жараённинг сурилишида кўрилади ва унинг салбий натижаси қон томир деворининг ўтказувчанлиги, қон айланиши, моддалар алмашинувининг бузилишига олиб келади ҳамда тўқ имада кислород етишмаслига рўй беради. Тўқимада тўла оксидланмаган озукалар ҳосил бўлади. Бу нимадан далолатдир, оксидланиш ва қайта тикланиш

жараёнининг бузилишидир. Натижада гингивит, пародонтит, пародонтоз ривожланади.

Кўпгина олимлар пародонт касаллигининг эндокрин касалликлари билан ўзаро боғлиқлиги мумкинлиги назарияси билан шуғулланадилар. Айниқса қандли диабетда пародонт тўқимасида рўй берадиган патологик ўзгаришлар устида А.Ефимов (1970 й), Г.Ф.Гафурова (1974 й), Удовицкая (1975 й) илмий ишлар олиб бордилар. Қандли диабетда пародонт касаллиги 90-95% ҳолларда учраётган экан. Бунда асосан капиллярлардаги патологик ўзгаришлар сабабчи деган хулосага келганлар. Беморнинг бугун танасидаги капиллярларда шу катори пародонт тўқимасида ҳам ангиопатия ривожланади. Касаллик муддати қанчалик узоқ бўлса, бемор ёш бўлса, пародонт касаллиги ҳам шунчалик оғир даражада бўлади ва бутун пародонт тўқимасини эгаллайди. Жағ альвеола суяк тўқимасида тарқалган остеопороз юзага келади, у айниқса тишлараро суяктўқимасида тезлашади, натижада суякнинг сўрилиши ноксимон бўлиб, тиш атрофида чуқур тиш-милк чўнтаклари ҳам осил бўлади, натижада тиш қимирлаб, соппа-соғ тишлар осонгина тушиб кетади.

Меъда-ичак йўли касалликларида ҳам пародонт ривожланади. Бу умумий касалликда меъда ширасининг ажралиши бузилади, қон зардобиди гистамин кўпаяди, бу эса қон томир деворининг кенгайишига олиб келади ва унинг ўтказувчанлигини оширади. Натижада лимфа томирларида лимфа суюқлигининг айланиши издан чиқади ва бу пародонт тўқимасининг таркибига кирувчи милкда яллиғланиш юзага келишига сабабчи бўлади (П. Н. Андрианов, 1961 й.). Қон зардобиди нордон ва ишқорий фосфатаза кўпаяётган экан (М.С. Ковалкж, 1974 й.). Бурмага юбориш ёки унинг суртмасини тиш-милк чўнтагига солиб, унинг устидан парафин ёки бошқа боғлам қўйилади. Бутадион ёки индометацинли суртмани ҳам тишга қарши қўллаш тавсия этилади.

Пародонтитнинг ўрта даражада кечишида ҳам бояги дорилар қўлланилади, қўшимча равишда очиқ кюретаж ҳам қўлинади. Пародонтит оғир кечганда кўпроқ қўшимча дори сифатида ферментлар ишлатилади. Ферментлар тўқимада моддалар алманишувини сошлаб, оксидланиш ва қайта тикланиш жараёнини қучайтиради. Ферментлар тури куп, уларнинг биронтасини танлаб, изотоник ёки махсус буферли эритма ёки ишқорли эритмада 1 мг — фермент 1 мл — эритмада эритилади. Эритмага антибиотикни ҳам қўйиш мумкин; 1 мл га 25000-50000 ТБ, сульфаниламид препаратларини ҳам ишлатса бўлади (5 мл, ферментга 0,1 г); ферментга нитрафурон каторидаги препаратлардан қўйса ҳам бўлади. Тайёрланган эритма билан пахта пиликчаси хўлла-ниб, тиш-милк чўнтагига киритилади ва 20-30 дақиқа турганидан кейин пиликча олиб ташланади. Бу муолажа 7-10 кун қайтарилади. Ферментни электрофорез усулида ҳам тўқимага юборса бўлади. Эритма юқорида кўрсатилганидек тайёрланади ва мусбат кутубдан юборилади.

Пародонтитнинг қайта хуружда тиш-милк чўнтагига 0,05% ли тер-рилитин эритмасини ишлатиш мумкин. 15-20 дақиқадан кейин пахта пиликча олиб ташланади. Чўнтакка метихлозим қўйишмасини кирга-зиш ҳам мумкин. Унинг таркиби қуйидагича: профезин 5,0, хлоргексидин 0,2, метилурацил 0,2, глицерин 30,0, рух оксиди 100,0 гача. Булар ҳаммаси аралаштирилиб, бирорта ёғ да (витамин Е, А, каротин, шафтоли мойи ва бошқалар) қўйиштирилади. Карипазим 0,5-1-2% эриг-мадир. Унинг таркибида бир катор ферментлар бор. Апликация сифатида қўлланилади. Пародонтитни даволашда наф беради. Бундан ташқари, контрикал ёки трасилолни лизоцим билан бирга эритма ҳам ола-тида пахта пиликчаси ёрдамида чўнтакка киритилади.

Пародонтитни ўртача, оғир ёки қайталанган турида антибиотиклар ҳам кенг қўлланилади. Бунта мисол линкомицин гидрохлорид (30%) бўла олади. Милкнинг ўгувчи бурмасига хар куни ёки кунора юборилади. Линкоцин ҳам

линкомицинга ўхшаб юборилади. Граммусбат ҳамда стрептококкларга таъсир килади. Суяк тўқ имасигача кириб боради. Клафоран граммусбат ва азробли микробларга таъсир килади ҳамда бошқа микроблар ҳам бўлганидан бу антибиотик яхши таъсир килади. Бу ҳам шприц билан ўтувчи бурмага юборилади- Таривид, таъсир доираси жуда кенг бўлган дори, таблеткада чиқарилади (0,2г). Факат маҳ аллий тўқ имага қ оришма ҳ олида ёки даво ловчи боғ лам таркибига қ ўшилади. Фузидинтгель микробларга карши қ ўлланилади. Ялиғ ланишга ва шиш ҳ осил бўлишига карши таъсир этади ҳамда фагоцитозни кучайтиради.

Гипертрофи гингивитт даволаш. Келиб чиқишидан катъий на-зар, микроб теккан караш ва тошларни яхшилаб тозалаш керак Ката-рал гингивитдагидек беморга оғ из бўйлиғ и гигиенасига риоя килишни ўргатилади ва уни назорат килиб турилади. Бу айниқ са гипертро-фик гингивитлар ишили турида зарур. Катарал гингивитда тавсия этилган антисептик эритмалардан фойдаланса ҳам булади. Мойли сурт-малардан 5% ли бугадион, 3% ли ацетилсалицилат кислота мойи, ин-дометацитли, гепаринли мой суртмаларидан буюрилади. Физикавий усуллар лазер нури, 15% дубинок эритмасини кунгабокар мойига қ ўшиб фонофорез килинса ҳам яхши натижа беради. Гипертрофияга учраган тўқ има ҳ ажмини кичрайтириш учун милкка 50-60% ли глюкозадан укол килинади. Хар бир милк сўргачига 0,1 мл дори юборилади. Бир кунда 5-6 та милкка укол килиш мумкин. Шишинг катта -кичикли-гига кдраб хар бир милкка 3-8 маротаба килинади. Ҳар бир укол икки ёки уч кунда кайта килинади. Глюкокортикоидлар ҳ ам кор килади. Бу мақ сабда гидрокортизоннинг мойли сикмасини милкка сурши мумкин ёки эмульсияси (0,1-0,2 мл.) ни милкка укол килинади.

Бунда альвеола ўсиғ ининг баъзи жойларида горизонтал, баъзи жой-ида эса вертикал бўлади, вертикал жойидагисини суяк чўнтаги деб ҳам айтилади (7-расм).

Хар бир беморда пародонт касаллиги ҳ ақ ида тўлиқ маълумот олиш учун асосий текшириш усуллари билан бирга қ ўшимча усуллар ҳам қ ўлланилади, бу даволаш йўллари танлашда айниқ са мухим санала-ди. Бу усулларга куйидагилар киради: қ оннинг умумий таҳлили, канд миқ цори текширилади. Лейкоцитоз, ЭҲТ нинг ошиб кетиши, яллиг-ланиш белгиларининг хаммаси пародонт касаллигига хосдир. Агар беморда гемоглобиннинг пасайганлиги, қ ондага қ анд миқ цорининг ош

Пародонт касаллигида қ улланиладиган қ ўшимча дорилар: нистатин, леворин (суртма дори) тиш-милк чўнтагига киргазилади. Гексетидин флаконда 100,0 мл 1 чой қ ошиқ ца бир пиёла кайнатиб совитилган сувда суюлтирилиб, оғ из чайилади. Календула 10 % ли дамлама ёки суртма холида. Зверобой дамламаси ёки суртма дори Каланхоэ шарбати, эвкалипт — 10 % ли дамламаси, шалфей сальвин 0,2 % эритмаси. Прополис — аэрозол, милкка пуркалади. РС кукунни /йўлдошдаги қ ондан тайёр-ланган/ тиш-милк чўнгагига кукун ҳ олида киритилади. 3 % ли октатин суртма дориси, миллссин — ёғ ли эритма /асалари маҳ сулотидан тайёр-ланган/ 0,3-0,5мл шприцга олиниб, ўгувчи бурма яқ инига юмишқ тўқ и-мага юборилади; 3 кунда бир маротаба, хаммаси бўлиб 10 маротаба. Кузатишлар яхши натижани кўрсатди. Азотли иприт 0,0025 %, 5-1мл физиологик эритмада эритилиб, милкка шприц билан юборилади. 2 кунда бир маротаба. 0,5 % декарис эритмаси-оғ из чайилади. Фастин 1, Фастин 2-суртма дори бўлиб, тиш-милк чўнтагига киритилади. Полиминерал эритмасининг таркибида минерал тузлар ва каллоидлар бўлиб, пародонт тўқ имасининг қ айта тикланиш қ обилиятини оширади, яллиғ -ланиш жараёнини бартараф килади- Эритмани қ ўллашдан аввал уни физиологик эритмада 1:4 нисбатда суюлтириши керак, кейин пахта пи-ликчани ҳ ўллаб, тиш-милк чўнтагига

қ ўйилади, 10-15 дақ иқ адан сўнг олиб ташланади Даволаниш муддати-10 кун. Феракрил 1%-20 мл флаконда тайёр ҳ олда чиқарилади, у хам юқ оридаги усул каби қ ўлланила-ди. 5% ли Е-аминокапрон кислота, бу ҳ ам юқ оридаги каби қ ўлланила-ди, оғ изни чайса хам бўлади. Агар милк гипертрофияланган бўлса Д-3%ли резорциннинг сувдаги эритмаси ёки 2-10% ли хлорид рух эритмаси билан пахта пиликчани ҳ ўллаб, милкка ёки тиш - милк чўнтагига қ ўйи-лади- Ротакан эритмаси тайёр ҳ олда флаконда бўлади, буни хам юқ ори-даги усулда ишлатилади. Гипозол-бу дори аэрозол ҳ олида чиқарилади. Милкка сепилади ва 15 дақиқа ушлаб турилади. Бир кунда 3-4 мартаба қ илса бўлади, даволаш муддати-10 кун. Наво — иманин 0,1%— 0,5% ли эритма, митронидазол 1%, диоксидин 1% ли эритма. Булардан фойдаланиш усули хам аввалги кўрсатмадек, яъни пахта пиликча ҳўлланиб, тиш-милк чўнтагига қ ўйилади.

Патологик тиш-милк чўнтагидан йиринг ажралиши тўхтаганидан кейин куйидаги дорилардан тайёрланган богламни милкка тишнинг икки томонидан куйиш керак. Мисол: МК — 14 И — бу елим боглам бўлиб, тайёр ҳ олда бўлади, таркибида асосан цианакрилат бор. Бундан ташқ ари, яна 0,2 %ли хлоргексидин эритмаси ҳ ам ишлатилади. Бу боглам пародонтдаги микробларга карши курашади, яллиғ ланган тўқ има юзасини тез тузатади. Милк устига махсус чутка билан катлам — катлам килиб сурилади, у тезда қ отади, кейин 3-5 кун давомида секин-

— рентгенографияда тишлараро альвеола тўсиғ ида деструктив ўзгаришлар кузатилмайди;

— ўткир катарал ва ярали некрозланган гингивитнинг хуруж қ айталанишидан бошка гингивит турларида бемор организмнинг умумий ҳ олатида ўзгаришлар бўлмайди.

КАТАРАЛ ГИНГИВИТ. Хасталикнинг бу турида ривожланадиган патологик жараённи кискача куйидагича тушунтириш мумкин: милк жиягида жойлашган микроорганизмларнинг захарли таъсирида шу тўки-мада полиморф-ядроли лейкоцитлар йигилади. Бу лейкоцитларнинг альтерацияланиши лизосомал ферментларнинг фаоллашувига сабаб бўлади (гидролазлар, лизоцим ва бошқ злар), сўнгра биологик фаол модда пайдо бўлади (гистамин, серотонин ва бошқ .), яллиғ ланишнинг кейинги босқ ичларида эса постагландин ҳ осил бўлади. Бу биологик фаол моддаларнинг тўқ имага салбий таъсири натижасида милкдаги майда қ он томирлар фаолияти бузилади, томир-тўқ има ўтказувчанли-ги ошади, бириктирувчи тўкима ва қ он томир деворларида альбумин-лар, иммуноглобулинлар А,М,О фибрин-фибриноген аникланади. Яллиғланишнинг дастлабки боскичида хизматдаги томирлар сони ошади, улар кенгайган ва қ он билан тўлган бўлади. Яллиғланиш инфильтрати ўчоқ ди бўлиб, фақ ат милк чёккасида бўлади. Яллиғланиш ривожланар экан, инфильтрат дағ аллашади, семиз хужайралар кўпаяди Гистамин, серотонин, гепарин ва бошка моддалар ажралиши вена кон томирида қ он харакатини секинлаштиради ва қ он томир тонусини узгартиради. Милк эпителийсида хужайралараро шиш юзага келади, эпителийнинг ташки салбий таъсирга каршилиқ кўрсатиш хусусияти сусаяди. Ўтказувчанликнинг ошиши хисобига эпителий хужайралари орасида зарарли микроорганизмлар тўпланади, улар тобора тажовузкор бўлади, окибатда плазматик хужайралар ва уларнинг чириган чикиндилари кўпаяди. Катарал гингивитда рўй берадиган бундай ўзгаришлар хасталикнинг бошка турларида ва пародонтит ришжланишида катга ахами-ятга эгадир.

Ўткир катарал гингивит аҳ оли ўртасида кам учраса-да, ёш болалар орасида кўпроқ кузатилади. Асосан бирор ўткир касалликда / томоқ муртаги, бронх йўллариининг ўткир ялжланишида / белги сифатида кечади. Милк огрийди, қ онайди, оғ издан ёқ имсиз ҳ ид келиши кузатилади. Шунинг

натижасида бемор овкат ейшда, тишларни тозалаш-да кийналади. Бундай ҳ ол касалликни батгар мушкуллашгиради.

Касалликнинг даражасига, чегараланган ёки таркалган турига караб беморнинг умумий ахволи ҳ ам ўзгаради.

Пародонт касаллигини даволашдаги эндиги мақ сад-оғ из бўшлиғ и-нинг гигиеник ҳ олатига беморнинг эътиборини жалб қ илишдир, чун-ки бу касаллик милк қ онаши билан кўпинча кечиши сабабли бемор-лар тишларини мунтазам равишда ювмайдилар, бу эса пародонт касаллигининг янада тезлашишига ва огирлашувига олиб келади. Бунга йўлқўймаслик учун беморга тиш тозалаш қ оидалари мукамал ўргатилади. Қўлланиладиган махсус тиш чутка ва тиш пастаси тавсия этилади.

Агар беморда асосан милк қ онаса, бу белгини бартараф қ иладиган махсус тиш пасталаридан фойдаланилади. Агарда милкда яллигланиш кўпроқ бўлса, шу белгидан халос этувчи пасталар тавсия қ илинади. Тиш тошлари олинганидан кейин тишнинг бўйин қ исми очилиб қ ола-! ди ва баъзан беморда иссиқ , совуқ ва ширинликлар таъсирида ўта сезувчанлик пайдо бўлади. Бунда "Колгейд, Фтородент, Ремодент, Пепсодент, Флюодент" каби пасталардан бирортаси таклиф қ илинади.

Махаллий даволашнинг навбатдаги мақ сади милк қ онашини ва унда учрайдиган яллигланишни бартараф қ илишдир (яъни патоген микробларнинг кучини сусайтириш, патологик жараён натижасида ҳ осил бўлган чиқ инди моддаларнинг пародонт тўқ имасига салбий таъсирини бартараф қ илишдир). Бунинг учун жуда кўп дори-дармонлар гурухлари тавсия қ илинади. Виз қ уйида буларни келтирамиз:

1. Милк қ онашини тўхтатадиган дорилар: 0,5 мл 5 % эпсилон — аминокепрон кислотага 2 мл юотоник эритма кўшилиб, пахта пилик-ча хулланиб, милк устига ёки тиш-милк чўнтагига гладилка ёрдамида киритилади ва 15 — 20 дақ икадан кейин олиб ташланади. Трасилол кукуни ҳ ам изотоник эритмада /2500 МИЕ — 2мл/ эритилади. Лого-хилус — икки хил турда чиқарилади, бири қ оғ оз халтачада кукун ёки таблетка ҳ олида. Таблетка холидагиси ишлатишдан аввал майдаланиб, кукунга айланттирилади ва изотоник эритмада эритилиб, бу хам пахта пиликчада юқ орида кўрсатилган усулда қ ўйилади. 6 % ли калий йод эритмаси, лидаза-1 флакондаги кукуни 30 мл буфер эритмасида эритилади, сўнгра пахта пиликчада қ ўйилади.

Яллигланишни бартараф қ иладиган дорилар қ уйидаги гурухларга бўлинади: 1/антисептикэритмалар, 2/ферментлар, 3/гормонлар, 4/антибиотиклар, 5/пародонт тўқ имаси фаолиятини ошириб, кайта тиклантирувчи дорилар. Шунинг эслатиш керакки, пародонт касаллигида кучли таъсир килувчи дорилардан фойдаланилмайди. Масалан: аччиқ тош, хоқ кукуни, хоқ эритмаси, марганцовка кукуни, антидепрессант-лар (азафен, пиразидол, инказон, цефедрин ва бошқ алар).

Милк усти ва ости тиш тошларини механик усул ёрдамида тозалаш

Мақсад: механик усули бўйича милк усти ва ости тиш тошларини тозалаш.

Кўрсатма: пародонт касаллиги.

Керакли жиҳозлар: Ҳимоя кўзойнаги, резинали перчатка, марли ниқоби, антисептиклар, тиш тоши олуи асбоблар (экскаватор, илгаклар, зонд).

Бажариладиган боскичлар қадамлар:

№	Мануал кўникма қадамлари (боскичлар)	Боскич ни бажара олмади	Барча боскичларни бажарди	Талаба тўплаган бали	Ўқитувчи имзоси
1.	Ҳимоя кўз ойнакни тақиш, докали ниқоб ва резина кўл кўлқоп кийиш.	0	10		
2.	Операцион майдонига 3% H ₂ O ₂ ёки 3% люголь эритмаси ёрдамида антисептик ишлов бериш	0	20		
3.	Инструментли кўлни-кўшни тишларида ёки беморнинг даҳанида туриши керак. Кўл ва асбобларни таянч нуқтага куйиш (агар тиш кимирласа уни чап кўл бармоқлари билан ушлаб турилади)		10		
4.	Ҳаракатлар оҳиста қаттиқ тошлар соҳасида тиргаксимон бўлиши керак. 3-4 та тишлар соҳасидаги милк ости тиш тошларини гладилка ёки экскаватор, илгаклар ёрдамида тишнинг вестибуляр соҳасидан тозалаш. Тишлар соҳасига медикаментоз ишлов бериш.	0	20		
5.	Тишлараро ораликдан ват ил юзасидан тиш тошларини гладилка ёки ярим ҳалқасимон илгаклар ёрдамида олиб ташлаш. Тишлар соҳасига медикаментоз ишлов бериш.	0	30		
6.	Стоматологик зонд ёрдамида тиш юзасидаги ғадир-будирлиги аниқланади, агар бўлмаса, демак тошлар йўқ ҳисобланади	0	10		
	Жами	0	100		

Гуруҳларнинг билим ва кўникмаларини баҳолаш мезонлари

№	Ўзлаштириш % ва баллда	Баҳо	Талабанинг билиш даражаси
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1	96-100	Аъзо «5»	<ul style="list-style-type: none"> -хулоса ва қарор қабул қила билади -ижодий фикрлай олади -мустақил мушоҳада юрита олади -амалда қўллай олади -интерактив ўйинлар ўтказишда юқори фаоллик ва ижодий ёндаша олади -вазоятли масалаларни тўлиқ асосланган жавоб билан тўғри еча билади -саволни моҳиятини тушунади -билади, ишонч билан айтиб беради -аниқ тасаввурга эга
2	91-95		<ul style="list-style-type: none"> -ижодий фикрлай олади -мустақил мушоҳада юрита олади -амалда қўллай олади -интерактив ўйинлар ўтказишда юқори фаоллик ва ижодий ёндаша олади -вазоятли масалаларни тўлиқ асосланган жавоб билан тўғри еча билади -саволни моҳиятини тушунади -билади, ишонч билан айтиб беради -аниқ тасаввурга эга
3	86-90		<ul style="list-style-type: none"> -мустақил мушоҳада юрита олади -амалда қўллай олади -интерактив ўйинлар ўтказишда юқори фаоллик ва ижодий ёндаша олади -вазоятли масалаларни тўлиқ асосланган жавоб билан тўғри еча билади -саволни моҳиятини тушунади -билади, ишонч билан айтиб беради -аниқ тасаввурга эга
4	81-85	Яхши «4»	<ul style="list-style-type: none"> -амалда қўллай олади -интерактив ўйинлар ўтказишда юқори фаоллик кўрсатади -вазоятли масалаларни еча билади, лекин жавобини асослай олмайди -саволни моҳиятни тушуна билади -билади, ишонч билан айтиб беради -аниқ тасаввурга эга
5	76-80		<ul style="list-style-type: none"> -интерактив ўйинлар ўтказишда юқори фаоллик кўрсатади -вазоятли масалаларни еча билади, лекин жавобни исботи тўлиқ эмас -саволни моҳиятини тушуна билади - билади, ишонч билан айтиб беради -аниқ тасаввурга эга
6	71-75		<ul style="list-style-type: none"> -вазоятли масалаларни тўғри еча билади лекин жавобни исботи тўлиқ эмас -саволни моҳиятни тушуна билади - билади, ишонч билан айтиб беради -аниқ тасаввурга эга
7	66-70		<ul style="list-style-type: none"> -саволни моҳиятни тушуна билади -вазоятли масалаларни тўғри еча билади, лекин жавобни исботлай олмайди - билади, ишонч билан айтиб беради

			-мавзуни алоҳида саволлари юзасидан аниқ тасаввурга эга
8	61-65	Қониқарли «3»	-вазиятли масаларни ечимида хатоликларга йўл қўяди -билади, ишонч билан айтиб бера олмайди -мавзунинг алоҳида саволлари юзасидан аниқ тасаввурга эга
9	55-60		-билади, ишонч билан айтиб бера олмайди -қисман тасаввурга эга
10	54 ва ундан паст	Қониқарсиз «2»	-ҳеч қандай тасаввурга эга эмас -билмайди

Practical lesson 2

Examination of patients with periodontal tissue pathology, additional testing methods (index determination, laboratory)

1.1. Model of educational technology.

Training time -3 hours	Number of students: 11-22
Form of training	Practical training
Practical training plan:	1 What are the additional verification methods? 2 What are the functional control methods? 3 Indicate the methods of complex examination of periodontal tissue.
The purpose of the training:	Students are examined patients with periodontal tissue pathology, additional examination methods explanation
Teaching methods	Multimedia, interactive methods.
Forms of teaching	Mass, collective
Teaching aids	Curriculum development, electronic textbooks and computers.
Teaching conditions	Methodologically equipped auditorium.
Monitoring and evaluation.	Oral control: question and answer.

Technological map of practical training.

Stages and timing of work.	Educator	Learners
Preparatory phase	<ol style="list-style-type: none"> 1. Controls the cleanliness of the audience 2. Checks the readiness of students for training 3. Controls attendance 	They listen
1. Introductory stage of training (10 minutes)	<ol style="list-style-type: none"> 1. Determining the level of basic knowledge related to the topic. 2. Explain the essence of the interactive method. 3. Topic analysis in an interactive way. 	They write and listen to the topic
2nd main stage (135 minutes)	<ol style="list-style-type: none"> 1. Divide students into small groups and ask questions on the topic. 2. Uses slides, multimedia <ol style="list-style-type: none"> a) Demonstration of complex examination methods of periodontal tissue. 3. Solve tests and situational problems. 	They watch and record.
Stage 3	<ol style="list-style-type: none"> 1. Performing practical skills. 2. Use of dummies and phantoms. 3. Conducts treatment 4. Summarizes and summarizes the information provided on the basis of topics, 	They solve. They write.
final stage (35 minutes)	<ol style="list-style-type: none"> 1. The finalist draws a conclusion, the active participant encourages the students and gives an overall assessment 2. Supervises, evaluates independent work and assigns an independent task to the next lesson 3. Gives homework <ol style="list-style-type: none"> A) Write an abstract on the topic C) Prepare questions on the topic 1. Indicate the methods of complex examination of periodontal tissue. 2. What are the methods of laboratory testing? 3. What does the Kulazhenko test determine? 	He listens Takes notes Takes notes Takes notes
References	<p style="text-align: center;">Basic literature</p> <ol style="list-style-type: none"> 1. Borovskiy E.V. "Therapeutic dentistry" M., 2006 2. Borovskiy E.V. etc. "Terapevticheskaya dentology" .- M., 2004 3. Kamilov X.P., Mamedova F.M. "Treatment dentistry" recipe directory.- 1995. 4. Borovskiy E.V., Barisheva Yu.D., Maksimovskiy Yu.M. "Therapeutic dentistry" .- M.: Medicine, 1998. 	Takes notes

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Topic questions:

- 1 What are the additional verification methods?
- 2 What are the functional control methods?
- 3 Indicate the methods of complex examination of periodontal tissue.
- 4 What are the methods of laboratory testing?
- 5 What does the Kulazhenko test determine?

Tests

Voldyr's syndrome is defined by:

- to know the hydrophilicity of the hairs
- to determine the presence of glycogen in the milk
- to determine the phagocytic activity of the oral mucosa
- to determine the patient's sensitivity to histamine
- to determine if the tissue is saturated with ascorbic acid

Tripan cookie sinoma is used to identify the following:

- to determine the phagocytic activity of the oral mucosa
- to determine the hydrophilicity of tissues
- to determine the presence of glycogen in the milk
- to determine the patient's sensitivity to histamine
- to determine the sensitivity of tissues to ascorbic acid

The Schiller-Pisarev test is based on the following:

- detection of glycogen in milk
- determination of tissue hydrophilicity
- determination of phagocytic activity of the oral mucosa
- to determine the patient's sensitivity to histamine

all the answers are correct

The PMA index is used:

assessment of periodontal tissue inflammation

detection of tartar

determine the depth of the periodontal pocket

determination of glycogen content in milk

identification of wounds in the gums

The Fedorov-Volodkina method is used:

assessment of the hygienic condition of the teeth

detection of tartar

determining the depth of the periodontal pocket

detection of latent swelling in the gums

all the answers are correct

Kulazhenko's test reveals:

durability of capillaries

glycogen in the gums

hidden swelling in the gums

leukocytes in saliva

lysozyme in saliva

The RMA index is:

the initial stage of periodontal tissue disease and the index of gingivitis

periodontal index, which assesses the condition of periodontal tissue

complex periodontal index

index of oral hygiene

To apply the PI index:

in determining periodontal status

prophylactic examination

in determining the hygienic index

formation of glycogen in the gums

What solution is used for the Kotzshka test, which determines the integrity of the pathological pocket tube:

5ml of 40% formalin, 20ml of glycerin, 175 g of distilled water

10% formalin, 10ml Vaseline, 100 ml distilled water

5% ml of 40% resorcinol-formalin, 10ml of glycerin, 150 ml of distilled water

0.5 g benzidine, 40% formalin, glycerin 20ml,

The functional clinical method includes:

stomatotomy, capillary microscopy, rheography

radiography, EOD, rheography

laboratory methods

examination, palpation

Solution used for Rotter test:

0.1ml from 0.1% normal Timmansa dye solution

40% formalin solution

0.5% benzidine 0.5g

0.25% trypan blue solution 0.1 ml

Fedorova-Volodkin hygienic index is normal:

Not more than 1

3.0

2.5

1.5

The 0-0.6 index of the Green Vermilion index corresponds to the following state of hygiene:

Good
middle
bad
very bad

Situational issues:

Issue 1

Laboratory cytological microscopic examination methods are performed in which type of periodontal disease?

Issue 2

The patient is 12 years old, and in some cases, bleeding in the gums is observed when eating solid food.

Does the patient have any degree of bleeding symptoms?

Analyze:

Issue 3

Fedorova Volodkina, Shiller Pisyareva, Green-Vermilion indices in which cases.

Issue 4

Tooth decay and tooth decay are determined by which solutions and in which indices are calculated?

Issue 5

Indicate the importance of biochemical and immunological methods in periodontal disease.

Interactive methods

How to play the interactive game "ARI UYASI"

Needed for work:

Task and situational options printed on separate sheets.

Numbers for the drawer depending on the number of students.

Clean paper, pen.

Direction of work: ^

1. The group of students is divided into 3 subgroups (4 students each) depending on the number of the draw. Each small group of students sits at a separate table and receives a sheet of paper and a pen.
 2. The name, surname, subgroup number, faculty, name of the work game are written on the sheet.
 3. One student from each small group pulls the task option out of the envelope.
 4. One student from each small group writes the task on a piece of paper.
 5. A small group of students discuss the task together, with one student writing the answer.
 6. The time allotted for the task is 15 minutes.
 7. The teacher supervises.
 8. Over time, the answers are handed over to the teacher.
10. All participants of the game took part in the discussion, the most correct of all the answers is selected and given the maximum score.

11. The discussion will take 15 minutes.
12. Students will be given a rating score from the points allocated to the theoretical part of the lesson.
13. The small group with the most correct answer is given a maximum score - 100% (from the rating points allocated to the theoretical part of the lesson), the small group that took 2nd place - 85.9%, those who took 3rd place - 70.9%.
14. The teacher writes the score on the answer sheet and signs it.
15. Rating points for a business game are taken into account when scoring a lesson.
16. The group leader burns ashes to a note indicating that the game has taken place in the lower empty part of the training jar.
17. The answers are saved by the teacher.

Subject statement.

PATIENT EXAMINATION METHODS

The purpose of examining the patient is to clarify the diagnosis and perform the treatment correctly based on its results. Methods of examination of the patient include: 1) inquiry of the patient's life and medical history; 2) clinical examination; 3) implementation of necessary laboratory and other testing methods.

Implementing these methods requires a high level of knowledge from the physician.

The patient's life history is asked along with the complaint, as the body's current state of affairs requires it. These include what diseases the patient has had during his or her lifetime, how severe they are, what complications they have left, the propensity to treat the disease, the rate of recurrence, and so on. The purpose of asking the patient what diseases he is suffering from is to treat periodontal disease as well as other diseases in the body, for which the patient should be referred to a specialist in the identified disease. Diagnosis of other diseases requested by the patient should be clearly written in a certain allotted place on the patient's medical history sheet. Such identification also involves caution and precision in the choice of medications prescribed to our patient. For example,

It should be noted that at first the patient may say that he does not have any disease, as he may not know that periodontal disease is associated with other diseases, so the doctor should ask the patient additional questions with zero explanation. The doctor's level of knowledge ended up playing a big role in the conversation. It is also important to determine the patient's susceptibility to allergies. Finally, I must take into account the patient's home and working conditions

The second stage of the inquiry is to determine the history of the complaints that led the patient to seek medical attention. First, the doctor should listen carefully to all the complaints of the patient, and then clarify each type of complaint, if necessary, with additional questions. This is it

Glucocorticoid ointments (Iacocorten, breast, deperzolone) can also be used in ulcerative gingivitis. Fastin -1 or fastin -2 ointment is also recommended for pain relief. Therapeutic bandages can be prepared by the physician himself before use. Antibiotics, enzymes, anesthetics are added to this package. Vitamin A, E, carotene oil or oblepixa oil can be taken as a base.

Anaerobic microbial species multiply in ulcerative gingivitis, so in order to achieve good results, metronidazole tablet is dissolved in chlor-hexedine (0.06% solution) and placed on the gums for 10-15 minutes. A drug called cliostom, which has the same effect, can also be used. Sangviritrin 1% oil is also used. Among the new drugs used in this disease are dalatsin C, epotselin. These antibiotics kill microbial species. These antibiotics are dissolved in saline or distilled water. Anti-inflammatory eucalyptus aerosol is also used. It contains norsulfazole, streptocide, thymol, eucalyptus essential oil. The goal is to accelerate the healing of gum tissue. The following drugs are recommended: solko-seril squeezing oil, 3% octatin oil, prefuzin gel. It contains fusidic acid and

prednisolone. Hyposol aerosol is sprayed on the gums, it lasts 15-20 minutes. It is sprayed 3-4 times a day. 1-2 weeks. The physical methods prescribed for this disease include: laser light, ultraviolet light and various aqueous treatments.

Patients should be given 1 tablet of suprastin or diphenhydramine at bedtime. A 5% solution of ascorbic acid is prescribed for injection or ascorbic acid tablet. If the patient develops a fever 0.5 g sodium salicylate ash 3-4 times a day or 0.25 g, metronidazole 3 times a day. Duration of treatment - 1 week.

If there is caries on the teeth and its complications after the suppression of the acute phase of ulcerative gingivitis, it is necessary to begin treatment without delay.

Treatment of periodontitis. In the treatment of this disease, special attention is paid to its course, severity and extent of spread. The purpose of local treatment is to eliminate the harmful effects of pathogenic microbes in the oral cavity, as well as in the gingival pocket, to restore capillary circulation in the periodontal tissue and related damaged tissues, to reduce tissue swelling.

If the indicator is 1 - 1, 5, the degree of cleanliness of the oral cavity is assessed as good, if 2.5, the level of cleanliness of the oral cavity is assessed as not clean.

Green and Vermilon recommended a simplified index in determining oral hygiene. In this case, the dental surface of the tooth is stained with one of the above-mentioned solutions.

Rating: 0 - unpainted, ie no toothpaste, 1 - toothpaste stains less than 1/3 of the tooth surface, 2 - toothpaste covers 1/3 - 2/3 of the tooth surface, 3 - toothpaste covers 2/3 of the tooth surface It covered more than 3 parts.

Conclusion: 0 - The hygienic condition of the oral cavity is good,

3 - The hygienic condition of the oral cavity is unsatisfactory.

The periodontal index is recommended to determine the pathological condition of the periodontal tissue complex. It was proposed by man1 in 1956. The results of the examination are evaluated as follows: 0 - no change, 1 - mild gingivitis, 2 - gingivitis, but no pathological pocket, 6 - gingivitis, there is a pathological pocket and tooth decay, 8 - there are destructive changes in periodontal tissue, tooth decay, periodontal pocket deep, The formula is derived as follows:

_ the sum of the value of the teeth examined is the number of teeth examined

0.1 - 1.0 - mild periodontitis, 1.5 - 4.0 - moderate, 4.0 - 8.0 - severe.

The depth of the pathological tooth-gum pocket is detected by a special probe with a button tip. The bent part of the probe is mm. divided into larvae. Depth of pathological pocket 0.5 mm, 3 mm, 5 mm/ WHO recommendation /. Another method of examination in periodontal disease is the degree of tooth decay.

Squeeze the tooth on both sides with tweezers, move it towards the mouth and oral cavity, grind 1 mm is considered the first degree. The vibration does not move to the side of the oral cavity and the oral cavity, but more than the first level and also to the side of the lateral teeth, this is the second level, if the tooth moves around its axis, it is considered the third level.

It is also important to check the bleeding of the gums. If the periodontal tissue is not diseased, the gums will not bleed. Agar milk

Treatment plan: elimination of local adverse factors, teaching the patient the rules of proper cleaning of teeth. Use of fuchsin, lugol's solution or erythrosine tablet for control. To teach the selection of recommended means for oral hygiene. Professional hygiene of the oral cavity, i.e. the decoration of the tooth surface. To eliminate the activity of bacteria in the teeth, order to take an oral bath with a solution of 0.06% chlorhexidine twice a day (morning and evening) after washing

for 3 minutes. If the inflammation persists after treatment, medications are also prescribed if it is adjacent. Aqueous solution of 1-3% resorcinol, 2-10% zinc chloride, 0.05% -0, which are keratoplastic drugs. A 1% solution of chlorhexidine is soaked in gauze and applied to the gums. Chlorfilipt, 0.2% salvin, rotokan, chamomile tincture can be used. Milk bleeding gives good results if electrophoresis with vikasol, 5% aminocaproic acid solution, hemophobin, 1% ferakryl, 10% calcium chloride solution, papaverine. If the milk is red, it is rubbed with 5% bugadion grease. From physical methods it is more preferable to massage by hand or darsonval, irradiation with ultraviolet light, using laser light. For general treatment, one of the vitamins - ascorbutin, pangexavit, decamevit and others - is prescribed to drink for 15-30 days. electrophoresis with papaverine gives good results. If the milk is red, it is rubbed with 5% bugadion grease. From physical methods it is more preferable to massage by hand or darsonval, irradiation with ultraviolet light, using laser light. For general treatment, one of the vitamins - ascorbutin, pangexavit, decamevit and others - is prescribed to drink for 15-30 days. electrophoresis with papaverine gives good results. If the milk is red, it is rubbed with 5% bugadion grease. From physical methods it is more preferable to massage by hand or darsonval, irradiation with ultraviolet light, using laser light. For general treatment, one of the vitamins - ascorbutin, pangexavit, decamevit and others - is prescribed to drink for 15-30 days.

Physical cleaning of upper and lower gums

Purpose: cleaning the upper and lower gums by physical method.

Instructions: treatment of periodontal disease.

Required equipment: ultradent apparatus ("Ultradent", "Cavitron Select", etc.), handle, dental instrument, antiseptics.

Steps to be taken:

№	Manual Skill Steps	Could not complete stage	All stages ni bajardi	The score the student scored	Teacher signature
1.	Switch on the ultrasonic device and check that it is connected to the water	0	10		
2.	During cleaning, the handle is held at an angle to the tooth axis	0	10		
3.	On the left side of the upper jaw, tartar is removed first from the vestibular surface and then from the oral surface	0	40		
4.	On the right side of the lower jaw, tartar is	0	40		

	removed first from the vestibular surface and then from the oral surface				
	Jami	0	100		

Criteria for assessing the knowledge and skills of groups

№	Assimilation in% and points	Baho	The level of knowledge of the student
1	96-100	Member "5"	<ul style="list-style-type: none"> -can draw conclusions and decisions -can think creatively -can walk independently can apply in practice - can be highly active and creative in conducting interactive games -can solve situational problems correctly with a fully substantiated answer -understands the essence of the question knows, tells with confidence -have a clear idea
2	91-95		<ul style="list-style-type: none"> -can think creatively -can walk independently can apply in practice - can be highly active and creative in conducting interactive games -can solve situational problems correctly with a fully substantiated answer -understands the essence of the question knows, tells with confidence -have a clear idea
3	86-90		<ul style="list-style-type: none"> -can walk independently can apply in practice - can be highly active and creative in conducting interactive games -can solve situational problems correctly with a fully substantiated answer -understands the essence of the question knows, tells with confidence -have a clear idea
4	81-85		<ul style="list-style-type: none"> can apply in practice -shows high activity in conducting interactive games -can solve situational problems, but cannot substantiate the answer -understands the essence of the question knows, tells with confidence -have a clear idea

5	76-80	Good "4"	-shows high activity in conducting interactive games -can solve situational problems, but the proof of the answer is incomplete -understands the essence of the question - he knows, he says with confidence -have a clear idea
6	71-75		-can solve situational problems correctly but the proof of the answer is incomplete -understands the essence of the question - he knows, he says with confidence -have a clear idea
7	66-70	Satisfactory "3"	-understands the essence of the question -can solve situational problems correctly, but cannot prove the answer - he knows, he says with confidence -have a clear idea of the topic on individual questions
8	61-65		-makes mistakes in solving situational problems knows, can't tell for sure -have a clear idea of the individual issues of the topic
9	55-60		knows, can't tell for sure -partially imaginative
10	54 and below	Unsatisfactory "2"	-has no idea does not know

Practical lesson 3

Structure and function of periodontal tissue Classification of periodontal diseases.

1.1. Model of educational technology.

Training time -3 hours	Number of students: 11-22
Form of training	Practical training
Practical training plan:	1. Periodont bu ... 2. Name the periodontal ligaments. 3. What cells make up the periodontium?
The purpose of the training:	Students learn the structure and function of periodontal tissue. Classification of periodontal disease explanation
Teaching methods	Multimedia, interactive methods.
Forms of teaching	Mass, collective
Teaching aids	Curriculum development, electronic textbooks and computers.
Teaching conditions	Methodologically equipped auditorium.
Monitoring and evaluation.	Oral control: question and answer.

Technological map of practical training.

Stages and timing of work.	Educator	Learners
Preparatory phase	<ol style="list-style-type: none"> 1. Controls the cleanliness of the audience 2. Checks the readiness of students for training 3. Controls attendance 	They listen
1. Introductory stage of training (10 minutes)	<ol style="list-style-type: none"> 1. Determining the level of basic knowledge related to the topic. 2. Explain the essence of the interactive method. 3. Topic analysis in an interactive way. 	They write and listen to the topic
2nd main stage (135 minutes)	<ol style="list-style-type: none"> 1. Divide students into small groups and ask questions on the topic. 2. Uses slides, multimedia <ol style="list-style-type: none"> a) Structure and function of periodontal tissue b) Classification of periodontal diseases. 3. Solve tests and situational problems. 	They watch and record.
Stage 3	<ol style="list-style-type: none"> 1. Performing practical skills. 2. Use of dummies and phantoms. 3. Conducts treatment 4. Summarizes and summarizes the information provided on the basis of topics, 	They solve. They write.
final stage (35 minutes)	<ol style="list-style-type: none"> 1. The finalist draws a conclusion, the active participant encourages the students and gives an overall assessment 2. Supervises, evaluates independent work and assigns an independent task to the next lesson 3. Gives homework <ol style="list-style-type: none"> A) Write an abstract on the topic C) Prepare questions on the topic <ol style="list-style-type: none"> 1. Functions of the periodontium. 2. What is the width of the periodontal ligament of the upper teeth? 3. What is the width of the periodontal ligament of the lower teeth? 	He listens Takes notes Takes notes Takes notes

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Topic questions:

- 1 Periodont bu
- 2 Name the periodontal ligaments.
- 3 What cells make up the periodontium?
- 4 What is the width of the periodontal ligament of the lower teeth?
- 5 Name the periodontal functions.
- 6 Indicate the structure of the property.
- 7 Histological structure of cement.
- 8 What is an alveolar bone?
- 9 Indicate the direction of the periodontal fibers.
- 10 Give an understanding of the periodontium.
- 11 What is a periodontal plum?
- 12 What is the direction of the fibers in the area of the tooth neck?
- 13 What is the direction of the fibers in the root tip area?
- 14 Functions of the periodontium.
- 15 What is the width of the periodontal ligament of the upper teeth?
- 16 What is the width of the periodontal ligament of the lower teeth?

Tests:

In what year was the classification of periodontal disease adopted?

1983y *
1984y
1991y
1993y

In which city was the classification adopted at the Fourth Congress?

XVI Yerevan city *
XVI Congress of Leningrad
XVII Congress of Moscow
XVI Congress Tashkent

The classification is divided into several large groups...

5 *
3
6
9

How many groups are there depending on the shape of the gingivitis?

3 *
5
6
4

Epulis and fibromatosis belong to which group...

Periodontoma *
Periodontitis
Periodontolysis
Periodontitis

Pappion - Lefevra syndrome belongs to which group...

Periodontolysis *
Periodontoma
Gingivitis
Periodontitis

At what age does gingivitis occur?

13-17 *
40-50
20-30
Above 50

How many groups are there for periodontitis?

Acute chronic, recurrent, abscess, stagnant *
Light, medium, heavy
General and local
Disseminated and chronic

Type of gingivitis...

Superficial catarrhal, ulcerative, hypertrophic *
Catarrhal and hypertrophic
Chronic and recurrent
Abscess and stagnation

Dystrophic periodontal disease is specific to which disease...

Periodontitis *
Periodontolysis
Periodontitis
Periodontoma

How old is periodontitis?

After 40 years *
20-30

10-20

25-30

Type of periodontitis

Scattered *

Limited and unlimited

Light, medium, heavy

Local and scattered

Inflammation of the gums that occurs without compromising the integrity of the gums...

Gingivitis *

Periodontitis

Periodontitis

Periodontitis

What is periodontal inflammation that destroys the bone structure of periodontal tissue and jaw alviola tumor...

Periodontitis *

Periodontoma

Periodontitis

Gingivitis

What is the ideopathic disease of the periodontal tissue?

Periodontolysis *

Parotontoma

Periodontitis

Utkir periodontitis

Situational issues:

Issue 1

Gingivitis, periodontitis, periodontitis and idiopathic diseases are included in which group?

When and where were these diseases acquired:

Issue 2

How many groups do we study periodontitis in terms of course, prevalence and severity?

Determine by level.

Interactive method

Pen method in the middle of the table.

The group is given a task, the student writes and passes it to the neighbor. He came to the middle of the table with his pen. For example, a teacher on a topic asks a question to a group. For 10-15 min, the group should give the maximum response options from their faces. The assignment written on the paper is passed from one student to another. After the student writes the answer, he puts the pen in the middle of the table. A student who does not know the answer passes the paper to the next student, but holds the pen in the ashes, one option cannot be rewritten 2 times. After completing the task, the teacher reads the answers. During the reading, each option is analyzed.

The advantage of this method is:

1. The teacher sees who is ready for the lesson.
 2. Students who are not ready for the lesson will be given the maximum necessary knowledge on the topic during the oral analysis.
 3. Responsible work of this group organizes students and saves time spent on each student.
 4. Students analyze their answers twice:
- This method of oral and written reinforces knowledge.

Subject statement. Par-atrophy, odont-tooth, logos-science, which means periodontology, is the science that studies the tissues around the tooth.

Periodontal tissues include gums, alveolar bone tissue, periodont and dental tissues, periodontal tissues are mutually hereditary (genetic), morphological and functional.

So, the periodontium is a complex of pus, the tooth and the surrounding tissue.

Academician N. N. Nesmeyanov was the first to propose to call this tissue complex an amphodont member (organ). Considering the fact that in the disease, one of these tissues is infected with another, or all of them become infected at once, they are considered as a set of tissues - a complex.

Later, foreign scholars proposed to use different terms - "paradentium", "periodontium", etc., Kantorovich "parodont".

The term parodont is a term now accepted by dentists all over the world. Diseases of the periodontal tissue (amphodontosis), "periodontitis", "parodontitis", "parodontopathy", "alveolar pyorrhea" began to be called.

Nowadays, periodontal disease is called "gingivitis", "parodontitis", "parodontosis", "idiopathic diseases", "parodontitis" - each of these terms is used instead of face according to the definition of face.

HISTORICAL INFORMATION.

Periodontal diseases have been known since ancient times. In the literature, archaeologists from countries such as Babylon and Assyria, who lived between 3,000 and 5,000 BC, it was determined that he had the disease. It is known that such data existed in the Chinese before our century (2500 years), and there are instructions for their treatment. In the works of Pocrates, 500 years before our century, the treatment of periodontal disease was described. According to Hippocrates, the gradual decay of teeth is due to changes in the balance of juices in the body (mining, mucus, matter, etc.).

Thus, the question of naming periodontal diseases, how or what to call them, has long been burned. That is why different names are beginning to appear. Blessing is more than 50. counted.

The famous "Laws of Medicine" of the great dacha Abu Ali Ibn Sina (Avicenna) (980-1037) also contains many chapters on dental diseases, including gum disease. In the works of Abul-Qasim, who lived before him (936-1013) and at the same time, it was stated that periodontal diseases were caused by local causes, including tartar. Abul Qasim made and used special tools to remove tartar during his lifetime, and found ways to treat gum diseases.

In the early fifteenth century Arnbroise Pare was associated with internal diseases, especially gastric diseases, in the origin of periodontal disease. In the sixteenth century, Forest argued that neurological diseases, and in the eighteenth century, Pause-hard (1726-1746) periodontal disease as a type of Scorbut (tsinga). The structure of the body (constitution) also emphasizes the role of its specificity, which is in line with modern concepts.

XIX Toirac emphasizes that periodontal disease should be considered as "alveolar pyorrhea" - "pus from the alveoli" (puorrhoea interalveolar) "interalveolar pus", ie a local disease. In the twentieth century, a lot of information began to be collected in the study of periodontal diseases, the development of treatment methods.

In the nineteenth century, Russian scholars N. N. Znamensky, and in the twentieth century NN Nesmeyanov defended his doctoral dissertation on periodontal disease.

N., who has developed in-depth and valuable data in this area. A. Astaxov, A. I. Evdokimov, L. M. Landenbaum, P. I.; I, Lvov, D. A. Entin, I. O. Novik, and later A. I.

Rybakov, E. E., Platonov, L. R., Rubin, V. Yu., Kurlyandskiy, N. F., Danilevsky and many other scientists have made a worthy contribution to various aspects of periodontal disease.

In the following years I. S. Mashchenko, T. V. Nikitina, E. V., Belchikov, using modern scientific advances on the causes of periodontal disease, immunological changes in it and their role in periodontal disease, treatment and prevention of the disease, enriched the field with valuable information. At present, the study shows that periodontal disease is mainly caused by diseases of the internal organs and systems (gastrointestinal diseases, metabolic disorders, cardiovascular diseases, etc.), stress, environmental conditions and other factors that adversely affect the body. Of course, local causes (tartar, non-compliance with oral hygiene rules, pricking disorders, etc.) are also diseases. put forward the idea that it aggravates.

2. ANATOMICAL AND HISTOLOGICAL STRUCTURE, PHYSIOLOGY OF THE PERIOD.

Periodontal tissue includes the following organs:

1. Milk. We divide it into two, and this is important in understanding the anatomy of the periodontal tissue:

a) soft. or a loose gum layer. Bu.kavat oral cavity, moonnan is a mobile, soft gum located beneath the epithelium of the gums; b) solid. the consequence of immobile gums. This layer is the top layer of bone that covers the alveolar bone

2. Alveolar bone.

3. Periodont (the space between the root cementum and the alveolar bone. - periodontal ligament filling tissue.

4. Tooth tissue (primarily root cementum, tooth dentin located in the crown of the tooth and the enamel that covers it). Nasmit's shell, the curtain that envelops the enamel.

So the periodontium, the tissue is soft and hard. from tissues consists of. Soft. tissues.— Milk, Periodont, Nasmit shell (it can be called both soft and hard, ie intermediate. tissue) and hard. tukimalaryga:.. root cement,. hard on the alveoli, gums (it can be called interstitial tissue), the bone walls of the alveoliradi.

Although these tissues have genetic and physiological (function, function, function, innervation) commonalities, their histological structures differ from each other. So, when we say periodontal tissue, we need to understand the sum of the teeth and the surrounding tissues: tooth enamel, dentin, cementum, gums, handsThe veola bone forms a periodontal tissue. Parodont tuk.imasini to know the state of the norm, in which kein the detection of inflammatory diseases, tissue adaptation (adaptation) is important in the study of the level.

The gums consist of an epithelial and a special membrane, but in the interdental gums there is a less developed mucous membrane. Mucus in other places. the histological structure of the gums from the membrane and skin is quite different. will come. These differences are his bajais related to the functions of the radar.

A hard, gum layer forms on the neck of the tooth and joins the circular ligament lig circularae dentis, and the Nasmit shell on the enamel joins the circular ligament on the neck. A cavity (jelobok) is formed between the tooth and the gums (soft.) And it is called a normal physiological pocket. Normally it is assumed that it will be at a depth of 2 mmlingan. Thus, gum milk surrichlari, marginal milk; alveolar gums.

E.. V. Borovsky et al. (2006) recommend the division of the gums into two - the gums between the teeth and the gums of the alveoli - in the study of periodontal tissue.

The interdental gums are the gums between the teeth, and the gums on the alveoli are the gums that cover the alveolar ridge. The alveolar ridge extends to the mucous membrane covering the jAG and the folds of the mouth on the side of the vestibulum oris; On the side of the oral cavity, the upper jaw is hard. tanglay mucus. curtain. The interdental teeth are triangular, the upper incisors are angled, facing the cutting (chewing) faces of the teeth, and fill the space between the teeth. If the teeth are sparsely located or some of them have been removed, the interdental displacement triangle loses its shape and the tooth enters the alveolar gums in the neck utadi.

The gum in the neck of the tooth is called the marginal - peripheral gum. Such divisions are of great importance in the clinic, indicating in which part of the periodontal tissue there are pathological changes.

Milk mucus. Since there is no submucosal layer in the membrane, the color of the alveolar gums between the teeth is normally light pink. Normally, pigment spots (melanin accumulation) can appear in the gum tissue. It may have dark brownish-brown spots on the arrow-pink gums. It is necessary to distinguish such spots from the presence in some parts of the oral mucosa, their pathological changes that occur as a result of exposure to certain diseases (heavy metal salts).

HISTOLOGICAL STRUCTURE OF THE PROPERTY

The mammary gland consists of a multilayered squamous epithelium and a special membrane, where the mucous membrane is almost loaded. or underdeveloped. Normally, the epithelium is branched and has a donor (zerni)styy) layer contains keratogialin in the cytoplasm of cells. Many researchers emphasize that the branching of the epithelium is a means of protection from mechanical, thermal, chemical factors that affect it. Normally, the epithelium has branching properties in humans. In some cases, the surface cells in the thorny layer of the epithelium are flattened by mechanical action, which can lead to parakeratosis.

The most important protective function of the epithelium is to prevent the entry of microbes and toxins released from them into the tissues under the epithelium. The epithelial structure of this function by means of glycosaminoglycans contained in the intercellular, sticky substance located in the multilayered squamous epithelium. Sour glycosaminoglycans are complex high-molecular compounds that have been found to be of great importance in connective tissue nutrition, regenerative processes, and tissue growth.

Normally, histochemical examination of periodontal tissue revealed the presence of neutral glycosaminoglycans (glycogen) in the epithelium. Glycogen is found mainly in the thorny layer, in small amounts, and decreases with age. Glycogen is also present in the vascular walls (endothelium) and intravenous leukocytes. RNA is mainly located in the cytoplasm of epithelial cells in the main (maternal, growing, basal) layer of the epithelium and in the plasma cells of connective tissue. Sulfhydryl groups of glycosaminoglycans were found at the junction of cytoplasm and x cells in the superficial branching layers of the epithelium. When the gums become inflamed (gingivitis) and appear, sulfhydryl groups disappear from the cells.

Neutral glycosaminoglycans are present in tufts of collagen fibers in the vascular walls of periodontal tissue. Primary cement contains small amounts of neutral glycosaminoglycans, while secondary cement contains large amounts of neutral glycosaminoglycans. gan. In the alveolar bone, they have been found to occur mainly around the osteon canals. Sour glycosaminoglycans are found in the gums, gums, and basal membranes of periodontal tissue. raydi. Low in stroma (collagen fibers, veins). Fat cells contain heparin. There are data on the effect of hyaluronic acid-hyaluronidase structure on the permeability of capillary-connective tissue structures. Hyaluronidase (microbial or tissue-produced) depolymerizes glycoeamingoglycans, disrupts the protein-binding (hydrolysis) of hyaluronic acid, thereby increasing the permeability of the connective tissue and ultimately reducing its ability to act as a barrier.

Hence, glycosaminoglycans. microbial of periodontal tissue and their poisons. Among the connective tissue elements of the breast are the most fibroblasts, fewer histiocytes and lymphocytes, and even fewer. fat and plasma cells occur.

In normal gums, fat cells accumulate around the veins, in the lining of the private membrane. The functions of fat cells have not been fully elucidated. They contain heparin, histamine and serotonin, and they have been shown to be involved in the breakdown of glycosaminoglycans.

A lot of research has been done on the structure of the gums. The importance of this structure is so well known that inflammation begins here. Milk epitheliumlia consists of the oral epithelium, the tooth surface of the gums, the hollow epithelium, and the connecting epithelium. oral epitheliumsi - multilayered squamous epithelium, hollow. the epithelium is between the multilayered and the connective epithelium.

Modern scientific foundations show that this structure is quite regenerative. E'pia violation of the connection of the wire with the enamel membrane indicates that the gums of the gums are cracked. The area between the tooth and the gums that normally forms is called the gingival arch

instead of the "normal gingival pocket". In pathological cases, instead of pathological gums, use the word "gums", if the condition is only at the border of the gums, it is called "gums", and if there is a pathological condition in all tissues of the periodontium, it is called "periodontal gums". -milk pocket "or" pathological tooth-gum bone pocket "should be used instead. In the Milk Ark, the mining veins here are peculiar due to the increase in the permeability of the vascular walls (K. capillary rings are loaded and they are located close to the surface) and K.ON becomes a fluid-milk fluid similar to whey. The fluid contains electrolytes, enzymes and cells. The gums and gums normally act as a barrier. Inflammation occurs mainly in the epithelium of the gingival wall and where the epithelium adheres to the tooth. lanadi.

Collagen, elastic, oxytocin fibers, mining and lymphatic vessels, nerve fibers, connective tissue in the periodontal tissue, cell elements, there are macrophages. The size and shape of the periodontium depends on various diseases that occur in it and in the body, such as a person's age, excessive pressure on the teeth. may change. Periodont's binding apparatus consists of collagen fiber bundles and the vessels between them, intercellular substances. Perio-The main function of dont fibers is to distribute the mechanical force (impact) during chewing evenly on the alveolar bone tissue, the nerve receptor apparatus and the microcirculatory pathways. In the periodontium there are cells such as fibroblasts, plasma, fat cells, histiocytes, mining cells, mononuclear macrophages, osteocytes close to the alveolar bone, close to the cement - cementoblasts. In addition, there are epithelial residual cells - Malyasse cells. Cells place in all parts of the riodont tissue, especially in the tricepslashgan. Periodontal tissues have been found to contain enzymes such as succinate dehydrogenase, lactate-dehydrogenase, NAD and NADF - diaphases, phosphatases, collagenases. It is also known that their activity is in areas close to the cement and bone, especially in the disease.

The interdental bone walls consist of a system of bone plates and osteons and a compact bone material that forms the cortical plate. The compact bone of the edges of the alveoli has many channels through which the blood vessels and nerve fibers pass. Between the compact bone layers is bone marrow, the gaps between them are filled with yellow bone marrow.

Periodontal fibers enter the alveolar bone near the cementum, and from the side of the bone. The incoming parts are called Toms fibers. The cement structure is realresembles a pile, but for the most part it has a cell load. The root (apix) of the root where the secondary (cellular) cement is located and the root of the multi-rooted teeth there are cells at the sites of furcation, but they do not resemble a bone because they are arranged irregularly.

The structure and chemical composition of the bone tissue of the alveolar tumor is almost indistinguishable from other bones of the body: it contains 60-70% of mineral salts and a small amount of water, 30-40% of organic matter. The organic matter is mainly composed of collagen. Using electron microscopy and radiological methods, their mineral crystals and collagen fibers. The osteoblast, osteocyte, and osteoclast x cells in the bone tissue ensure that it performs its facial function. In the cytoplasm and nuclei of these cells from 20ortik. The presence of the enzyme was determined using histochemical tests. Normal bone formation and its displacement are coordinated. There is evidence that this condition is related to hormones, particularly the activity of thyroid hormones, such as thyrocalcitonin. There are various theories about the role of thyrocalcitonin and fluoride in bone resorption and alveolar bone formation.

On the radiograph, the cortical plate of the bone consists of thematic, directional lines at the edges of the alveoli. The bone marrow is ring-shaped.

The structure of the cement is jix (horse-like dome-fiber bone, tsement The tooth covers the root surface at all levels. It is composed of a calcareous base substance and the collagen fibers in it. This is itsome of the collagen fibers continue into the periodontium and some into the bone tissue, and these parts are called Sharpeev fibers, by means of which they attach to the tooth alveoli. There are two types of cement tissue - primary, cell-free and secondary, cellular cement.

Hence, all periodontal tissues differ from each other by their histological structure, performing different functions. In the pathological process, one or all of this morphofunctional complex may gradually become diseased.

ROAD SUPPLY

The periodontal ligament has anastomoses between the carotid arteries and the interosseous arteries from the branch of the jaw artery that extends from the external carotid artery. The types of veins in the marginal gums and periodontium are connected with the gums and periodontal vessels at the enamel-cement boundary, at the anastomosis. Correction of Koh's vessels in the periodontium, its arteries, precapillaries, capillaries, postthe presence of capillary, venous, venous, and arteriovenular anastomoses, but the absence of complete arteries is characteristic. Capillaries are the thinnest-walled vessels that form the microcirculatory tract of the periodontium, through which they pass from the carotid artery to the veins. The same periodontal tissue through the same microcirculatory pathway oxygen and other nutrients. The average diameter of the inner wall of capillaries is 3-12 microns.

Capillaries and surrounding connective tissue together with lymph nourish and protect periodontal tissue does the same. The degree of permeability of the capillary wall is their primary physiological function. Capillaries Permeability and durability are important in pathological processes in periodontal tissue.

INNERVATION

The innervation of the periodontium is due to the bundles of dental branches coming out of the second and third branches of the tertiary (p. trigeminus) nerve. In the pit of the alveoli, the lengths of the nerve fibers are divided into two: one to the pulp, and the other, parallel to the surface of the periodontium, the rod. urine is located along the pulp. Because periodontal tissue is rich in nerve fibers and nerve receptors, this zone is a large reflexogenic zone from which reflexes can spread to the heart, gastrointestinal tract, and other internal organ systems. Lymphatic supply is also very good, because there are many types of large and small lymphatic vessels in the periodontium, which are important in the norm, especially in the disease. Lymphatic vessels are mainly subepithelial connective tissue under the epithelium based on ma. Lymphatic vessels are thin-walled, small and irregular in shape. Lymphatic vessel during inflammation expands. Inflammatory infiltrates form inside the vessels and around their walls. In inflammation, the lymphatic vessels pass through the tissues, transporting inflammatory substances and helping to repair the inflammatory focus.

FUNCTIONS OF THE PERIODON

Adaptation occurs in response to large and small external and internal negative influences on the periodontal tissue. For example, the eruption of milk and permanent teeth, the eruption of some teeth from the dentition, the different consistency of food products, various diseases of the body, etc. the adaptation of the periodontium to rokhsats and the like indicates its largely compensatory ability.

Parsdont performs the following functions: tusik, ie barrier weight; feeding - trophic function; chewing pressure distribution function ;. formation of new tissue - plastic function; depreciation function,

Protection (tusik.) - The function of the barrier is to ensure the integrity of the periodontal tissue, to protect the body from the negative effects of changes in the environment during a healthy period, to prevent infection. is the ability to fight tsia, sensitization, intoxication.

The barrier function of the periodontium is determined by: 1. branching of the gingival epithelium (in inflammation this process is disrupted); 2. width of collagen fiber tufts; 3. durability of property; 4. The state of glucosaminoglycans in the connective tissue of the periodontium; 5. The structure and function of the cleft palate; 6. lysozyme, inhibin, immunoglobulin and similar bio in salivathe presence of its ability to fight bacteria under the influence of logically active substances; 7. fat and plasma cells formation of antibodies. Peroxidase provides a protective function by pushing the bone under the influence of osteoclasts and regulating the activity of lysosomal enzymes.

Nutrition- trophic function is determined by the presence of a large number of capillaries and nerve fibers. This task depends on the state of microcirculation in the periodontium. Reflex control of the periodontium depends on itthe distribution of chewing pressure is determined by its transmission to various reflex pathways through a large number of nerve endings (receptors).

Formation of new tissues - plastic function is determined by the presence of new tissues in periodontal tissues in a constant manner and in response to pathological conditions. Cementoblasts and osteoblast cells perform this function. mynlaydi. In addition, fibroblasts, fat cells and others, as well as capillaries are less involved in metabolism. they add.

Depreciation Collagen and elastic fibers act as binders. Dental alveoli during chewing, pa-
Periodontitis of the rhodontic veins and nerves - the circumference of the crown of the tooth (lig
circulares dentis) protects from

Thus, the periodontal's ability to perform complex adaptive functions is of great importance
for the whole organism. One and if it fails to perform its function, the mutual presence of
periodontal tissue is disrupted, leading to the onset of the disease. Demak, pa all the functions
of the rhodont are interdependent, physiological diarrheathat and coordinates the external
balance.

DEVELOPMENT DEGREE, CLASSIFICATION OF PERIODONTIC DISEASES.

In the specialized literature, according to scientifically based evidence, 80-90% of
people between the ages of 20 and 30 have gingivitis. After the age of 30, 60-70% of
periodontitis, after the age of 40 - periodontitis and other diseases.

Periodontal disease, especially periodontitis, is especially common in gastrointestinal
diseases, and periodontal disease is more common in healthy people than in other internal and
systemic diseases. occurs (up to 100%).

This means that periodontal disease is the second most common dental disease after
caries costs.

CLASSIFICATION

The issue of classifying periodontal diseases into certain classifications has always been a
topical issue. As a result, many classifications have been proposed. It is now a periodontium
used by dentists around the world in all CIS countries Classification, which is in line with the
classification of salivary glands, was discussed at the Plenum of the All-Union Dentists XVI
(Erevan city) was adopted in 1983. The following classification is used in our department.
Scientific researches of the department proved to divide periodontitis into 2 types: slow-
growing periodontitis and fast-growing periodontitis (Rizaev J.O, 2006).

Periodontal Diseases (MORBUS PARODONTALIS)

I. Gingivitis (gingivitis) - a gum that occurs as a result of maxillary and general adverse
effects and does not affect the integrity of the gums. inflammation.

Form: superficial - catarrhal, ulcerative, hypertrophic

Weight: light, medium, heavy.

Course: acute (Acuta), chronic (chronica), recurrent (exacerbata).

Distribution: local (generalized! Isata)

P. Periodontitis — Periodontal tissue and jaws destruction of the bone structure of the veola
tumor, inflammation of the periodontal tissue.

Ognrlii: light, medium, heavy.

Passage: utknr (Acuta). chronic (chronica), recurrent (exacerbata), abscess (abscessus),
stagnation (remission, remissio).

Distribution: max.aliy (loct.lis), scattered (genercilisata).

III Periodontitis (periodontosis) - dystrophic lesions of the periodontium

Weight: light, medium, heavy.

Course: chronic, chronic (remission, remissio).

Distribution: scattered (generalisata).

IV Idiopathic diseases with periodontal tissue prolapse (lysis) (periodontolysis -
paradontolysis) - Papion-Lefevra syndrome, neutropenia, gamma globulinemia,
uncompensated diabetes mellitus, etc.).

V. Periodontoma (periodontoma) - tumors and tumorssalivary glands (epulis,
fibromatosis, etc.).

4. Causes of periodontal disease (etiology) and development (pathogenesis).

Despite numerous studies, the causes of periodontal disease and the mechanism of disease
development are still not fully understood. There are many theories. Blessing reported that in
1911, the number of theories devoted to the study of the causes of periodontal disease had
reached 350. Of course, in the years that followed, many theories emerged.

All theories can be divided into three groups4. 1. External - the effect of exogenous
influences on local periodontal tissues; 2. There are internal-endogenous causes, which are

pathological changes in the body; 3. Occurring as a result of internal and external influences. Of course, the external and internal causes of periodontal disease are more likely to occur under the general influence of the joint, but it should be noted that the etiology and pathogenesis are interrelated, it is impossible to study them separately. It's about 1903 Arckovy had said. Local and general taste These effects are not mutually exclusive, but they interact with the organism one after the other. But they are we find conditionally to study. Periodontal disease The composition of the larvae is as follows: mainly gingivitis before the age of 20, of which catarrhal gingivitis is 80-90%, and after the age of 20 it is kuprok. periodontitis occurs. Periodontitis is 4-5%. This means that gingivitis and periodontitis, which are mainly accompanied by inflammation, are very common.

Local factors. Some researchers write that periodontal disease is caused by local causes. These causes are: tooth decay, tartar, tooth decay misallocation of pressure, disruption of the bite, dystopia of the teeth, density, microflora, etc. It should be noted that only local factors are associated with periodontal disease. causative agents can not bulla.

General factors. General disorders of metabolism in the body, disorders of the nervous system, endocrine disorders brain effects are certainly important in the origin of the disease. Circumstances such as protein metabolism, vitamin hypoavitaminosis, vascular dysfunction, impaired oxygen supply to the local paro- / dont tissue, diseases of the nervous system are of great importance in the emergence and development of periodontal disease. dilar. Inflammation occurs under the influence of chemical, physical, mechanical, immunological, decreased resistance (reactivity) of the organism and many other causes.

According to the World Health Organization (WHO), gingivitis is caused by microbial infections that accumulate in the teeth. Depending on the degree of compliance with the rules of oral hygiene on the dental pellicle, in different cases, more or less views are collected. The compounds are mainly composed of polysaccharides and proteins, carbohydrates, salts, enzymes. In addition, there are inorganic substances associated with organic matter - calcium, phosphorus, magnesium, potassium, sodium. E.. V. Borovskiy, T. I. Lemetskaya et al. Emphasize the microbial factor in inflammatory diseases of the periodontium. According to them, the microorganisms that accumulate in the periodontal tissue follow a certain pattern: 2-3 nights - day, then gram-negative and gram-negative cocci in the gums, after 4-5 days - fusobacteria, from the 7th day - spirochetes, spirals. The composition of microbial views is about 70 microorganisms. They also play a role in the formation of tartar.

Disorders of salivary composition (hyposalivation, xerostomia), ie dysfunction of the salivary glands As a result, the appearance of tartar, tartar is accelerated, as the process of mechanical cleaning is disrupted. Other causes of periodontal inflammation include mechanical (chemical burns, etc.), mechanical, and physical causes of gum disease. .

For a number of reasons, the smallness of the oral cavity, anomalies of the lips and tongue can also cause the disease.

Common causes include diabetes mellitus, Itsenko-Cushing's disease, hormonal disorders of the reproductive system, nervous and internal diseases (oligophrenia, rheumatism, metabolic diseases, nephropathy and others), gastrointestinal diseases can be of great importance in the origin and development of periodontal disease.

ETIOLOGY OF INFLAMMATORY DISEASES OF THE PERIOD

Gingivitis

1. The number of microbes and their virulence -
 - A. Oral hygiene.
 - B. Influence of factors: tartar, features of dental anatomy, caries, iatrogenic factors specific
-mikrobln
factors G.
 - B. Diet (nutritional properties)
- Pathophysiological factors:
 - saliva (composition and properties, functional disorders). mouth breathing organism -
reactive-ligi
5. Duration of impressions ->
6. General resistance:
 - young

The influence of drugs on systemic diseases
genetic disorders alimentary factors
psychosomatic factors

4. Occlusal injuries

->

Periodontitis

The causes (etiology) of the development (pathogenesis) of the disease are much better understood.

Inflammation begins in the gingival cavity, of course, after the violation of its protective function (barrier). The main pathogenetic mechanisms are cell injury (polymorphonuclear leukocytes and others), biologically active substances - mediators and inflammatory modulators, microcirculatory disorders, exudation and cell infiltration as a result of increased vascular permeability, milk collagen tissue degradation, transcapillary metabolism and secondary hypoxia, acanthosis of the epithelium, and transformation of the epithelium in the dentition into the oral epithelium. It is known that it ends with stages such as disruption of the tooth-gum joint and the formation of gums (pathological gums).

Exacerbation of pathological changes, the gradual transition of inflammation to the alveolar bone tissue, periodontium, the transition from gingivitis to periodontitis. with the development of inflammation, immunological changes range from nonspecific inflammation to signs of immunological inflammation.

The question of why gingivitis progresses to periodontitis is completely unknown. Researchers call it the organism. depending on the reactivity. and we x.am add to this that the cause is due to diseases of the internal organs and system. we explain. In the etiology and pathogenesis of periodontal disease or the general condition of the organism, diseases of the internal organs and systems, local factors play a role in the close presence of each other.

7. METHODS OF EXAMINATION OF PATIENTS

The purpose of examinations in periodontal disease is to identify as much as possible the local effects and general (internal organ and system) diseases in the patient's body and to study the pathogenetic findings between them.

Question-answer (poll). A comprehensive question-and-answer session with the patient reveals the onset of the disease, the stages of development, when the patient thinks, when it started, and what it is. that is, to collect information such as k.achon zurayshi, 'k.ul. It is necessary to understand the need to involve physicians in what specialties. This is a very important work to begin with. During the question-answer it is necessary to pay attention to the mental state of the patient. Often there is pus coming out of the gums, that is, pus from the mouth, the appearance of k, ulansa x, id in the mouth, falling as a result of grinding healthy teeth, even the patient can pull the falling tooth, sleep disorders, anemia, anorexia and it should not be forgotten that tension, etc., can lead to xrlat-lars, such as the patient's understanding, and even "feeling" of x.am from life.

Subjective sensations may begin before the disease is thematic, manifestations. At the end of the question and answer, the methods of examination of the patient, the need for specific examinations will be developed. Thus, although the question-answer and examination methods are carried out one after the other, they differ from each other: the methods of examination differ in the pathogenetic features of the disease, in each and every level of the periodontal complex, k.anak.athe general condition of the organism, its re-The nature of the periodontal disease serves to reveal the nature of the periodontal disease.

Thus, the process of examining the patient consists of the following: 1. At the initial examination, the patient's complaints, anamnesis. mouth examination, simple instruments, and laboratory tests ut-dig tentative, primary diagnosis. 2. Carrying out all necessary, special examinations (reoparodontography, immunological tests, microbiology, sometimes biopsy and cocoa) to identify some pathogenetic factors that cause the disease, extended, finalThe diagnosis is made. 3. Repeated, additional examinations during treatment (gastrointestinal tract, cardiovascular diseases, mining, urinary tract patients) and other additions to the Arabic treatment.

Thus, patient screening methods are divided into two: basic and additional screening methods.

Basic Questions and answers about the methods and the patient, the condition of the oral cavity, periodontal tissue, the degree of inflammation or dystrophic changes in them, their complications, dental caries that have a negative effect on the periodontium, sharp edges of fillings, irregular prikus

, irregular orthodontic, orthopedic device or pro-therapies, their clamps and the like are affected by local effects and periodontal disease. including the creation of a plan of action for important work, such as identifying additional inspection methods needed for the lash.

The question and answer is to know what the disease is or what the patient thinks, when it started, new signs of the disease, how many teeth were removed and why they were removed, especially the number of teeth removed after the onset of the disease, because teeth can erupt like periodontitis in diabetes mellitus and therefore be removed or replaced in other diseases of the system, complete in time. and to the end untreated pulpitis, especially periodontitis, can be caused by teeth x.am.

In addition, the small size of the corridor of the mouth, the right or wrong adhesion of the lips, tongue, gums, carious teeth and similar colates are performed during x.am kurik (osmotr). It is also useful to determine the general condition of the patient, his mood, the thematic nature of the questions, the answers, etc.

There are also bad habits, such as chewing only on one side of the jaw or most of the jaw, negative professional influences, the nature of the meal (eating too much or not properly - eating sweets in excess), adherence to the rules of cleanliness, what (paste, powder) and it is necessary to clean the teeth in the order of k.ay and identify others.

It is necessary to determine whether the patient has been previously treated for periodontal disease, with what treatment, what are the benefits, whether the patient knows the current condition of the periodontium, internal and systemic diseases, and so on. If necessary, the advice of therapists, surgeons, endocrinologists, hematologists, pediatricians (in children with periodontal disease), psychoneurologists, psychiatrists, neurologists and doctors working in other specialties should also be consulted.

ORIZ When examining the bushes, it is necessary to determine the condition of the occlusal surfaces of the teeth, which have physiological and pathological erosion.

In general, periodontitis examination consists of several joints: 1. gums X. condition assessment; 2. pathological diastema (opening of the space between the teeth); 3. tooth displacement, bar - absence; 4. thickness of the gums; 5. the degree of erosion of the alveolar bone with the help of X-ray examination; 6. condition of occlusal surfaces of dental catheters; 7. locations of the process; 8. identification of teeth worthy of treatment or removal.

The condition of the milk is determined by its color, density, the presence or absence of mining, hypertrophy or atrophy of the gums, the size of the gums and gums.

The most common, especially in young people, is gingivitis - specially proposed to determine the prevalence of gingivitis.

Determination of the degree of tooth decay, gingival extraction, determination of the depth of pathological gums of the gums and periodontium using special probes, palpation It is also necessary to know how to see pus coming out of the gums, how to detect pus from the gums. Paying attention to the rules of oral hygiene can be determined using the method of dental care - fuchsin liquid, erythrosine, Schiller - Pisarev (iodine crystals 1 g, potassium iodide 2 g, 40 ml of distilled water).

It is necessary to use special methods: X-ray, capillary microscopic, functional, Schiller-Pisarev, various indices. The most important of the additional methods is the radiological method. X-ray examination helps to diagnose periodontal disease, osteoporosis, fracture-resorption, and other changes in the alveolar bone. X-rays in addition Technological examination: 1. The clinical manifestations of periodontal disease still show changes in the bone, although the first symptoms do not appear; 2. to be distinguished from other diseases that occur in the body, similar to periodontal disease, leading to various changes in the jaw bones; 3. to determine whether the abscess in the gums is marginal (periodontal) or apical; 4. only bone fractures-gpna, not at the base of the gums - thematic tartar at the root.lashda, is of great importance. In periodontology, in addition to oral dental radiographs, it is advisable to obtain mainly ortho- or pantomography - panoramic radiographs. If it is not possible to conduct a panoramic radiograph, it is possible to separate the anterior upper and lower teeth and masticatory teeth and draw a certain conclusion. Sometimes X-ray contrast agents (1. iodine solutions. 2. Barium sulfate and glycerin. 3. Zinc oxide. Preparations. 4. Silver powder and glycerin) are used to evaluate dental and gum pockets.

Another additional method is the content of sugar in the ore, ore elements, sugar in the urine, the composition of gastric juice, past and ongoing general diseases of the body, the level of resistance-reactivity of the organism, gums, periodontitis in general, rheo-rhodontographic data , capillary microscopic examination of periodontal capillaries, oxygen saturation of periodontal tissue by polyarography, nonspecific immunological changes in saliva - lysozyme to determine the size of the population, to check the activity of enzymes, with the help of microbiological tests,determination of the level of sensitivity of microorganisms in gums to antibiotics, bi in the fieldOxygen tests - electrolytes, cholesterol - lipoproteins, the level of atherosclerosis, gums - biopsy data are needed to identify periodontal disease, diagnose it, compare it and, as a result, make plans for their treatment. Of course, it is not necessary to use all x of the methods shown.

6. ConclusionIt can be said that periodontal tissues They have specific anatomical and physiological commonalities, although their histological structures are different, they are interconnected, and in pathological cases they are common tissues.

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I. Gingivitis

Form: catarrhal, hypertrophic, ulcerative
 Course: acute, chronic, recurrence, remission
 Weight level: light, medium, heavy
 Process distribution: local, generalized

II. Periodontitis

Course: acute, chronic, recurrence, remission
 Weight level: light, medium, heavy
 Process distribution: local, generalized

III. Periodontitis

Course: chronic, remission
 Weight level: light, medium, heavy
 Process distribution: generalized

IV. Idiopathic diseases accompanied by lysis of progressive periodontal tissue

V. Periodontomas

Determining periodontal pocket depth

Purpose: Determining periodontal pocket depth.

Instructions: treatment of periodontal disease.

Required equipment: a button probe separated by millimeters.

Steps to be taken:

№	Manual Skill Steps	Stage could not do	The whole stage do di	Tala ba topla gan bali	Training chi signature
1.	A buttoned probe separated by a calibrated gladilka or millimeter is obtained	0	10		
2.	The device is slowly inserted into the pathological pocket until a slight tingling sensation is felt	0	20		

3.	In the area of molars, 2 measurements are made on the cheekbones and palate, and one on the distal and medial areas - a total of 6 measurements.	0	20		
4.	There are 4 measurements in the area of the premolar, shovel and pile teeth - one measurement on each surface	0	20		
5.	Periodontal pocket depth is measured from the edge of the gums to its bottom, and the average of the sum of all measurements measured from a single tooth is written in the tooth formula.	0	10		
6.	Determining the exposed surface of the root is checked by the distance from the enamel-cement boundary to the height of the gum sucker.	0	10		
7.	The resulting calculation is written in Arabic numerals, depending on the tooth formula	0	10		
	Jami	0	100		

Criteria for assessing the knowledge and skills of groups

№	Assimilation in% and points	Baho	The level of knowledge of the student
1	96-100	Member "5"	<ul style="list-style-type: none"> -can draw conclusions and decisions -can think creatively -can walk independently can apply in practice - can be highly active and creative in conducting interactive games -can solve situational problems correctly with a fully substantiated answer -understands the essence of the question knows, tells with confidence -have a clear idea
2	91-95		<ul style="list-style-type: none"> -can think creatively -can walk independently can apply in practice - can be highly active and creative in conducting interactive games -can solve situational problems correctly with a fully substantiated answer -understands the essence of the question knows, tells with confidence -have a clear idea
3	86-90		<ul style="list-style-type: none"> -can walk independently can apply in practice - can be highly active and creative in conducting interactive games -can solve situational problems correctly with a fully substantiated answer -understands the essence of the question knows, tells with confidence -have a clear idea
4	81-85	Good "4"	<ul style="list-style-type: none"> can apply in practice -shows high activity in conducting interactive games -can solve situational problems, but cannot substantiate the answer -understands the essence of the question knows, tells with confidence -have a clear idea
5	76-80		<ul style="list-style-type: none"> -shows high activity in conducting interactive games -can solve situational problems, but the proof of the answer is incomplete -understands the essence of the question - he knows, he says with confidence -have a clear idea
6	71-75		<ul style="list-style-type: none"> -can solve situational problems correctly but the proof of the answer is incomplete -understands the essence of the question - he knows, he says with confidence

			-have a clear idea
7	66-70	Satisfactory "3"	-understands the essence of the question -can solve situational problems correctly, but cannot prove the answer - he knows, he says with confidence -have a clear idea of the topic on individual questions
8	61-65		-makes mistakes in solving situational problems knows, can't tell for sure -have a clear idea of the individual issues of the topic
9	55-60		knows, can't tell for sure -partially imaginative
10	54 and below	Unsatisfactory "2"	-has no idea does not know

4 practical training

Types of gingivitis. Catarrhal gingivitis.

Clinic, comparative diagnosis, treatment and prevention

1.1. Model of educational technology.

Training time -3 hours	Number of students: 11-22
Form of training	Practical training
Practical training plan:	1. Gingivitis. 2. The pathogenesis of gingivitis 3. Objective examination for gingivitis
The purpose of the training:	Types of gingivitis in students. Catarrhal gingivitis. Clinic, comparative diagnosis, treatment, prevention explanation
Teaching methods	Multimedia, interactive methods.
Forms of teaching	Mass, collective
Teaching aids	Curriculum development, electronic textbooks and computers.
Teaching conditions	Methodologically equipped auditorium.
Monitoring and evaluation.	Oral control: question and answer.

Technological map of practical training.

Stages and timing of work.	Educator	Learners
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Preparatory phase	<ol style="list-style-type: none"> 1. Controls the cleanliness of the audience 2. Checks the readiness of students for training 3. Controls attendance 	They listen
1. Introductory stage of training (10 minutes)	<ol style="list-style-type: none"> 1. Determining the level of basic knowledge related to the topic. 2. Explain the essence of the interactive method. 3. Topic analysis in an interactive way. 	They write and listen to the topic
2nd main stage (135 minutes)	<ol style="list-style-type: none"> 1. Divide students into small groups and ask questions on the topic. 2. Uses slides, multimedia <ol style="list-style-type: none"> a)Types of gingivitis. Catarrhal gingivitis. Clinic, comparative diagnosis, treatment and prevention 3. Solve tests and situational problems. 	They watch and record.
Stage 3	<ol style="list-style-type: none"> 1. Performing practical skills. 2. Use of dummies and phantoms. 3. Conducts treatment 4. Summarizes and summarizes the information provided on the basis of topics, 	They solve. They write.
final stage (35 minutes)	<ol style="list-style-type: none"> 1. The finalist draws a conclusion, the active participant encourages the students and gives an overall assessment 2. Supervises, evaluates independent work and assigns an independent task to the next lesson 3. Gives homework <ol style="list-style-type: none"> A) Write an abstract on the topic C) Prepare questions on the topic <ol style="list-style-type: none"> 1. The pathogenesis of gingivitis 2. Objective examination for gingivitis 3. Tests used in gigivit. 	He listens Takes notes Takes notes Takes notes
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Topic questions:

1. What is gingivitis
2. The pathogenesis of gingivitis
3. Objective examination for gingivitis
4. Tests used in gigivit.
5. Complications of gingivitis.
6. Pathomorphological changes in gingivitis.
- 7 Causes of gingivitis
- 8 General factors.
- 9 Classification of gingivitis.
- 10 Clinical course of acute catarrhal gingivitis.
- 11 Clinical course of chronic catarrhal gingivitis.

Tests:

Radiographic status of bone tissue in catarrhal gingivitis:

- A. There is no change in bone tissue. *
- B. Jaw bone tissue destruction.
- V. Presence of foci of osteoporosis.
- G. Presence of foci of osteosclerosis.
- D. Variation in the height of the alveolar barrier.

Complaints of patients with acute catarrhal gingivitis:

- A. Pain and bleeding in the gums,
- B. Dry mouth.
- V. Unpleasant sensations from chemical effects,
- G. Severe pain from thermal impressions. *
- D. Spontaneous pain in the area of the front teeth,

Complaints in chronic catarrhal gingivitis:

- A. Bleeding, bruising, swelling and discomfort of the gums. *
- B. Dry mouth after eating.
- V. Pain in the area of the front teeth
- G. General weakness and bad breath,
- D. Teething, bad breath.

X-ray indicator in catarrhal gingivitis:

- change load
- bone destruction
- partial osteoporosis in the bone
- partial osteosclerosis in the bone
- decrease in alveolar barrier

Symptoms of catarrhal gingivitis:

- redness

konashi
tumor
keratosis
atrophy

Treatment plan for catarrhal gingivitis:

eliminate the cause
anti-inflammatory treatment application
oral hygiene
sclerosing
gingivotomy

Characteristic symptoms of catarrhal gingivitis:

redness, swelling in the gums
in the gums there is parakeratosis, hyperkeratosis
there are papules, plaques in the gums
the gums have blisters and blisters
erosion of the gums, wounds

In chronic catarrhal gingivitis, the main complaints are:

gums, odor, swelling of the gums
irritation of the mucous membrane and soreness from food
sharp pain in the teeth of the lodge
overall low power and vibration
gnashing of teeth and sniffing of the oral cavity

Mucous layer in acute catarrhal gingivitis:

slightly reddened, interdental spaces swollen, tartar present
in some places in the form of an openwork type
slightly reddened and eroded, there are tartar
deformed, hardened, does not settle
redness, swelling, pain, rapid bleeding, tartar

Treatment plan for catarrhal gingivitis:

anti-inflammatory treatment application
eliminate the cause
oral hygiene
sclerosing
gingivotomy

Symptoms of catarrhal gingivitis:

Answers 1, 2, 3 are correct

konashi
tumor
redness
keratosis

X-ray indicator in catarrhal gingivitis:

change load
bone destruction
partial osteoporosis in the bone
partial osteosclerosis in the bone
decrease in alveolar barrier

Characteristic features of catarrhal gingivitis:

redness, swelling in the gums
in the gums there is parakeratosis, hyperkeratosis
there are papules and plaques in the gums
blisters and blisters on the gums
erosion of the gums, wounds

Characteristic features of atrophic gingivitis:

atrophy of the gums, retraction
redness, swelling, proliferation in the gums
a 5mm groove appears between the tooth and the gums
hypertrophy of the gums, stones in the teeth
between the teeth and gums 8 mm pits are formed

Sufficient in the treatment of catarrhal gingivitis:

elimination of the cause of origin and oral hygiene
getting tooth layers
gingivoectomy
curettage of peridontal chuntaklrini
loose operation

Patient's complaint in chronic catarrhal gingivitis:

discomfort, postprandial pain
congestion of the gums, unpleasant sensations, exacerbation of frequent attacks
a decrease in general condition, bad breath, body temperature
to rise
the appearance of pain in the gums when speaking, an unpleasant taste
pain when pressed, gnashing of teeth

Situational issues:**Issue 1**

The patient complained of redness, swelling, bruising, and bleeding in the gums. On objective examination, swelling of the gums, redness, desquamation, bleeding appear when the foci are lightly umbrella. No periodontal pockets, fewer tartar, Schiller Pisarev test positive. There is no change in the general condition.

Make a diagnosis

Issue 2:

Patient M was 19 years old and complained of redness, swelling, bruising, and bleeding in her gums. On objective examination, swelling of the gums, redness, desquamation, bleeding appear when the foci are lightly umbrella. No periodontal pockets, fewer tartar, Schiller Pisarev test positive. There is no change in the general condition.

A) Identify the causes of origin.

Interactive methods**How to play the interactive game "BLACK TULPOR".****Needed for work:**

1. Version of questions printed on separate sheets.
2. Numbers equal to the number of questions.
3. Numbers for Jrebi.

Direction of work:

1. The group is divided into 2 subgroups (5-6 students each) depending on the number of students.
2. One student from each small group goes to the teacher and gets a version of the questions and a statement.
3. The statement sheet contains the date, group number, name of the student, surname, name of the game, the subject of the lesson.
4. There will be 5 minutes for discussion of questions, after which the review will proceed to the competition.

5. One small group asks a question, the other answers.
6. The subgroup that asked the question will choose 3 advisors: 1 will ask a question, 2 will list and mark the correct answers on the sheet, and 3 will observe the time.
7. The small group answering should find answers to many questions in 10 minutes.
8. The teacher checks the correct answers.
9. Each correct answer is evaluated by 0.1 points. Points are awarded based on the number of correct answers.
10. The second subgroup then gives the questions in their options to the first subgroup.
11. Questions will be discussed and finalized within 15 minutes after the end of the review competition.
12. The points received by students are taken into account when setting the assessment rating of the course.
13. The training journal is written about the game, signed by the team leader.
14. Game descriptions are stored in the teacher.

Subject statement.

Gingivitis is an inflammation of the gums. Teeth - gum rotation

- a) shape: catarrhal (, tissue nutrition is improved. The doctor explains the method to the patient on the first day, that is, after wiping the index and thumb of the hand with an antiseptic solution, an ointment is applied and massaged with a circular motion from the fold that holds the alveolar growth on both sides. Continue for 15-20 minutes, once or twice a day, for a total of 10-12 days. It should be noted that this method is used after the removal of stones in the gums and pathological gums (ligament sagagaPk), wound (gisegoza), hypertrophic (pyregorgorYsa); severity: mild, moderate (te (1a), severe c) course: acute (asha), chronic (spgoshsa), seizures (exasegoal a); g) distribution: local ("1osa1i8), general

Periodontitis Inflammation and destructive development of periodontal tissues:

- a) severity: mild, moderately severe;
- b) course: recurrence of acute (asha) chronic attack abscess, remission, disease stagnation (getMo); food is not chewed because it can cause pain due to hemorrhage. On the other hand, hemorrhage is performed after 3-5 days, during which time the hemorrhage at the site of the previous treatment is absorbed. It is not possible to re-hemorrhage in one place during treatment. This means that the patient comes 2 or 3 times. The positive side of hemorrhage is explained as follows: capillaries with low functional capacity rupture and hemorrhage occurs, the reserve capillaries open, fill with blood and enter the service, the accumulated blood in the tissue leads to increased self-defense activity in the local tissue. enzymes, hormones stimulate tissues. Enzymes accelerate the process of digestion of waste tissue, dilute it and drain it from the veins capillaries and large blood vessels,

Since the negative pressure is twice as low in the vacuum massage method, no pain is generated in the tissue, so painless anesthesia is not necessary. The glass is moved slowly after pressure is applied along the triple bend, so that the hermetic position of the triple is not violated, otherwise the pressure will drop and the triple will separate from the tissue. The treatment lasts 5 minutes on each jaw. The total number of treatments is 10-12 days. Even after vacuum massage, electrophoresis can be performed on the same jaw on the same day, so that the correct result is obtained.

Massage. It is one of the most commonly prescribed methods in periodontal disease. This method can also be performed by the patient at home. At the same time, the activity of blood vessels increases, the blockage in them disappears and the integrity is not disturbed, mainly due to local effects, it is prescribed only after the cessation of pus in the pocket.

Application of the surgical method in periodontal disease

In the local treatment of periodontal disease, the surgical method also plays an important role. Because one of the main symptoms of this disease is when the type of toothpaste gets thickened and discolored. Depending on the degree of hardness, it is called differently. They are called soft-look, hard-stones. The colors of tartar are white, light or dark brown, bluish-brown. Their coloring is caused by food (tea, coffee, fruits), tobacco, drugs, dyes in the blood. Not chewing food with a certain group of teeth for some reason, and the high content of carbohydrates in the food, especially sucrose, glucose and fructose, leads to the rapid appearance of tooth decay.

Tooth stones contain organic and inorganic substances. Organic matter makes up 18-20 percent. They contain migrating epithelium, food debris, bacteria, mucin, and salivary cells. Inorganic substances make up 71-78% and contain calcium, phosphorus, magnesium, alkali metals, carbonates, micro-organisms. 60-70% of the inorganic part is calcium phosphate.

The process of tartar formation can take place in three stages:

4. Saturation of softening dirt with mineral compounds and the formation of primary crystalline buds. This period is about 45-60 days.

5. Growth and maturation of crystal buds. This period lasts about 45-60 days, sometimes 600-700 days, ie 1.5-2.0 years.

6. Saturation of crystal buds with complete mineral compounds takes more than 1.5 - 2.0 yds.

Depending on where it appears, stones on the gums and under the gums are distinguished. The stones on the gums are more likely to be located close to the outlets of the salivary glands. Occurs on the tooth surfaces (on the tongue side of the lower incisors, on the cheeks of the upper chewing teeth above). These stones range in color from white to brownish black. The whiter the color of the stone, the softer it will be. Tooth stones are less common in young people and more common in adults. People who have a lot of tartar in their teeth have more calcium and phosphorus in their saliva and blood, which indicates a violation of mineral metabolism. Depending on their composition, tartar is very similar to stones that form in the kidneys and liver.

irradiated in groups. As with the method of using ultraviolet light, one day the tissues around the teeth in the upper jaw are irradiated, the next day the periodontal tissue in the lower jaw is irradiated, the total number of treatments is 10-12.

The most common physical treatment for periodontal disease is electrophoresis (drug ions are sent to the tissue using electricity). One of the advantages of this method is the positive effect of direct current on the tissue. In particular, capillaries dilate, tissue becomes slightly painless, waste products formed in the pathological process are washed through the veins, bone tissue is saturated with minerals (due to calcium and phosphorus in the blood), so the patient should take medication containing these minerals during treatment, for example: calcium gluconate, calcium glycerophosphate, calcium lactate. Electrophoresis often uses vitamins vr C, RR, biostimulators: aloe, gumizol, fibs and others. From enzymes: lidase, honsuride, heparin. 2-6% potassium iodine and aminocaproic acid can also be used.

When performing electrophoresis, it is necessary to pay attention to the polar difference of drugs. For example, when electrophoresis with calcium chloride is performed, a 6-8 layer of gauze is placed on the electrode to be placed in the mouth, which is moistened with calcium chloride. The electrode wire coming out of the mouth is connected to the positive of the device, and the suede electrode wire is connected to the negative pole. Because polarity is so important in electrophoresis, only drugs with the same polarity are used during treatment. If one day is positive, for example, vitamin V, and the next day is negative for vitamin C, the treatment will not be good, because in electrophoresis the residual part of the drug ions introduced into the tissue by electric current is returned to the electrode on the second day. opposite ions are attracted to each other. On the second day, the drug remains partially in the gauze soaked in the electrode tag layer, which reduces the number of ions introduced into the tissue.

The treatment is performed using AGN, POTOK, GR and other devices. Duration of treatment is 20-30 minutes. Treatment is 12 days.

Darsonvalization. This physical method mainly uses alternating current. There are two different methods. Sparkly and non-sparkling. In case of sparking, the electrode does not touch the patient's body, there is a gap of 3-4 mm in the middle. This creates a secondary charged spark, and this spark has a positive effect on the tissue. Due to the high temperature, the fluid in the cell evaporates, good conditions are created, that is, the nutrient cup, in addition, the mucous membrane is more injured, bleeding at the expense of uneven teeth. This condition facilitates the transition of saprophytic microbes to a pathogenic state, resulting in waste and humus formed during the life of these microbes leading to inflammation of the tissues.

Injury to the tissue for various reasons is also one of the causes of periodontal disease. Both the patient and the dentist may be to blame for this. Incompetent conditions (digging between the teeth and cavities with needles, hairpins, needles, matchsticks, etc.) that have become a habit by patients injure the gums.

Circumstances that cause inflammation of periodontal tissue by dentists: carelessness in the treatment of dental cavities, improper placement of highly toxic drugs used to necrosis it in inflammation of the pulp, especially when the poplar is in front of the gums. Permanent fillings can cause disease if improperly placed in the position of the gums hanging on the end. Even if the method of extracting tartar is used, the gums can be injured and subsequently inflamed.

One of the reasons for this is the fact that surgeons do not follow the rules of dentistry when performing dental operations, move the dome, and injuries that occur when they are complicated. When teeth are sharpened by orthopedic dentists, especially when the adjacent sides are separated, the interdental suckers are cut, the tissue bleeds and is injured. If the hooks of the removed teeth are located low, it will injure the gums. If the cast is too hard when removing the toothpaste with plaster,

the gums are often rubbed and bleeding when it is removed. This also leads to subsequent inflammation of the local periodontal tissue.

If the patient is not instructed to follow the oral cavity in the orthodontic treatment of defects in the jaw rows, the birth of food debris in the orthodontic appliances and in uneven rows of teeth can lead to the appearance of the surface of the teeth.

Periodontal disease, which is caused by the fault of patients and dentists, is mostly local.

GENERAL FACTORS. According to a number of scientists who have studied this problem, periodontal disease is a disease of any organ or species in the body.

the term can be kept in the mouth. The duration of application of the bandages is 5-6 days.

Treatment of periodontitis. This type of periodontal disease is mainly treated depending on its course. When the atrophy intensifies and the sensitivity of the tooth-neck area increases, rem therapy is aimed at increasing the level of mineralization of the dental plaque. 1-2% sodium fluoride, calcium chloride, vitamin VI are injected into the tissue using electrophoresis. For this purpose, fluoride can be applied to the teeth.

After treatment, the goal is to bring periodontal tissue closer to its full physiological state, increase vascular activity, increase mineral salts in the bone, increase micronutrients and normalize metabolic processes. This is mainly achieved using physical methods.

Water treatment. It uses a variety of mineral waters and antiseptic solutions. This method removes food debris trapped in the gaps between the teeth in the oral cavity, in the incisors, in the tooth cavities, and from waste and putrefactive products containing disease products.

There are different methods of water treatment. For example: rinsing the mouth, taking a bath, that is, holding it in the mouth for a while.

The second method is to spray aqueous solutions, tinctures, mineral water in the form of a shower with a special nozzle on the gums and teeth under a pressure of 0.5-2.0 atmospheres with a special device called AGMS. Another advantage of this device is that it can send oxygen to the crane through a special metal tube.

Water temperature can be hot, warm or body temperature and even cold depending on the degree of inflammation. If the inflammation is severe, the temperature will be higher, if it is low, it will be warm, if the wound is healed, the water will be warm and the rest will be cold. In this case, mainly the capillary walls are exercised and increase their resistance to external adverse effects. The duration of treatment is 10-15 minutes, once a day for 10 days.

Ultraviolet light is also widely used. The main pathological symptom of periodontal disease is the absorption of mineral salts from bone tissue. This type of physical method increases the retention of mineral salts in the periodontium in the bone tissue. Another good feature of ultraviolet light is that microbes are killed on the surface of the irradiated tissue, the walls of the capillaries are strong, and the outflow of fluid from the blood is reduced. Treatment with ultraviolet light disrupts the circulatory connection in the neck of the tooth below, the pathological tooth forms a gum gum pocket, leading to an inflammatory process.

Dystrophic changes in nerve tissue occur as a result of poor blood supply to periodontal tissue. Scientists PAGlushkova, DAEntin, E.E.Platonov, I.O.Novik and others have confirmed in their scientific work that this pathological process causes periodontal disease.

As a result of a decrease in the body's reactivity, the tissues lack the ability to regenerate and protect, resulting in a dystrophic process in the periodontal tissue. This is especially seen in the suppression of physical and chemical processes, and its negative consequences lead to disruption of the permeability of the vascular wall, blood circulation, metabolism and lack of oxygen in the tissue. Completely oxidized nutrients are formed in the tissue. This is evidenced by the disruption of the oxidation and reduction process. As a result, gingivitis, periodontitis, periodontitis develop.

Many scientists are concerned with the theory that periodontal disease may be related to endocrine disorders. A.Efimov (1970), GFGafurova (1974), Udovitskaya (1975) conducted research on pathological changes in periodontal tissue, especially in diabetes. Periodontal disease occurs in 90-95% of cases of diabetes. It was concluded that the main cause was pathological changes in the capillaries. Angiopathy develops in the same periodontal tissue in the capillaries of the patient's body today. The longer the duration of the disease, the younger the patient, the more severe the periodontal

disease, and it occupied the entire periodontal tissue. Osteoporosis occurs in the bone tissue of the jaw alveoli, which is especially accelerated in the interdental bone tissue, resulting in bone resorption being noxious,

Periodontitis also develops in diseases of the gastrointestinal tract. In this common disease, the secretion of gastric juice is disrupted, histamine is increased in the bloodstream, which leads to dilation of the vascular wall and increases its permeability. As a result, the circulation of lymph fluid in the lymphatic vessels is disrupted, which leads to inflammation of the gums, which are part of the periodontal tissue (P. N. Andrianov, 1961). Increased acid and alkaline phosphatase in blood serum (MS Kovalkj, 1974).

sending it to the crease or putting its grease in the tooth-gum pocket and pouring paraffin or other bandage over it. It is also recommended to use bugadion or indomethacin ointment against swelling.

In moderate periodontitis, the same drugs are used, in addition, open curettage is performed. When periodontitis is severe, enzymes are used as an additional drug. Enzymes enhance the process of oxidation and regeneration by regulating the metabolism of substances in the tissue. There are many types of enzymes, one of which is selected and dissolved in isotonic or special buffer solution or alkaline solution 1mg - enzyme 1 ml - solution. An antibiotic can also be added to the solution; 25000-50000 TB per 1ml, sulfanilamide preparations can also be used (5ml, 0.1 g per enzyme); can also be added to the enzyme from drugs in the category of nitrafuron. The prepared solution is soaked in a cotton swab, inserted into the tooth-gum pocket, and after standing for 20-30 minutes, the swab is removed. This treatment is repeated 7-10 days. The enzyme can also be sent to the tissue by electrophoresis. The solution is prepared as described above and sent from the positive pole.

In relapse of periodontitis can be used 0.05% solution of ter-rilitin in the gums. After 15-20 minutes, the cotton wool is removed. It is also possible to put a mixture of methiclose in the pocket. Its composition is as follows: prophezin 5.0, chlorhexidine 0.2, methyluracil 0.2, glycerin 30.0, zinc oxide up to 100.0. All this is mixed and mixed in any oil (vitamins E, A, carotene, peach oil, etc.). Caripazim is 0.5-1-2% soluble. It contains a number of enzymes. Used as an application. Beneficial in the treatment of periodontitis. In addition, the contraceptive or trasilol is injected into the pocket using a cotton swab in the form of a solution with lysozyme.

Antibiotics are also widely used in moderate, severe, or recurrent types of periodontitis. An example is lincomycin hydrochloride (30%). Milk is sent to the reader fold every day or every other day. Lincotsin is also administered in the same way as lincomycin. Gram-negative concentrations affect streptococci. It penetrates to the bone tissue. Claforan is effective against gram-negative and aerobic microbes, as well as other microbes, so this antibiotic works well. It is also injected into a transient fold with a syringe - Tarivid, a drug with a very wide range of action, is available in tablets (0.2 g). Only local tissue is added as a mixture or as part of a healing bandage. Fusidintgel is applied against microbes. It has an anti-inflammatory and anti-tumor effect and enhances phagocytosis.

PATIENT EXAMINATION METHODS

The purpose of examining the patient is to clarify the diagnosis and perform the treatment correctly based on its results. Methods of examination of the patient include: 1) inquiry of the patient's life and medical history; 2) clinical examination; 3) implementation of necessary laboratory and other testing methods.

Implementing these methods requires a high level of knowledge from the physician.

The patient's life history is asked along with the complaint, as the body's current state of affairs requires it. These include what diseases the patient has had during his or her lifetime, how severe they are, what complications they have left, the propensity to treat the disease, the rate of recurrence, and so on. The purpose of asking the patient what diseases he is suffering from is to treat periodontal disease as well as other diseases in the body, for which the patient should be referred to a specialist in the identified disease. Diagnosis of other diseases requested by the patient should be clearly written in a certain allotted place on the patient's medical history sheet. Such identification also involves caution and precision in the choice of medications prescribed to our patient. For example, It should be noted that at first the patient may say that he does not have any disease, as he may not know that periodontal disease is associated with other diseases, so the doctor should ask the patient additional questions with zero explanation. The doctor's level of knowledge ended up playing a big role in the conversation. It is also important to determine the patient's susceptibility to allergies. Finally, I must take into account the patient's home and working conditions

The second stage of the inquiry is to determine the history of the complaints that led the patient to seek medical attention. First, the doctor should listen carefully to all the complaints of the patient, and then clarify each type of complaint, if necessary, with additional questions. This is it

Glucocorticoid ointments (lacocorten, breast, deperzalone) can also be used in ulcerative gingivitis. Fastin -1 or fastin -2 ointment is also recommended for pain relief. Therapeutic bandages can be prepared by the physician himself before use. Antibiotics, enzymes, anesthetics are added to this package. Vitamin A, E, carotene oil or oblepixa oil can be taken as a base.

Anaerobic microbial species multiply in ulcerative gingivitis, so in order to achieve good results, metronidazole tablet is dissolved in chlor-hexedine (0.06% solution) and placed on the gums for 10-15 minutes. HudtsI can also use a drug called cliostom, which has this effect. Sangviritrin 1% oil is also used.

Among the new drugs used in this disease are dalatsin C, epotselin. These antibiotics kill microbial species. These antibiotics are dissolved in saline or distilled water. Anti-inflammatory eucalyptus aerosol is also used. It contains norsulfazole, streptocide, thymol, eucalyptus essential oil. The goal is to accelerate the healing of gum tissue. The following drugs are recommended: solko-seril squeezing oil, 3% octatin oil, prefuzin gel. It contains fusidic acid and prednisolone. Hyposol aerosol is sprayed on the gums, it lasts 15-20 minutes. It is sprayed 3-4 times a day. 1-2 weeks. The physical methods prescribed for this disease include: laser light, ultraviolet light and various aqueous treatments.

Patients should be given 1 tablet of suprastin or diphenhydramine at bedtime. A 5% solution of ascorbic acid is prescribed for injection or ascorbic acid tablet. If the patient has a fever, it is prescribed to take 0.5 g of sodium salicylate ash 3-4 times a day or 0.25 g, metronidazole 3 times a day. Duration of treatment - 1 week.

If there is caries on the teeth and its complications after the suppression of the acute phase of ulcerative gingivitis, it is necessary to begin treatment without delay.

Treatment of periodontitis. In the treatment of this disease, special attention is paid to its course, severity and extent of spread. The purpose of local treatment is to eliminate the harmful effects of pathogenic microbes in the oral cavity, as well as in the gingival pocket, to restore capillary circulation in the periodontal tissue and related damaged tissues, to reduce tissue swelling.

If the indicator is 1 - 1, 5, the degree of cleanliness of the oral cavity is assessed as good, if 2.5, the level of cleanliness of the oral cavity is assessed as not clean.

Green and Vermilon recommended a simplified index in determining oral hygiene. In this case, the dental surface of the tooth is stained with one of the above-mentioned solutions.

Recommended teeth A $\frac{61.16}{00}$

Rating: 0 - unpainted, ie no toothpaste, 1 - toothpaste stains less than 1/3 of the tooth surface, 2 - toothpaste covers 1/3 - 2/3 of the tooth surface, 3 - toothpaste covers 2/3 of the tooth surface It covered more than 3 parts.

Conclusion: 0 - The hygienic condition of the oral cavity is good,
3 - The hygienic condition of the oral cavity is unsatisfactory.

The periodontal index is recommended to determine the pathological condition of the periodontal tissue complex. It was proposed by Ki \$\$ e1 in 1956. The results of the examination are evaluated as follows: 0 - no change, 1 - mild gingivitis, 2 - gingivitis, but no pathological pocket, 6 - gingivitis, there is a pathological pocket and tooth decay, 8 - there are destructive changes in periodontal tissue, tooth decay, periodontal pocket deep, The formula is derived as follows:

_ the sum of the value of the teeth examined is the number of teeth examined

0.1 - 1.0 - mild periodontitis, 1.5 - 4.0 - moderate, 4.0 - 8.0 - severe.

The depth of the pathological tooth-gum pocket is detected by a special probe with a button tip. The bent part of the probe is mm. divided into larvae. Depth of pathological pocket 0.5 mm, 3 mm, 5 mm / WHO recommendation /. Another method of examination in periodontal disease is the degree of tooth decay. The tooth is squeezed on both sides with tweezers and moved towards the oral cavity and oral cavity, if the movement is 1 mm, it is assessed as the first degree. The vibration does not move to the side of the oral cavity and the oral cavity, but more than the first level and also to the side of the lateral teeth, this is the second level, if the tooth moves around its axis, it is considered the third level.

It is also important to check the bleeding of the gums. If the periodontal tissue is not diseased, the gums will not bleed. Agar milk

Treatment plan: elimination of local adverse factors, teaching the patient the rules of proper cleaning of teeth. Use of fuchsin, lugol's solution or erythrosine tablet for control. To teach the selection of recommended means for oral hygiene. Professional hygiene of the oral cavity, i.e. the decoration of the tooth surface. To eliminate the activity of bacteria in the teeth, order to take an oral bath with a solution of 0.06% chlorhexidine twice a day (morning and evening) after washing for 3 minutes. milksaga after treatments

) If inflammation persists, medications may be prescribed in combination. Aqueous solution of 1-3% resorcinol, 2-10% zinc chloride, 0.05% -0.1% chlorhexidine, which are keratoplastic drugs

L solutions are soaked in gauze and applied to the gums. Chlorfilipt, 0.2% salvin, rotokan, chamomile tincture can be used. Milk bleeding gives good results if electrophoresis with vikasol, 5% aminocaproic acid solution, hemophobin, 1% ferakryl, 10% calcium chloride solution, papaverine. If the milk is red, it is rubbed with 5% bugadion grease. From physical methods it is more preferable to massage by hand or darsonval, irradiation with ultraviolet light, using laser light. For general treatment, one of the vitamins - ascorbutin, pangexavit, decamevit and others - is prescribed to drink for 15-30 days.

Treatment of hypertrophy schngivitt. The patient should be taught and monitored oral hygiene, as in catarrhal gingivitis. This is especially necessary in the tumor type of hypertrophic gingivitis. It is also possible to use antiseptic solutions recommended in catarrhal gingivitis. Of the oily ointments, 5% bugadione, 3% acetylsalicylic acid oil, indomethacin, heparin ointments are ordered. Physical methods include laser light, phonophoresis with the addition of 15% dubinol solution to sunflower oil. To reduce the volume of hypertrophied tissue, the gums are injected with 50-60% glucose. 0.1 ml of the drug is injected into each gums. It is possible to inject 5-6 gums a day. Depending on the size of the tumor, it is applied to the gums 3-8 times a day. Each injection is repeated in two or three days. Glucocorticoids are also blind. For this purpose, an oily extract of hydrocortisone can be injected into the gums or an emulsion (0.1-0.2 ml) is injected into the gums. Mixing dentin and zinc oxide in equal amounts with steroid oil is a healing o

The decrease in alveolar growth is the first degree if it is up to 1/3 of the root, the second degree if it is up to 1/2, and the third degree if it is 2/3 and more. Figure 6 (a, b, c). The descending type of alveolar growth is of two types, horizontal and vertical (sometimes it can also be a mixed type).

In some cases, the alveolar growth is horizontal in some places, and in some places it is vertical, and in the vertical place it is also called a bone pocket (Fig. 7).

In addition to the basic examination methods, additional methods are used to obtain complete information about periodontal disease in each patient, which was especially important in the choice of treatment. These methods include: a general blood test, a blood sugar test. Leukocytosis, an increase in ECG, all the signs of inflammation are characteristic of periodontal disease. If a patient has a decrease in hemoglobin, the amount of sugar in the blood increases

Additional drugs used in periodontal disease: nystatin, levorin (ointment) are injected into the gums. Hexetidine in a vial of 100.0 ml 1 teaspoon diluted in a cup of boiling cold water and rinse mouth. Calendula in the form of a 10% drip or grease. Zveroboy tincture or ointment Kalanchoe juice, eucalyptus - 10% tincture, sage salvin 0.2% solution. Propolis - aerosol, sprayed on the gums. RS powder / prepared from placental blood / is injected into the gums as a powder. 3% octatin ointment, milissin - oily solution / prepared from bee products / in 0.3-0.5 ml of syringe and sent to a soft tissue near the burr; Once in 3 days, a total of 10 times. Observations showed a good result. Nitrogen mustard is dissolved in 0.0025%, 5-1ml saline and injected into the gums with a syringe. Once every 2 days. 0.5% decaris solution-mouth rinse. Fastin 1, Fastin 2 is an ointment that is inserted into the tooth-gum pocket. The polymineral solution contains mineral salts and colloids, increases the regenerative capacity of periodontal tissue, eliminates the inflammatory process. Removed after -15 minutes Duration of treatment -10 days. Ferakril is prepared in a 1% -20 ml vial, which was used as above. 5% E-aminocaproic acid, which is also used as above, can also be rinsed in the mouth. If the gums are hypertrophied, soak a cotton ball in an aqueous solution of D-3% resorcinol or 2-10% zinc chloride solution. The Rotakan solution is ready-made in a vial, which is also used in the above method. Hyposol is a drug released as an aerosol. Sprinkle on the milk and hold for 15 minutes. It can be done 3-4 times a day, the duration of treatment is 10 days. Navo - imanin 0.1% - 0.5% solution, mitronidazole 1%, dioxide 1% solution. The method of using them is the same as the previous instruction, that is, a cotton swab is applied and placed in the tooth-gum pocket.

After the cessation of pus separation from the pathological tooth-gum pocket, a bandage prepared from the following drugs should be burned on both sides of the tooth in the gum. Example: MK - 14 I - this glue is a binding, ready, contains mainly cyanoacrylate. A 0.2% chlorhexidine solution is also used. This bandage fights germs in the periodontium, quickly repairs the surface of inflamed tissue. The milk is applied in layers with a special brush, it hardens quickly, then gently for 3-5 days.

—no destructive changes in the interdental alveolar barrier are observed on radiography;

—there are no changes in the general condition of the patient's body in other types of gingivitis, except for recurrence of acute catarrhal and wound necrotic gingivitis.

CATARAL GINGIVITIS. The pathological process that develops in this type of disease can be briefly explained as follows: under the toxic action of microorganisms located in the gums, polymorphonuclear leukocytes accumulate in this tissue. The alteration of these leukocytes leads to the activation of lysosomal enzymes (hydrolases, lysozyme, etc.), followed by the formation of biologically active substances (histamine, serotonin, etc.), and in the later stages of inflammation, prostaglandin is formed. As a result of the negative impact of these biologically active substances on the tissue, the activity of small blood vessels in the gums is disrupted, vascular permeability increases, albumin, immunoglobulins A, M, O fibrin-fibrinogen are detected in the connective tissue and vascular walls. In the early stages of inflammation, the number of vessels in the service increases, they become dilated and filled with blood. Inflammatory infiltrate is focal and occurs only in the gums. As inflammation develops, the infiltrate becomes rougher, fat cells increase. The release of histamine, serotonin, heparin, and other substances slows blood flow in the venous spaces and alters vascular tone. Intercellular swelling occurs in the epithelium of the gums, the resistance of the eustachian tube to external adverse effects is reduced. Due to the increase in permeability, harmful microorganisms accumulate among the epithelial cells, which become increasingly aggressive, resulting in an increase in plasma cells and their putrefactive waste. Such changes that occur in catarrhal gingivitis are of great importance in other types of the disease and in the development of periodontitis. fat cells increase. The release of histamine, serotonin, heparin and other substances slows blood flow in the venous spaces and changes vascular tone. Intercellular swelling occurs in the epithelium of the gums, the resistance of the eustachian tube to external adverse effects is reduced. Due to the increase in permeability, harmful microorganisms accumulate among the epithelial cells, which become increasingly aggressive, resulting in an increase in plasma cells and their putrefactive waste. Such changes that occur in catarrhal gingivitis are of great importance in other types of the disease and in the development of periodontitis. the ability of epithelium to resist external negative influences diminishes. Due to the increase in permeability, harmful microorganisms accumulate among the epithelial cells, which become increasingly aggressive, resulting in an increase in plasma cells and their putrefactive waste. Such changes that occur in catarrhal gingivitis are of great importance in other types of the disease and in the development of periodontitis. the ability of epithelium to resist external negative influences diminishes. Due to the increase in permeability, harmful microorganisms accumulate among the epithelial cells, which become increasingly aggressive, resulting in an increase in plasma cells and their putrefactive waste. Such changes that occur in catarrhal gingivitis are of great importance in other types of the disease and in the development of periodontitis.

Although acute catarrhal gingivitis is rare in the general population, it is more common in young children. It occurs mainly as a symptom of an acute illness (sore throat, acute inflammation of the bronchial tubes). The gums ache, bleed, and there is an unpleasant odor in the mouth. As a result, the patient has difficulty eating and brushing his teeth. This makes the disease worse.

The goal of the treatment of periodontal disease is to draw the patient's attention to the hygienic condition of the oral cavity, as patients often do not brush their teeth regularly, as the disease is often accompanied by bleeding gums, which leads to further acceleration and aggravation of periodontal disease. To prevent this, the patient is perfectly taught the rules of tooth cleaning. A special toothbrush and toothpaste are recommended. In a patient mainly gums which eliminates this sign of bleeding

special toothpastes are used. If there is more inflammation in the gums, toothpastes that relieve this symptom are recommended. Once the tartar is removed, the neck of the tooth will be exposed! and sometimes the patient develops hypersensitivity to the effects of hot, cold and sweets. In this case, one of the pastes such as "Colgeid, Ftorodent, Remodent, Pepsodent, Fluudent" is offered.

The next goal of local treatment is to eliminate bleeding gums and inflammation that occurs in them (i.e., to weaken the strength of pathogenic microbes, to eliminate the negative effects of waste products generated as a result of the pathological process on periodontal tissue). Many drug groups are recommended for this. Here are some of them:

1. Drugs to stop bleeding gums: 0.5 ml of 5% epsilon - aminocaproic acid is added to 2 ml of yuotonic solution, soaked in cotton wool, put on the gums or in the gums of the teeth using a gladilka and removed after 15 - 20 minutes. Tracilol powder is also dissolved in an isotonic solution (2500 MIE - 2ml). Logo-khilus - issued in two different rounds, one in the form of a powder or tablet in a paper bag. The tablet form is first ground, pulverized and dissolved in an isotonic solution, which is then placed on a cotton swab in the same way as above. 6% potassium iodine solution, lidaza-1 powder in a vial is dissolved in 30 ml of buffer solution, then placed in a cotton swab.

Anti-inflammatory drugs are divided into the following groups: 1 / antiseptics, 2 / enzymes, 3 / hormones, 4 / an-antibiotics, 5 / drugs that increase the activity of periodontal tissue and restore it. It should be noted that strong drugs are not used in periodontal disease. For example: bitter stone, whether powder, solution, manganese powder, antidepressants (azafen, pyrazidol, incazone, cefedrine, etc.).

Anesthesia of the milk edge before treatment

Purpose: anesthesia of patients with periodontal disease before gum treatment.

Instructions: treatment of periodontal disease.

Required equipment: dental instruments, anesthetics (articaine, lidocaine, novocaine, ubistezin, septanest, gingicaine gel, etc.), syringes, needles, bandages (gauze, cotton swab, ball, tampon and gauze piercings).

Steps to be taken:

№	Manual Skills Steps	Could not complete the step	All stages ni bajardi	Collect the student	Teacher signature

				gan bali	
1.	Antiseptic treatment of the milk edge	0	10		
2.	Separating the tissue with cotton swabs to protect it from saliva and medicinal washes	0	20		
3.	A local anesthetic (gingicaine gel) is inserted into the periodontal pocket and between the teeth using a gladilka and left for 15-20 seconds.	0	40		
4.	In deep periodontal pockets analgesic gel is applied in gauze or cotton swabs and left for 5-10 minutes	0	30		
	Jami	0	100		

Criteria for assessing the knowledge and skills of groups

№	Assimilation in% and points	Baho	The level of knowledge of the student
1	96-100	Member "5"	-can draw conclusions and decisions -can think creatively -can walk independently can apply in practice - can be highly active and creative in conducting interactive games -can solve situational problems correctly with a fully substantiated answer -understands the essence of the question knows, tells with confidence -have a clear idea
2	91-95		-can think creatively -can walk independently can apply in practice - can be highly active and creative in conducting interactive games -can solve situational problems correctly with a fully substantiated answer -understands the essence of the question knows, tells with confidence -have a clear idea
3	86-90		-can walk independently can apply in practice - can be highly active and creative in conducting interactive games -can solve situational problems correctly with a fully substantiated answer

			-understands the essence of the question knows, tells with confidence -have a clear idea
4	81-85	Good "4"	can apply in practice -shows high activity in conducting interactive games -can solve situational problems, but cannot substantiate the answer -understands the essence of the question knows, tells with confidence -have a clear idea
5	76-80		-shows high activity in conducting interactive games -can solve situational problems, but the proof of the answer is incomplete -understands the essence of the question - he knows, he says with confidence -have a clear idea
6	71-75		-can solve situational problems correctly but the proof of the answer is incomplete -understands the essence of the question - he knows, he says with confidence -have a clear idea
7	66-70	Satisfactory "3"	-understands the essence of the question -can solve situational problems correctly, but cannot prove the answer - he knows, he says with confidence -have a clear idea of the topic on individual questions
8	61-65		-makes mistakes in solving situational problems knows, can't tell for sure -have a clear idea of the individual issues of the topic
9	55-60		knows, can't tell for sure -partially imaginative
10	54 and below	Unsatisfactory "2"	-has no idea does not know

Practical lesson 5

Wounded gingivitis.

Clinic, comparative diagnosis, treatment and prevention

1.1. Model of educational technology.

Training time -3 hours	Number of students: 11-22
Form of training	Practical training
Practical training plan:	<ol style="list-style-type: none"> 1. Classification of ulcerative gingivitis. 2. The role of bacteria in ulcerative gingivitis. 3. Desquamative changes in the gums in ulcerative gingivitis
The purpose of the training:	<p style="text-align: center;">Wounded gingivitis in students.</p> <p style="text-align: center;">Clinic, comparative diagnosis, treatment, prevention explanation</p>

Teaching methods	Multimedia, interactive methods.
Forms of teaching	Mass, collective
Teaching aids	Curriculum development, electronic textbooks and computers.
Teaching conditions	Methodologically equipped auditorium.
Monitoring and evaluation.	Oral control: question and answer.

Technological map of practical training.

Stages and timing of work.	Educator	Learners
Preparatory phase	<ol style="list-style-type: none"> 1. Controls the cleanliness of the audience 2. Checks the readiness of students for training 3. Controls attendance 	They listen
1. Introductory stage of training (10 minutes)	<ol style="list-style-type: none"> 1. Determining the level of basic knowledge related to the topic. 2. Explain the essence of the interactive method. 3. Topic analysis in an interactive way. 	They write and listen to the topic
2nd main stage (135 minutes)	<ol style="list-style-type: none"> 1. Divide students into small groups and ask questions on the topic. 2. Uses slides, multimedia <ol style="list-style-type: none"> a) Wounded gingivitis. Clinic, comparative diagnosis, treatment and prevention 3. Solve tests and situational problems. 	They watch and record.
Stage 3	<ol style="list-style-type: none"> 1. Performing practical skills. 2. Use of dummies and phantoms. 3. Conducts treatment 4. Summarizes and summarizes the information provided on the basis of topics, 	They solve. They write.
final stage (35 minutes)	<ol style="list-style-type: none"> 1. The finalist draws a conclusion, the active participant encourages the students and gives an overall assessment 2. Supervises, evaluates independent work and assigns an independent task to the next lesson 3. Gives homework <ol style="list-style-type: none"> A) Write an abstract on the topic C) Prepare questions on the topic <ol style="list-style-type: none"> 1. Objective changes in ulcerative gingivitis. 2. Local treatment of wound gingivitis. 3. Ярали гингивитнинг профилактикаси. 	Тинглайди Ёзиб олади Ёзиб олади Ёзиб олади

Фойдаланидган адабиётлар	<p style="text-align: center;">Асосий адабиётлар</p> <p>1.Боровский Е.В. "Терапевтическая стоматология" М.,2006 г.. 2.Боровский Е.В. ва бошқалар "Терапевтическая стоматология".- М.,2004 3.Камилов Х.П., Мамедова Ф.М. "Даволаш стоматологиядан" рецептура справочниги.- 1995. 4.Боровский Е.В., Баришева Ю.Д., Максимовский Ю.М. "Терапевтическая стоматология".- М.: Медицина, 1998.</p> <p style="text-align: center;">Қўшимча адабиётлар</p> <p>1.Основы терапевтической стоматологии. / Клаус. М. Леманин 1999. 2.Лукиных М.Л. Кариес зубов.- Н. Новгород, 1996. 3.Иванов В.С. Воспаление пульпы зуба. - М., 1990. 4.Степанов А.Е. Косметическое восстановление коронок зубов. - М., 1999. 5. Дмитриева Л.Н. и др. «Терапевтическая стоматология». - М.,2004 г 6. Дунызина Т.М. и др. «Современные методы диагностики заболеваний пародонта»- С.Пет.2001.- 48с.</p>	Ёзиб олади

Мавзу саволлари :

- 1 Ярали гингивит таснифи.
- 2 Ярали гингивитда бактерияларнинг ахамияти.
- 3 Ярали гингивитда милқдаги десквоматик узгаришлар
4. Ярали гингивитнинг клиник кечиши
5. Ярали гингивитда буладиган объектив узгаришлари.
6. Ярали гингивитнинг махаллий даволаш усули.
7. Ярали гингивитнинг профилактикаси.

Тестлар:

Ярали гингивитда регионал лимфа тугунлари бўлиши мумкин:

- А. Катталашмаган, оғриқли.*
- Б. Катталашган оғриқли.
- В. Катталашмаган оғриқсиз.
- Г. Катталашган оғриқсиз.
- Д. Ёпишган оғриқсиз.

Ярали гингивитни даволашда яхши антимикроб хусусиятли воситаларни кўрсатинг:

- Г. Трихопол.*
- А. Метил урацил
- Б. Солкосерил.
- В. Колонхоэ соки.
- Д. Ферментлар.

Ярали гингивит юзага келади...

- Хама жавоб тугри*
- Иммун даражаси пасайса
- Пародонт тукумаси

Атрофик гингивитда буюрилмайди:

- А. Гидромассаж
- Б. Дарсенваль.
- В. Аутомассаж.
- Г. Электрофарез.

Д. Склерозловчи терапия.

Десквматив гингивитга хос:

- А. Гипоэстрогенемия.
- Б. Пуфакли дерматозлар.
- В. Систем касалликлар.
- Г. Химик травма.
- Д. Хаммаси тўғри.

Десквматив гингивитга тааллуқли:

- А. Фиброз шишли.
- Б. Буллез, атрофик.
- В. Фиброз, гипертрофик.
- Г. Фиброз гренуляцияловчи.

Д. Эртематоз, буллез

Бемор 16 ёшда милқда емирилиш, ола-чипорлик кузатилади:

- А. Атрофик гингивит.*
- Б. Катарал гингивит.
- В. Яроали гингивит.
- Г. Гипертрофик гингивит.
- Д. Десквматив гингивит.

Атрофик гингивитга хос характерли белгилар:

милкда атрофия, ретракция булади
милкда кизаришлик , шиши, пролеферация булади
тиш ва милк орасида 5мм чукурча пайдо булади
милкда гипертрофия, тишда тошлар булади
тиш ва милк орасида 8 мм чукурча хосил булади

Ярали гингивитни даволашда қуйидаги аппликациялар кўрсатма бўла олади:

трипсин
химотрипсин
боргизут шарбати (сок подорожника)
алоэ шарбати
Д. 0,2% сальвин эритмаси

Ярали гингивитни даволашда ишлатилмайди:

20-30% ли резорцин эритмаси
боргизут шарбати (сок подорожника)
кортикостироидлар, антибиотиклар билан бирга
ферментлар антибиотиклар билан бирга
Д. антибиотиклар

Кератопластик моддаларга киради:

наъматак мойи
алоэ линименти
10%ли метилурацил суртмаси
хлоргексидин
мойчечак шарбати

Ярали гингивит учрамайди:

соғлом организмда
яхши овкатламаганда
витамин етишмаслигида
оғир метал тузлари билан захарланганда

Бемор 26 ёш, овкатланган пайтда милк қонаши, оғиздан ёқимсиз хид келиши билан шикоят қилади, дастлабки қандай ташхис қўйса бўлади:

катарал гингивит
енгил даражадаги пародонтит
атрофик гингивит
пародонтоз

Шиллер-Писариев синамасини ўтказиш учун эритма таркиби:

1гр кристаллик йод, 2гр калий йодит, 40мл дистилланган сув
0.5гр кристаллик йод, 2гр калий перманганат, 60мл дистилланган сув
10%ли резорцин эритмаси, 60мл дистилланган сув
2мл люголь эритмаси, 2гр калий йодит, 40мл дистилланган сув

Функционал клиник усулларга кирмайди:

кўрик, R-графия
стоматоскопия, ЭОД
реография
полярография

Ярали гингивитда қўлланилмайдиган даволаш усуллари:

гингивоектомия
апликацион анестезия
протеолитик ферментлар билан милкни аппликация қилиш
хлоргексидин билан оғизни чайиш
кирмайди:
эозонофил гранулёма
эпулис

милк фиброматози

липома

Бемор ҳолсизликка, бош оғриғига, тана ҳароратини қўтарилишига, милкдаги оғриққа, овқат ейишни қийинлашишига шикоят қилади. Бу:

А. Ярали гингивит.*

Б. Дескваматив гингивит.

В. Гипертрофик гингивит.

Г. Атрофик гингивит.

Д. Катарал гингивит.

Ярали некротик гингивостоматитда характерга эга бўлган симптомлар:

А. Шиллик қаватда кўплаб эрозия ва фиброз қараш билан қопланган ярали элементлар бўлиши

Б. Милк шиллик қаватида оғиз бўшлиғи дахлизидида фиброз қараш билан қопланган яра бўлиши.

В. Шиллик қаватда кўплаб озгина оғрикли афтлар бўлиши.

Г. Гиперемияланган шиллик қаватда некротик пленка кўплаб визикула бўлиши.

Д. Шиллик қаватда кул рангдаги некротик пленка бўлиши, кўчирганда эрозия пайдо бўлиши ва бирданига оғрик бўлиши.

Ярали некротик гингивитда бактериологик анализда қуйидаги микрофлора кузатилади:

А. Анаэроб

Б. Аэроб

В. Замбуруғлар

Г. Вируслар

Д. Коклар

Ярали некротик гингивитни маҳаллий даволаш бошланади:

А. Милк усти тиш тошларини олишдан

Б. Микробларга қарши воситаларни апликация қилишдан

В. Кератопластик воситаларнинг апликациясидан

Г. Тишларни олиб ташлашдан

Д. Замбуруғга қарши воситаларнинг апликациясидан

Вазиятли масалалар :

1-масала

Бемор 14 ёшда, механик, кимёвий, физик факторлар таъсирида милкида оғриққа шикоят қилади, баъзи жойларида ачишиш ҳолатлари ҳам кузатилади. Обьектив кўрганимизда милкларнинг маргинал ва сўрғич қисмида эрозияларни кўраимиз. Милклар хиралашган ва некроз ўчоқлари мавжуд.

Ташхис қўйинг:

2-масала

Бемор 17 ёшда, механик, кимёвий, физик факторлар таъсирида милкида оғриққа шикоят қилади, баъзи жойларида ачишиш ҳолатлари ҳам кузатилади. Обьектив кўрганимизда милкларнинг маргинал ва сўрғич қисмида эрозияларни кўраимиз. Милклар хиралашган ва некроз ўчоқлари мавжуд.

Солиштирма ташхис қўйинг:

Интерактив усуллар

Ротация усули фикрни баён этиш.

Бу усул мавзуни кичик гурухлар билан алохида ва бутун гурухлар билан тахлил этишга асосланган хар бир кичик гурух 30 мин давомида 3-та топширикни тахлил этадилар 15 мин давомида хамма биргаликда тахлил киладилар. Аудиторияга бир нечта нашрланган топшириклар осиб чикилади хар бир кичик гурух 10-мин давомида мухокама килиб уз вариантларни жавобини ёзиб оладилар.

Кейин бошка топширикка айтадилар шу тарика давом этадилар хар бир гурух узининг рангли фломастерни олади бир гурух-кук иккинчи гурух кора учинчи гурух яшил ранг.

Хар бир когоз учала фломастер билан белгиланган булиши керак 10 минутдан кейин топшириклар алмаштириб 1 гурух 2-топширикни 2 гурух -3. 3 гурух- 1топширикни бажаради гурух узидан олдинги гурух берган жавобларни укиб кушимча киритади. Бунда такрорий жавоблар булмаслиги керак, кейин кейинги топширикка утадилар ва укийдилар. Узларининг жавоблари билан тулдирадилар 15 миннутдан кейин тахлил киладилар оптимал жавоб топилади, дафтарга ёзилади бу усул мавзуни жамоа билан тахлил этишга каратилган.

Хар хил фломастерлардан фойдаланиш хар бир гурух берган жавобларни бахолашда кулай хисобланади жавоблар олдиндан номерлар куйилиб тугри жавобларни санашда кулай хисобланади энг куп жавобларни берган кичик гурухлар максимал баллар олишади.

Мавзу баёни

ГИНГИВИТЛАРНИНГ КЛИНИКАСИ, ТАШХИСИ ВА КИЁСИЙ ТАШХИСИ

Таснифга муофик, гингивит (милк яллигланиши) асосан ка-тарал (юза, энгил), гипертрофик, ярали ва атрофик турлардап иборат.

Милк яллигланиши — гингивит —бу макаллий ва умумий, таш-к_и ва ички салбий таъсиротлар ок,ибатида келиб чикдан, тиш-милк бойламини бутунлиги сак_ланган хколда кечадиган касалликдир.

Гингивитлар учун, уларнинг клиник кечиллари ва морфологик угтаришлардан к_атъий назар, хос аломатлар мавжуд:

1. Касаллик асосан болаларда, ёш (19—20 ёшгача) булган одамларда учрайди;
2. Купрок. тиш юмшок. карашлари (микробли, юмшок , овк_аткрлдигулари) ва баъзида тиш тошлари булади;
3. Гигиеник индекс ва гингивит бир-'бирига богликк равишда бу.лади;
4. Милк шакллари гингивит турларига боклик. равишда турли узгаришлар (шиш, к_изариш, яра, атрофияга учраган) билан ха-рактерли булади;
5. Зонд, пинцетга ухшаш асбобларпинг тегиши билан милкдан коп_окади;
6. Милк иатологик чунтаги булмайди. Лекин, гипертрофик гингивитда милк шишиши туфайли тиш ва милк уртасида сохта, елfoh чунтаклар пайдо булади;
7. Рснтгенограммада альвеола суяк узгаришлари булмайди. Лекин умумий касалликлар (ошкрзоп— ичак кзсалликлари ва бошка) билан кечадиган сурункали гингивит касаллигида тишлар ароальвеола суяк усимтаси учлари салгипа горизонтал йуналишда атрофияланган булиши мумкин;
8. Яллигланиш окибатида камдан-кам интоксикация холати ва бу билан 'борлик_беморнипг умумий акволи салбий томонга узгариши мумкип;

9. Гингивит алокида касаллик бирлиги ёки пародонтит ва пародонтоз белгиларидан булиши мумкин. Катарал гингивит—бу клиникада энг куп учра-йдиган гинги-витдир. Бу касаллик мах.аллий—2—3 тиш атрофида ёки тарк_ал ган-генераллашган булиши ва бу хрл таналипг умумий касаллик-ларига — келнб -чициш сабабларн билан богликдир.

Мах.аллий сабабчилари — бу милк остидаги тошлар ва инфек-диядир,

Умумий сабабчилари, асосан ошказоп — ичак касалликлари, модда олмашув бузрилиши ва бошка умумий касалликлар булиши мумкин.

Нотугри таиёрланган ортопедик ва ортодонтик мосламалар, протезлар, тиш-жаг аномалиялари, сурункали гингивитларни сони-ии ва клиник кечиил-ши купайтиради ва огирлаштиради. Эпителн-ал хужайраларнинг цитоплазмалари ва ядроларида дистрофик узгаришлар, ядролпр кснгайиб, цитоплазмалар торайиши, хужай-ралар керотинизацияси хосил булишининг пасайиши кузатнлади.

Организмда кечадиган юрак-ікоіі томир, ошказоп-ичак касал-ликларида, юкумли касалликлар, модда олмашув касалликлари, гипофиз безининг вазифаси, жинсий безлар, Ікалкон безларининг фаолиятлари бузрилганда ва бошка куп холларда катарал пп!ги-витлар авж олади, ёки пайдо буладн.

Улар энгил, урта ва огир шаклда кечади. Катара л ва ярали гингивитларнинг энгил даражасида асосан тиш;ларо милк, урта даражасида — тишлараро ва маргинал милк, огнр даражасида эса милкнинг хамма кисми ва альвеола кисмлари касалланади. Кунин-ча альвеола милк яллпглннипшда латологик милк чуытаклари пайдо булади ва бу пародонтитга чугрн келади. Бу купинча сурункали гингивитни капталаниши окибагда (шамоллашда, гриппда) булиши мумкин.

Энгил гипертрофии гингивитда тиш тож кисмининг 1/3 кисми, урта даражада 1/2 к исми, огирида эса 1/2 дан купрок 'кпсми усган милк билан копланади.

Сурункали катарал гингивит отриксиз, аста-секип 'бошланади-ган касаллик булгани учун беморлар врачга мурожаат этманди-лар. Шунинг учуй бу касалликни бемор бошка бир сабабдан (кариес, пульпит, уткир периодонтит) билан кслганда врач куриши мумкин.

Юрак-кон томнр касалликларида, хусусаи уларнинг декомпенсация даврларида, гингивит пайдо булади ёки кайталапади. Бо-шида катарал холат пайдо буладн. Милк шиллк пардаси куким-тир-кизгиш ранг олади, тукумалар шишадн. Ошказоп-ичак касалликларида купинча гингивит бирга кечади.

А. И. Рыбаков хаммуаллифлар (1980) билан бирга утказган клиник-экспериментал таък.икотлари натижасида ош1\азон-ичак касалликларида гингивитлар булиши, уларнинг кслиб чик.ишида ошказон-ичак нуллари касалликларининг тутган урпи тугрисидаги-маълумотлари алохида ахамиятлн хисобланади.

Бизнинг (Т. Х. Сафаров, 1986) утказган текширишларимиз шу ни курсатдики, организмнинг иммунологии к.аршилик курсатиш кр-билияти (реактивность) ошк.азон-ичак касалликларида пародонт сорломлигидз х.ам, унинг турли касалликларида х,ам узгаради, ле-кин к.ондаги Т-лимфоцитлар, Т-супрессорлар ва Т-хелперлар мик-дорининг кескин камайиши ва В-лимфоцитлар сонининг ошиши би-лан характерли иккиламчи иммунодефицит, ошказон-ичак касал-ликлари билан бирга кечадиган пародонт касалликлари, хусусан пародонтитда энг куп ривожланган булади, бу эса ошказон-ичак касалликлари билан бирга кечадиган (сочетанные поражения желудочно-кишечного тракта и пародонта) пародонт касаллигининг патогенез-ривожланишида аутоиммун узгаришлар роли каталли-гидан далолат беради. Курсатилган узгаркшлар пародонт касал-ликларининг клиникаси ва орирлиги билан чамбарчас боглик.экан-лиги алохида ах.амиятлидир.

К,он касалликларида (лейкоз, лимфолейкоз, миелолойкоз) уч-райдиган гингивитлар учун милкнинг ок иш рангли булиб колиши, цизарганида х.ам ортицча шиш булмаслиги, лекин касалланган милк к исмларининг якдол билиниб туриши характерлидир. Кейин-чалик эса, милкда кон цуюлиши ва улар урнида тез орада яралар па идо булиши мумкин. ориздн к_уланса хид келабошлайди. Беморлар овк.атланиш, чайнашдан, гапиришдан к.урк.адилар. оризбушлири, асосий касалликка нисбатан купрок. безовта к.илади. Ку-пинча ориздан (милкдан) кон окиши сабаб, беморлар стоматолог-га мурожаат этадилар, касаллар камх ол, инжик; булиб к,олади-лар, умумий анемия юзага келади.

Гингивитлар шунингдек, маълум зарарли касбларда ишлайди-ган (цуррошин, висмут, алюминий, симоб, йод, бромлар ишлаб чи-}карадиган қорхоналар) ишчиларида катарал ёки ярали шаклда учрайди. Ундан таш'К.ари бу ишчилар узотк муддат давомида иш-ласалар, уларда умумий зах,арланиш белгилари (бош огрири, ош-казонда огрик ич орик_, ич кетиши каби) х.ам булиши мумкин.

Тишларни тозалаш пайтида милқдан ккон ок.иши мумкин, шун-га яраша беморлар шикоятлари булиши ,ва шунинг ок.ибатида врачга мурожаат этишлари х.ам мумкин.

Врач курувида (осмотр) милқ шакли, рангги (оцишрок;, куким-тир) узгарганлиги аник.ланади. кайталанган сурункали гингивит-да эса, беморлар чайнов пайтида милқда огрик., ундан к он ок.иши, милқ сургичларининг ва умуман милқнинг шишганлиги, цизарган-лигига шикоят этишади. Тиш устларида карашлар ва тиш тошла-ри борлиги кайд этилади. Сурункали гингивитда к.он таркибида деярли узгариш йук, кайталанганда эса умумий захарланиш — интоксикация аломатлари (камх.оллик, нохушлик, тана х.ароратининг озрок кутарилиши, уйку бузилиши ва х.оказо) куринади. Булар ку-пинча умумий касалликлар булганда кузатилади.

Объектив текширувлар — В. М. Кулаженко усулида гематомаларнинг тез булиши (капиллярлар чидамлигининг пасайиши), М. Я. Ясиновский синамасида лейкоцитларнинг миграцияси (к.он томиридан чи,к.иш)ни ошиши, Шиллер-Писарев усулида милқда яллирланиш окибатида гликогенлар микдорининг ошиши туфайли мусбат реакция каби белгилар аник.ланади.

Милқ суюк.лигининг ошиши, унда коллагеназ ва бошк.а фер-ментлар фаоллигининг ошишини текшириб билиб олиш мумкин.

Реопарадонтोगрафия ёрдамида олинган реопарадонтोगрамма-ларда пародонт туцимасидаги артериялар ва веналарнинг фаоли-ятлари анча пасайганини, бузилганлигини куриш мумкин.

Ккон таркибида — зардобдаги иммуноглобулинлар (G, A, M), В-лифонитлар мицдорининг ошиши макаллий гуморал иммун ре-акциясининг жадаллашганидан (напряжение местной иммунной реакции) дарак беради (И. М. Жияконис).

Гингивитларни циёсий ташхислаш учун, уларнинг пародонтит, пародонтоз, айрим синдромлар белгиларидан, милқ пигментация-си (араблар, африкада яшовчилар, тожик, узбекларнинг хам ай-римларида табиий буладиган пигментация)дан фарклаш зарурк

Рентгенологик текширувда гингивитларда суя к тук.имасида узгаришлар йук.лиги х.ам к.иёсий ташхисда ах.амията эгадир.

Катарал гингивитда, юк.орида таък.идланганидек, беморлар тиш тозалаганларида ва чайнаганларида милқдан к.он ок.иши, огизда маза сезиш бузилганига ва ундан к.уланса х.ид келишига шикоят циладилар.

Патоморфологик узгаришлар сурункали катарал гингивитда уларнинг келиб чик.иш сабабларига хос булмаган, ёки характерли булмаган, асосан эпителий ва унинг остидаги к.ушувчи тук.имасида шиш, коллаген толаларининг катталашиб, к.уполлашабори-ши, эпителийда шохланишнинг бузилиши (паракератоз, акантоз), лимфоцит, лейкоцит ва плазмацитларнинг йирилиши-инфльтрацияси, К.ОН томирларнинг кенгайиши, улар деворларининг утказув-чанлигининг ошиши, васкулит, тиш-милқ арик.часидан суюнлик-нинг чик;иши, у ерга лейкоцитлар миграциясининг ошиши, лимфоцит, плазмацитларнинг па идо булиши, к.он томирлар атрофидаги коллагенларнинг йук.олиши кабилар билан характерланади.

Гистохимик текширувлар эса эпителийнинг тиканаксимон к.а-батига гликогенни йирилганлиги, семиз х.ужайраларнинг купай-ганлиги, ок.сил-гликозаминогликан комплексининг узгарганлиги ка-биларни аник.лайди.

Ундан таишари, .лимфатик томирлар, капиллярлар, венулалар кенгайган, улар атрофларида к.он к.уйкулари, эндотелийлар про-лиферацияланган, базал мембрана шишган.

Баъзида сурункали гингивитларда, хусусан тананинг ички аъзо ва тизим касалликлари билан бирга кечишида альвеола усимтаси-да суяк узгаришлари булиши мумкин.

Венсаннинг ярали-некротик гингивитида клиник-морфологик узгаришлар альтерация (туциманинг емирилиши) билан кечади. Ка-саллик кукдисдан бошланади, нохушляк, камхоллик, тана харора-тининг бирдан баланд кутарилиши (39—40° С гача), ориздз кат-тик, кучли орриklar, милқ конашининг кучайиши, ютишни кийин-лашуви, ориздзн куланса хид келиши, беморни врачга мурожаат к.илишига сабаб булади. Чириш аломатлари охиргн моляр тиш-лар атрофида-ретромоляр жойларда, миндалиналарда булади (Вен-сан ангинаси).

Бу касаллик купинча уткир инфекцияли касалликлар, рухий. эзилишлар, кечинмалар (стресс), аклин ва жисмоний чарчашлар, гиповитаминозлар, акл тишларини кийин чикиши, ориздз куп сто-матоген инфекцияли учо-klar булиши, тозаликка риоа килмаслик каби холларда келиб чикиши мумкин. Лекин, бирор-бир аник са-баби хрзиргача номаълум.

Беморнинг умумий ахволи ориздаги узгаришларга боглик. Объектив курувда.оризбушлирида куп тиш карашлари, тошлари,. одатда, даволанишга,

х.аттоки олишга лойик. тишлар булиши мумкин. Тишларни уз-узидан механик тарзда тозаланиши йуклиги учун (овк.ат чайнаш чегаралангани сабаб) тишлар ва тил карашланган. Милк кизарган, осон конайди, милк чеккаларида х.ам чириклар-карашлар, баъзида айрим милк сурричлари емирилган, чириган, яралар пайдо булган. Касаллик авжида кон таркибида лейкоцитоз, эритроцитлар чукиш тсзлиги ошган булиши мумкин.

Касаллик уткир даврида даволанмаса, у сурункалига утади, ун-да эса жарлар альвеола суяк туккимаси хам жарох.атланади.

Ярала гингивитни кон касаллигида (лейкоз ва бошк.алар) уч-райдиган некротик узгаришлардан фарклаш зарур. Киёсий таш-хислашда коһ таркибининг узгариши ккон касалликларидаги узига хос узгаришлари туфайлидир, чунки ярала гингивитда кон таркибининг узгариши, юкорида айтганимиздек, кам булади. Шундай килиб, ярала гингивитда клиник ва морфологик узгаришлар, уткир яллирланишга хос булиб, кескин ривожланган лимфоцитлар инфильтрация, цон ва лимфа томирлар кенгайган, тургунлик (застой) ва утказувчанлик кучайганлиги билан характерланади.

Гипертрофии гингивит асосан пастки ва юкориги олдинги тишлар атрофида жойлашади. У асосан болаларда, камдан-кам катта ёшдаги одамларда учрайди.

Гипертрофик-гиперпластик гингивитларнинг келиб чикишида гармоллар узгариши (ёшлар гингивити, х.омиладорлар гингивити), дорилар таъсири (дифенин), аскорбин кислотаси кемтиги (дефицит), к,он касалликлари (лейкемик ретикулезлар) этиологик сабаб-чилар булишлари мумкин.

Гипертрофик гингивит катарал ва ярала гингивитлардан фарк-ли уларок, милк тукимасининг катталашуви-гипертрофияси, про лиферацияси билан клиник кечади. У уткир кечмасада, клиника-да 2 хили — шишган ва фиброзли гипертрофик гингивитлар борли-ти маълум. Пролиферация (тукималар купайиши) купинча пломба, тиш уткир кирралари, нотурри жойлашган тиш кирралари, чу-кур тишлам (прикус) таъсирида юзага келади, бунга албатта гормонал узгаришлар ҳам сабабчидирлар.

Пролиферациядан олдин милкда катарал яллирлзниш булгани учун, беморларнинг милкларини айрим жойларида катарал, айрим жойларида эса гипертрофик гингивит булиши мумкин.

Беморлар милклар катталашиб, шакли узгариб к.олгани ва но-кулайлик, хуснбузар куриниш пайдо булганлигига, агар шишгангипертрофик тури булса, милклардан ккон окишига, хусусан, тиш тозалаш пайтида цон окишининг кучайиши, айрим пайтларда милк-ларда кичиш, ачиш каби сезгнлар борлиги кабиларга шикоят к,и-ладилар. Эпиперсия касаллигини гидантоин препарати билан да-воланганда огир кечадиган гипертрофик гингивит пайдо булади. Бундай пайтларда, милк ориз бушлиги ва дахлизи томонлардан усади, хаттоки, тиш тож 1<нсмларини тулалигича коплаши кам мумкин. Бунда сохта, ёлгон тиш-милк чунтаклари пайдо булади.

Морфологик узгаришлар эпителий к.абатининг устий, вегета-цияси, тиканаксимон 1\абатдаги хужайралар цитоплазмаларини ва-куолли дистрофияси борлигини к.айд этади. Шохланиш жараёнла-ри 'бузилади, гликоген тенг так.симланмайди, унинг анча микдорипаракератоз жойларда, тиканаксимон к.абатининг чукуридаги х.у-жайраларда жойлашади. Эпителий ости стромада шит (отек), толалар юмшайган, кон томир деворлари кенгайган, сони купайган, томирлар деворлари катталашган, кенгайган, веналар х.ам кенгайган, лимфоид ва плазматик хужайралар томирлар бун-,лаб жойлашганлигини куриш мумкин.

Х,омиладор аёлларда хам купинча гипертрофик гингивитлар •булади. Г. С. Чучмай (1969) 46да, В. Л. Губаревская (1975) 49 текширилган хомиладор аёлларда гипертрофик гингивитни борлиги туррисида маълумот берганлар. Олинган маълумотлар тахлили шуни курсатганки, барча гипертрофик гингивити бор хомиладор аёлларда олдин катарал (сурункали) гингивит булган. Бу .кол, купинча умумий касалликлари (ошк.азон-ичак ва бошк.а) бор аёлларда, гиповитаминоз холларида гипертрофик гингивит булиши к.айд этилган.

Шундай килиб, катарал ва ярала гингивитнинг енгил кечишини тулиц даволагандан кейин махаллий кемтик (дефект) колмасада, урта ва орир кечимдаги ярала гингивитдан кейин кемтик цолади.

Гингивитларни чкиёсий ташхислаш унча кийин эмас. Бу хак.да харбир гингивит турини урганишда гапириб утилди. Клиник-рент-генологик куринишларни билиш, харбир гингивитга хос узгариш-ларни инобатга олиш зарур.

Амалий кўникма

Милк қирғоғини ишлов беришдан олдин оғриқсизлантириш

Мақсад: пародонт касаллиги буйича касалланган беморларни милк қирғоғини ишлов беришдан олдин оғриқсизлантириш.

Кўрсатма: пародонт касаллигини даволаш.

Керакли жиҳозлар: стоматологик асбоблар, анестетиклар (артикаин, лидокаин, новокаин, убистезин, септанест, gingicaine gel ва б.к.), шприц, игна, боғлов ашёлари (дока, пахта валиги, шариги, тампон ва марлели тесмалар).

Бажариладиган босқичлар қадамлар:

№	Мануал куникма қадамлари (босқичлар)	Босқични бажара олмади	Барча босқичларни бажарди	Талаба тўплаган бали	Ўқитувчи имзоси
1.	Милк қирғоғига антисептик ишлов бериш	0	10		
2.	Тўқимани сўлакдан ва дори воситаларини ювилиб кетишдан сақлаш мақсадида пахта болишчалар билан ажратиш	0	20		
3.	Маҳаллий оғриқсизлантирувчи воситани (gingicaine gel) пародонтал чўнтакка ва тишлар оралиғига гладилка ёрдамида киритилади ва 15-20 сонияга қолдирилади	0	40		
4.	Чуқур пародонтал чўнтакларга оғриқсизлантирувчи гелни марли ёки пахта турундаларда киритилади ва 5-10 дақиқага қолдирилади	0	30		
	Жами	0	100		

Гуруҳларнинг билим ва кўникмаларини баҳолаш мезонлари

№	Ўзлаштириш % ва баллда	Баҳо	Талабанинг билиш даражаси
1	96-100		<ul style="list-style-type: none"> -хулоса ва қарор қабул қила билади -ижодий фикрлай олади -мустақил мушоҳада юрита олади -амалда қўллай олади -интерактив ўйинлар ўтказишда юқори фаоллик ва ижодий ёндаша олади -вазиятли масалаларни тўлиқ асосланган жавоб билан тўғри еча билади -саволни моҳиятини тушунади

			-билади, ишонч билан айтиб беради -аниқ тасаввурга эга
2	91-95	Аъзо «5»	-ижодий фикрлай олади -мустақил мушохада юрита олади -амалда қўллай олади -интерактив ўйинлар ўтказишда юқори фаоллик ва ижодий ёндаша олади -вазиятли масалаларни тўлиқ асосланган жавоб билан тўғри еча билади -саволни мохиятини тушунади -билади, ишонч билан айтиб беради -аниқ тасаввурга эга
3	86-90		-мустақил мушохада юрита олади -амалда қўллай олади -интерактив ўйинлар ўтказишда юқори фаоллик ва ижодий ёндаша олади -вазиятли масалаларни тўлиқ асосланган жавоб билан тўғри еча билади -саволни мохиятини тушунади -билади, ишонч билан айтиб беради -аниқ тасаввурга эга
4	81-85		-амалда қўллай олади -интерактив ўйинлар ўтказишда юқори фаоллик кўрсатади -вазиятли масалаларни еча билади, лекин жавобини асослай олмайди -саволни мохиятни тушуна билади -билади, ишонч билан айтиб беради -аниқ тасаввурга эга
5	76-80	Яхши «4»	-интерактив ўйинлар ўтказишда юқори фаоллик кўрсатади -вазиятли масалаларни еча билади, лекин жавобни исботи тўлиқ эмас -саволни мохиятини тушуна билади - билади, ишонч билан айтиб беради -аниқ тасаввурга эга
6	71-75		-вазиятли масалаларни тўғри еча билади лекин жавобни исботи тўлиқ эмас -саволни мохиятни тушуна билади - билади, ишонч билан айтиб беради -аниқ тасаввурга эга
7	66-70	Қониқарли «3»	-саволни мохиятни тушуна билади -вазиятли масалаларни тўғри еча билади, лекин жавобни исботлай олмайди - билади, ишонч билан айтиб беради -мавзуни алоҳида саволлари юзасидан аниқ тасаввурга эга
8	61-65		-вазиятли масаларни ечимида хатоликларга йўл қўяди -билади, ишонч билан айтиб бера олмайди -мавзунинг алоҳида саволлари юзасидан аниқ тасаввурга эга
9	55-60		-билади, ишонч билан айтиб бера олмайди -қисман тасаввурга эга
10	54 ва ундан	Қониқарсиз	-ҳеч қандай тасаввурга эга эмас

паст	«2»	-билмайди
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6-амалий машғулот

Гипертрофик гингивит.

Клиника, қиёсий ташхис, даволаш профилактикаси.

1.1.Таълим бериш технологиясининг модели.

Машғулот вақти -3 соат	Талабалар сони : 11-22 гача
Машғулот шакли	Амалий машғулот
Амалий машғулот режаси:	<ol style="list-style-type: none"> 1. Гипертрофик гингивит тулари 2. Гипертрофик гингивит этиологияси ва патогенези. 3. Гипертрофик гингивитнинг шишли формасида буладиган узгариши
Ўқув машғулотнинг мақсади:	Талабаларга гипертрофик гингивит. клиника, қиёсий ташхис, даволаш профилактикаси тушунтириш.
Таълим бериш усуллари	Мультимедиа,интерфаол усуллар.
Таълим бериш шакллари	Оммавий,жамоавий
Таълим бериш воситалари	Ўқув услубий ишланма,электрон дарсликлар ва компьютер.
Таълим бериш шароити	Методик жиҳатдан жиҳозланган аудитория.
Мониторинг ва баҳолаш.	Оғзаки назорат:савол-жавоб.

Амалий машғулотининг технологик картаси.

Иш босқичлари ва вақти.	Таълим берувчи	Таълим олувчилар
Тайёргарлик босқичи	1.Аудитория тозалигини назорат қилади 2.Талабаларни машғулотга тайёргарлигини текширади	Тинглайдилар

	3.Давоматни назорат қилади	
1.Ўқув машғулотига кириш босқичи (10 дақиқа)	1.Мавзуга оид булган бошлангич билимлар даражасини аниқлаш. 2..Интерфаол усул мохиятини тушунтириш. 3.Интерфаол усулида мавзу тахлили.	Мавзуни ёзадилар ва тинглайдилар
2–асосий босқич (135 дақиқа)	1. Талабаларни кичик гуруҳларга бўлиб, мавзу бўйича саволларни беради. 2. Слайдалар, мультимедиалардан фойдаланади а) Гипертрофик гингивит. б)Клиника, қиёсий ташхис, даволаш профилактикаси. 3.Тестлар ва ситуацион масалалар ечиш.	Томоша қиладилар ва ёзиб оладилар.
3–асосий босқич	1.Амалий куникмаларни бажариш. 2. Муляж ва фантомлардан фойдаланиш. 3. Даволаш ишларини олиб боради 4. Мавзулар асосида берилган маълумотларни умумлаштиради ва хулосалайди,	Ечадилар. Ёзадилар.
яқуний босқич (35 дақиқа)	1. Яқунловчи хулоса қилади, фаол иштирокчи талабаларни рағбатлантиради ва умумий баҳолайди 2. Мустақил ишларни назорат қилади , баҳолайди ва кейинги дарсни мустақил вазифасини беради 3. Уйга вазифа беради А)Мавзу бўйича конспект ёзиб келиш В)Мавзу бўйича саволларга тайёрланиш 1.Гипертрофик гингивитнинг шишли формасида буладиган узгариши 2.Гипертрофик гингивитнинг фиброзли формасида буладиган узгаришлар. 3.Гипертрофик гингивитнинг даволаш усуллари.	Тинглайди Ёзиб олади Ёзиб олади Ёзиб олади
Фойдаланидган адабиётлар	Асосий адабиётлар 1.Боровский Е.В. "Терапевтическая стоматология" М.,2006 г.. 2.Боровский Е.В. ва бошқалар " Терапевтическая стоматология".- М.,2004 3.Камилов Х.П., Мамедова Ф.М. "Даволаш стоматологиядан" рецептура справочниги.- 1995. 4.Боровский Е.В., Баришева Ю.Д., Максимовский Ю.М. "Терапевтическая стоматология".- М.: Медицина, 1998. Қўшимча адабиётлар	Ёзиб олади

	<p>1. Основы терапевтической стоматологии. / Клаус. М. Леманин 1999.</p> <p>2. Лукиных М.Л. Кариес зубов.- Н. Новгород, 1996.</p> <p>3. Иванов В.С. Воспаление пульпы зуба. - М., 1990.</p> <p>4. Степанов А.Е. Косметическое восстановление коронок зубов. - М., 1999.</p> <p>5. Дмитриева Л.Н. и др. «Терапевтическая стоматология». - М., 2004 г</p> <p>6. Дунязина Т.М. и др. «Современные методы диагностики заболеваний пародонта»- С.Пет.2001.- 48с.</p>	
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Мавзу саволлари :

- 1 Гипертрофик гингивит тулари
- 2 Гипертрофик гингивит этиологияси ва патогенези.
- 3 Гипертрофик гингивитнинг шишли формасида буладиган узгариши
- 4 Гипертрофик гингивитнинг фиброзли формасида буладиган узгаришлар.
- 5 Гипертрофик гингивитнинг даволаш усуллари.

Тестлар:

Диспансеризация нима...

Беморни вакти-вакти билан куриқдан утказиш, клиник лаборатор текширув ишларини олиб бориш*

Доимий куриқдан утказиш

Огиз бушлгини санация килиш

Ички аъзоларни куриқдан утказиш

Комплекс пародонтологик ёрдам курсатиш нима...

Стоматологик терапевт, жаррох, ортопед ҳамда бошқа мутахассис врачлар муолажаси*

Ортопед

Хирург

Терапевт

Пародонтологик хонада қайси мутахассис ишлаши керак...

Пародонтолог*

Хирург

Терапевт

Ортопед

Тиш қарашларини аниқлашда Шиллер Писарев синамаси учун қайси эритмадан фойдаланилади...

Люголь*

Фуксин

Йод

Перикис

Кулаженко аппарати нима мақсадда фойдаланилади...

Вакум ҳосил қилиш мақсадида *

Тиш тошларини теришда

Тишларни окартиришда

Тугри жавоб йук

Гидротерапия муолажасини бажаришда неча атмосфера босим остида сув юборилади...

1-2 атмосфера*

10-12 атмосфера

6-8 атмосфера

10-20 атмосфера

Пародонтологик хонада жаррохлик асбоблари ...

Кайчи, скальпель, куретка*

Кайчи, шпатель, гладилка

Зеркало, шпатель

Гладилка, штопфер

Пародонтитни умумий даволаш учун ишлатилади (ортикчасини чиқаринг):

Гингивэктомия.*

Витаминлар.

Алмашинув жараённинг стимуляторлари.

Десенсибилизацияловчи воситалар.

Пародонтитни умумий даволаш учун ишлатилади (ортикчасини чиқаринг):

Контакт пункларни тиклаш*

Никотин кислота эритмасини инъекциялар кўринишида ўтувчи бурма бўйлаб 1 мл дан юбориш (10-15 инъекция)

Супрастин.

Вена ичига 30% ли тиосульфат натрий эритмасини юбориш (1курс га 5 мл дан 5-10 марта қиуйиш).

Рутин билан биргаликда 0,05-0,1 г дан ичига аскорбин кислотасини юбориш.

Пародонт касалликларини олдини олиш мақсадида стоматологлар тишни кунига неча марта ювишни тавсия этади...

2 марта *

1 марта

3 марта

4 марта

Одам ҳаётининг қайси даврларида профилактика татбирларини кенгрок қуллаш лозим...

Балогат даврида*

Болалик даврида

Усмирликда

Тугри жавоб йук

Қайси ёшдан бошлаб болага сабзи, олма ва бошка маҳсулотларни беришни бошлаш керак ...

1 ёшда*

2-3 ёшда

6 ойлигида

4 ёшда

Санитар оқартув ишлари қайси давр оралигида олиб борилади...

Аёллар маслахатхонасидан то балогатга етгунча *

Мактаб ёшидан балогатга етгунча

Тугилгандан умрининг охиригича

Тугри жавоб йук

Болаларда овкатдан кейин каттикрот булган хул мева ва сабзавотларни истеъмол килиш кайси функцияни яхшиланишига олиб келади..

Тишларни уз-узини тозалаш*

Чайнаш функциясини

Ютиниш функциясини

Барча жавоб тугри

Канча вақтда стоматолог ва умумий шифокор куригидан утиши керак...

1 йилда 1 марта*

Хар 6 ойда 1 марта

Хар 3 ойда 1 марта

Тугри жавоб йук

Ота-она болага тиш четкаси билан тоалашни мукамал ургатиб ва назорат килиб туришлари лозим...

3 ёшдан*

1,5-2 ёшдан

4 ёшдан

2 ёшдан

Тиш кариеслари ва тошлари хосил булмаслиги учун канака чораларни куриш мумкин...

Барча жавоблар тугри *

0,05-0,1% хлоргексидин эритмаси

0,5-2%ли ундицин кислота

0,2%ли натрий фтор эритмаси

Тиш тошларини тозалаб олиб ташлаш коидалари:

барча жавоблар тугри *

барча асбоблар стерил булиши керак\$

3% N2O2Z2 антисептиклар билан ишлов берилади\$

кимирлаб колган тишлар шифокорни чап кул бармоклари

билан ушлаб мус тахкамланиб турилади\$

Милклардан кон окишининг III-даражаси

уз-узидан кон окиши*

тишларни тозалагандан кейин кон окиши

овкат егандан кейин кон окиш

тугри жавоб йук

Пародонт касаллигида кандай чуткалардан фойдаланилади

Юмшок*

уртача каттик

каттик

жуда каттик

Бир кеча кундузда огизда неча литр сулак ажралади

0,5-2 л *

1-3 л

5-6 л

4-5 л

Тиш тошлари неча хил булади

милк ости ва милк усти *

каттик, юмшок

тишнинг фиссураларида

хаммаси жавоб тугри

Кайси олим тиш тошларини 3 гуруҳга булган

М.А.Камсова *

А.А.Сино

А.М.Сеченов

хаммаси тугри жавоб

Милк усти тошларини нимага караб аникланади

рангига, каттиклигига*

юмшоклигига

анорганик моддаларга караб

хаммаси тугри жавоб

Тиш тошларини механик тозалаш усули

экскаватор, крючок*

гладилка

бормашина

хаммаси тугри жавоб

Огиз бушлигини текшириш қайси қисмида бошланади

огиз бушлиги дахлиз қисмида *

огиз бушлиги хусусий қисмида

моляр тишларда

фронтал тишларда

Гипертрофик гингивит даражаланади:

А. 3 тагача.

Б. 2 тагача.

В. 1 тагача.

Г. 4 тагача.

Д. 5 тагача.

Тиш каронкасининг 1/2 қисми милк билан қопланган, шишган ва қизарган. Бу хос:

А. Гипертрофик гингивит.

Б. Атрофик гингивит.

В. Катарал гингивит.

Г. Дескваматив гингивит.

Д. Эрозив ярали гингивит.

Сурункали гипертрофик пульпитни периодонтдан усган грануляцион тукума билан таккосланади:

зондлаш йули билан

шикоятлар асосида

ЭОД асосида

термометрия асосида

R-фия асосида

Гипертрофик гингивит куйидагилардан қайси бирини кабул қилганда келиб чикади:

гидрокартизон

дифенингидонтоин

анальгин

аскорбин кислотаси

ФИБС

Гармонал гингивитларга киради:

усмирлик, хомилдорлик гингивити

гиповитминоз, медикаментоз, инфекцион гингивитлар

гемопозетик, диабетик гингивитлар

травматик, профессионал гингивитлар

чекувчилар гингивити

Гипертрофик гингивитда склерозловчи даволашни утказишда кулланилди:

1% новокаин эритмаси

40% глюкоз эритмаси

лидаза

физ.эритмадаги новэмбехим

гидрокартизон

Гипертрофик гингивитни физик усулда даволаш учун кулланилади:

эллектрокогуляция

парафинли аппликация килиш

бармокли массаж

УВЧ терапия

гидротерпия

Гипертрофик гингивитни даволаганда максадга мувофик булади:

усган милк сургичлари иссиклик билан куйдирилади

протеолитик эритмаси шимдирилади

пародонтал чунтакларни кюретажи

лоскутли аперация

гингивоектомия

Гармонал гингивитларга киради:

усмирлик,хомиладорлик гингивити

гиповитаминоз,медокаментоз,инфекцион гингивитлар

гемопозтик,диабетик гингивитлар

травматик,професионал гингивитлар

чекувчилар гингивити

Гипертрофик гингивитда склерозловчи даволашни утказишда кулланилади:

40% глюкоза эритмаси

лидаза

1% новокаин эритмаси

физ.эритмадаги новэмбихим

гидрокартизон

Гипертрофик гингивитни физик усулда даволаш учун кулланилади:

бармокли массаж, гепаринли электрофорез

эллектрокоагуляция

парафинли аппликация килиш

УВЧ терапия

гидротерапия

Гипертрофик гингивитни даволаш режаси:

склерозловчи

сабабчиларни йукотиш

яллигланишга карши даволаш

огиз бушлигини тез-тез чайиб туриш

огиз бушлигини гигиенаси

Гипертрофик гингивитда куйдирувчи воситалардан фойдаланилади:

20-30% резорцин эритмаси

этония эритмаси

1-2% хлорамин эритмаси

подорожник(от кулок) соки

Гипертрофик гингивит куйидагилардан кайси бирини кабул килганда келиб чикади:

гидрокартизон

дифенингидонтоин

анальгин

аскорбин кислотаси

ФИБС

Усмирларда ювенал гингивитларни келиб чиқишида асосий булиб хисобланади:

гармонлар алмашувини узгариши
юкумли касалликлар
витами́нлар алмашувини бузрилиши
сил ва сифилис
ошкозон ичак касалликлари

Гипертрофик гингивитни даволаш режаси:

склерозловчи
сабабчиларни йукотиш
яллигланишга қарши даволаш
огиз бушлигини тез-тез чайиб туриш
огиз бушлигини гигиенеси

Гипертрофик гингивитда қўйдирувчи воситлардан фойдаланилади:

20-30% резорцин эритмаси
этония эритмаси
1-2% хлорамин эритмаси
25% димексин эритмаси
подорожник(от кулок) соки

Усмирларда ювенал гингивитларни келиб чиқишида асосий булиб хисобланади:

гармонлар алмашувини узгариши
юкумли касалликлар
витами́нлар алмашувини
сил ва сифилис
ошкозон ичак касалликлари

Шиллер-Писарев пробаси нимани аниқлайди

пародонтит
гингивит
суяк туқимаси деструкцияси
пульпит
кариес

ГИ Гренн ва Вермилион усумида қайси тишлар буялади

6,1,6 юкори тишлар,6,1,6 пастки тишлар
1 2 3 юкори тишлар танглай юзаси
4 5 6 пастки тишлар лунж юзаси
хамма тишлар
1,2,3,4 юкори тишлар

Болаларда гипертрофик гингивитнинг сабаби

пубертат ёшда гормонал ривожланишнинг бузрилиши
нотугри қўйилган ортодонтик аппарат
емон одатлар
организмдаги умумий касалликлар натижасида
травмалар натижасида

Вазиятли масалалар :

1-масала

Бемор 13 ёшда, милкларининг ўсганлиги, қичишиш, қонаш ва овқатланганида қийналишига оғзидан нохуш ҳид пайдо бўлишига шикоят билан келди.
Ташхис қўйинг:

2-масала

Бемор 15 ёшда, милкларининг ўсганлиги, қичишиш, қонаш ва овқатланганида қийналишига оғзидан нохуш ҳид пайдо бўлишига шикоят билан келди. Солиштирма ташхис қўйинг:

Интерактив усуллар

Мия штурми усули.

Усулнинг асосий коидалари.

-Гоя хосил килишга халакит берувчи ҳеч қандай танбех ва танкидий фикр билдирмаслик.

-Энг куп миқдорда таклифлар олиш.

-Гоялар комбинацияга ва уларни рив-ш.

-Кенг баён қилмай қискача фикр билдириш.

-Гурухларни гос ишлаб чиқарувчиларга ва уларга ишлов берувчиларга аңглатиш.

Бу усул ҳар қандай шароитда оптимал қарор қабул қилишга опонентларни қабул қилинаётган йулдан тугрилигига ишонч хосил қилишга ургатади. Бу усул асосий мавзуни муҳокама қилишда олдиндан яхшигина тайёргарликдир.

Масалан мавзуга оид битта савол берилиб талабалар бирма-бир жавоб беришади.

Укитувчи гурухдаги ҳар 1 талабадан муҳокамада иштирокини кузатиб боради. Бирорта ҳам жавоб тугри ёки нотугри деб шарҳланмайди.

Ҳамма вариантлар тугагач муҳокамани бошлаш мумкин. Талабалар укитувчи билан биргаликда ҳамма вариантларни фаол муҳокама қилишга киришадилар.

Бунда нотугри жавоблар муҳокама тарзида ҳал қилинади ва асослаб берилади.

Шундан сунг укитувчи билимларни купрок муҳокамалаш максадида талабаларга тугри жавоб вариантларни ёзиб олишни сурайди.

Мавзу баёни.

Гипертрофик гингивит

Бу касаллик аҳоли орасида нисбатан кам учрайди. У қўғашча хомиладор аёлларда, балоғат даврида, тугқаноқ касалликларида ҳамда аёл-ларнинг қондан қолиш даврида, гормонал мувозанат қайта мослашаётган даврда, жағ-тиш нуқсонларида учрайди.

Гипертрофик гингивитда асосан олдинги кесувчи тишлар олдидаги милкда ўзгариш рўй беради.

Кўпчилик муаллифлар (Новик И.О., 1959Й., Савраков Д., Атана-сов Е., 1962 й.)

касалликнинг кечишини кузатиб қилган хулосаларда у икки хил бўлишини таъкидлашган.

Шишли ва фиброзли турлари. Иккала турида ҳам милк, дастлаб тишлараро сўргач,

кейинчалик унинг милк-жияк қисми ҳажм жихатидан катталашади. Оғизнинг даҳдиз то-монидаги милк оғазнинг ички томонидаги милкка нисбатан бирмунча каттароқ бўлади.

Бемор лаб ва лунжида ноқулайлик сезади. Хусн жихатидан бемор, айниқса балоғат ёшидагилар уялишади, чунки тиш-нинг тож қисми у ёки бу даражада милк билан ёпилган бўлади.

Даволаш муддати 10 кун. Цитрин ҳам худди шундай юборилади. Аевит дражеда, галаскобин 0,5, аскорутин 0,3, ҳам тайинланади.

Агар пародонт касаллиги билан огриган беморда кўшимча рухий бузилиш аниқланган бўлса (масалан, рухий шикает, невроз, неврастения ва бошқалар), у ҳолда айнан шу беморлар гуруҳига буюриладиган дори-дармонлардан ҳам тавсия этилади. Буларга куйидаги дориларни санаб ўтиш мумкин: триоксазин-0,3, оксипилин 0,02, амизил-0,001, бу дорилар психотроп таъсир кўрсатади.

Седатив таъсир қилувчилар: ноксирон — 0,1, барбамил 0,1, нембу-тал -0,1, хаммаси таблетка ҳолида чиқарилади. Касалликнинг оғирли-гига караб 1 таблеткадан уч маҳал ёки кечқурун уйқудан аввал 1 таблетка ичилади. Бехтерев, Павлов номи билан тайёрланадиган бир неча хил дорилар аралашмасидан ташкил топган суюқ ҳолдаги дамла-ма ёки эритмалар ҳамкор қилади. Ош қошиқда кунига уч маҳал ичишга буюрилади.

Пародонт касаллиги билан огриган беморларга тавсия этиладиган парҳез овхатлар энг аввал тўйимли бўлиши, таркибида витаминлар, кальций, фосфор тузлари, аминокислоталар бўлиши керак. Бу куйидаги истеъмол қилинадиган овкатларда кўпроқбўлади Творог, сузма, дуккакли ўсимликлар, каром, арпа, балиқ, тухум оқсили, кўкатлар, сабзавотлар, хул мевалар шулар жумласидан.

Агар беморда бошка касаллик ҳам аниқланган бўлса, у касаллик бўйича парҳезни ўша мугахассис буюради.

ПАРОДОНТ КАСАЛЛИГИ НИ МАХАЛЛИЙ ДАВОЛАШ

Даволашнинг асосий мақсади касалликнинг келиб чиқишида қандай маҳаллий сабаблар урин олган, ана шу сабабларни биринчи нав-батда бартараф қилишдир. Бу борада юқорида келтирилган сабабларга мурожаат қилишимиз керак. Маҳаллий сабаблардан энг асосийси огаз бўшлигини ногигиеник ҳолати, тиш қарашлари, тиш тошлари, тиш каторининг аномалия ҳолати эди. Демак, биринчи мақсад — оғиз бўшли-ғида нормал гигиеник ҳолатни ҳосил қилишдир. Бунинг учун хизмат-га яроқсиз бўлган тишлар олиб ташланади. Иккинчи навбатда тиш қарашлари ва тошлари тозаланади. Бу муолажани бажаришдан аввал тиш юзаларига 3 % ли йод эритмаси сурқалади. Бунда тиш қарашлари йодни ўзига шимади, натижада қарашлар жигарранг тусга кириб, аниқ билинади. Бу қарашларни йўқотишда ультратом, ультрадент ёки ка-ритрон аппаратининг бирортасидан фойдаланилади. Агар тиш қарашлари билан б ирга тиш тошлари ҳам бўлса, йирик тошларни экскаватор билан олиниб, тиш оралигидаги тошларни рашпил ёрдамида олинганфузоспирохетозлар, стрептококклар ва стафилококклар кўпаяди. Ярали гингивитнинг келиб чиқиш омиллари: юқори нафас йўллари томоқ муртагидаги ўткир яллигланиш, рухан ва жисмонан толиқиш ва орга-низмдаги витамин С танқислиги, ақл тишларнинг қийин чиқиши, оғиз орасталигининг бирор касал тиш натижасида ўга бузилиши, кўпчи-лик тишларнинг кариеси ва туркумий кон касалликларидир.

Касаллик ўткир кечади. Бемор қувватдан қолади, иштаҳаси пасая-ди, тана хароратининг кутарилиши кузатилади. Беморнинг бош ва бўғимларида оғриқ сезади. Жағ атрофидаги лимфа тугунлари катта-лашган ва қўл билан пайпаслаганда огрийди. Беморнинг овкат чайна-ши кийинлашади, милки огрийди, салга қонайди. Шунингдек одатдаги оғиз чайиш, тишларни ювиш оғриқ сабабли кийинлашади, бу уз навбатида хатто касалликнинг батгар огирлашишига сабаб бўлади. Опадай бадбўй ҳид келади. У сабабли бемор юзаки нафас олади,бу эса организмнинг кислород билан таъминланишини сусайтиради. Натижада касалликнинг кечиши ва уни келтириб чиқарадиган сабаблар орасида занжирли ҳалқа ҳосил бўлади. Шу сабабли кундан-кунга беморнинг ахволи огирлаша боради. Касаллик янада тез ривожланади, кенг тарқалиб, хамма тишлар атрофидаги милкни эгаллаши мумкин. Касаллик кўпинча ақл тишдан бошланиб, тезда бошка тишлар милкига тарқалади. Унинг қанчалик тарқалиши касаллик кечишини белгилайди.

Гипертрофик милк қирғоғини диатермокоагуляциялаш

Мақсад: талабаларга гипертрофик гингивитда милк қирғоғини диатермокоагуляция қилишни ўргатиш

Кўрсатма: пародонт касаллиги (гипертрофик гингивит).

Керакли жиҳозлар: стоматологик асбоблар, анестетиклар (артикаин, лидокаин, новокаин, убистезин, септанест, gingicaine gel ва б.к.), шприц, игна, боғлов ашёлари (дока, пахта валиги, шариги, тампон ва марлели тесмалар) диатермокоагулятор, антисептик эритмалар (3% H₂O₂, йод, люголь эритмаси).

Бажариладиган босқичлар қадамлар:

№	Мануал кўникма қадамлари (босқичлар)	Босқични бажара олмади	Барча босқичларни бажарди	Талаба тўплаган бали	Ўқитувчи имзоси
1.	Коагуляторни текшириш	0	20		
2.	Тишлараро милк сўрғичини оғриқсизлантириш	0	10		
3.	Аппарат дастагига коагулятор ўқини ўрнатиш	0	10		
4.	Сўрғични сўлакдан ажратиш	0	10		
5.	Милк қирғоғига 3% йод люголь эритмаси билан антисептик ишлов бериш	0	10		
6.	Сўрғични «вергул»симон ҳаракатлар ёрдамида коагуляциялаш	0	30		
7.	Такрорий антисептик ишлов бериш Уйда 2-3 кун давомида антисептик эритмалар билан чайишни буюриш	0	10		
	Жами	0	100		

Гуруҳларнинг билим ва кўникмаларини баҳолаш мезонлари

№	Ўзлаштириш % ва баллда	Баҳо	Талабанинг билиш даражаси
1	96-100		-хулоса ва қарор қабул қила билади -ижодий фикрлай олади -мустақил мушоҳада юрита олади -амалда қўллай олади -интерактив ўйинлар ўтказишда юқори фаоллик ва ижодий ёндаша олади -вазиятли масалаларни тўлиқ асосланган жавоб билан тўғри

			<p>еча билади</p> <ul style="list-style-type: none"> -саволни мохиятини тушунади -билади, ишонч билан айтиб беради -аниқ тасаввурга эга
2	91-95	Аъзо «5»	<ul style="list-style-type: none"> -ижодий фикрлай олади -мустақил мушохада юрита олади -амалда қўллай олади -интерактив ўйинлар ўтказишда юқори фаоллик ва ижодий ёндаша олади -вазиятли масалаларни тўлиқ асосланган жавоб билан тўғри еча билади -саволни мохиятини тушунади -билади, ишонч билан айтиб беради -аниқ тасаввурга эга
3	86-90		<ul style="list-style-type: none"> -мустақил мушохада юрита олади -амалда қўллай олади -интерактив ўйинлар ўтказишда юқори фаоллик ва ижодий ёндаша олади -вазиятли масалаларни тўлиқ асосланган жавоб билан тўғри еча билади -саволни мохиятини тушунади -билади, ишонч билан айтиб беради -аниқ тасаввурга эга
4	81-85	Яхши «4»	<ul style="list-style-type: none"> -амалда қўллай олади -интерактив ўйинлар ўтказишда юқори фаоллик кўрсатади -вазиятли масалаларни еча билади, лекин жавобини асослай олмайди -саволни мохиятни тушуна билади -билади, ишонч билан айтиб беради -аниқ тасаввурга эга
5	76-80		<ul style="list-style-type: none"> -интерактив ўйинлар ўтказишда юқори фаоллик кўрсатади -вазиятли масалаларни еча билади, лекин жавобни исботи тўлиқ эмас -саволни мохиятини тушуна билади - билади, ишонч билан айтиб беради -аниқ тасаввурга эга
6	71-75		<ul style="list-style-type: none"> -вазиятли масалаларни тўғри еча билади лекин жавобни исботи тўлиқ эмас -саволни мохиятни тушуна билади - билади, ишонч билан айтиб беради -аниқ тасаввурга эга
7	66-70	Қониқарли «3»	<ul style="list-style-type: none"> -саволни мохиятни тушуна билади -вазиятли масалаларни тўғри еча билади, лекин жавобни исботлай олмайди - билади, ишонч билан айтиб беради -мавзуни алоҳида саволлари юзасидан аниқ тасаввурга эга
8	61-65		<ul style="list-style-type: none"> -вазиятли масаларни ечимида хатоликларга йўл қўяди -билади, ишонч билан айтиб бера олмайди -мавзунинг алоҳида саволлари юзасидан аниқ тасаввурга эга
9	55-60		<ul style="list-style-type: none"> -билади, ишонч билан айтиб бера олмайди

			-қисман тасаввурга эга
10	54 ва ундан паст	Қониқарсиз «2»	-ҳеч қандай тасаввурга эга эмас -билмайди

7-амалий машғулот

Атрофик ва дескваматив гингивитларни клиникаси қиёсий ташхиси, даволаш профилактикаси.

1.1.Таълим бериш технологиясининг модели.

Машғулот вақти -3 соат	Талабалар сони : 11-22 гача
Машғулот шакли	Амалий машғулот
Амалий машғулот режаси:	<ol style="list-style-type: none"> 1. Гипертрофик гингивит тулари 2. Гипертрофик гингивит этиологияси ва патогенези. 3. Гипертрофик гингивитнинг шишли формасида буладиган узгариши
Ўқув машғулотнинг мақсади:	Талабаларга гипертрофик гингивит. клиника, қиёсий ташхис, даволаш профилактикаси тушунтириш.
Таълим бериш усуллари	Мультимедиа,интерфаол усуллар.
Таълим бериш шакллари	Оммавий,жамоавий
Таълим бериш воситалари	Ўқув услубий ишланма,электрон дарсликлар ва компьютер.
Таълим бериш шароити	Методик жиҳатдан жиҳозланган аудитория.
Мониторинг ва баҳолаш.	Оғзаки назорат:савол-жавоб.

Амалий машғулотининг технологик картаси.

Иш босқичлари ва вақти.	Таълим берувчи	Таълим олувчилар
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Тайёргарлик босқичи	1.Аудитория тозалигини назорат қилади 2.Талабаларни машғулотга тайёргарлигини текширади 3.Давоматни назорат қилади	Тинглайдилар
1.Ўқув машғулотиға кириш босқичи (10 дақиқа)	1.Мавзуга оид булган бошлангич билимлар даражасини аниклаш. 2..Интерфаол усул мохиятини тушунтириш. 3.Интерфаол усулида мавзу тахлили.	Мавзуни ёзадилар ва тинглайдилар
2–асосий босқич (135 дақиқа)	1. Талабаларни кичик гуруҳларга бўлиб, мавзу бўйича саволларни беради. 2. Слайдалар, мультимедиалардан фойдаланади а) Гипертрофик гингивит. б) Клиника, қиёсий таххис, даволаш профилактикаси. 3.Тестлар ва ситуацион масалалар ечиш.	Томоша қиладилар ва ёзиб оладилар.
3–асосий босқич	1.Амалий куникмаларни бажариш. 2. Муляж ва фантомлардан фойдаланиш. 3. Даволаш ишларини олиб боради 4. Мавзулар асосида берилган маълумотларни умумлаштиради ва хулосалайди,	Ёчадилар. Ёзадилар.
яқуний босқич (35 дақиқа)	1. Яқунловчи хулоса қилади, фаол иштирокчи талабаларни рағбатлантиради ва умумий баҳолайди 2. Мустақил ишларни назорат қилади , баҳолайди ва кейинги дарсни мустақил вазифасини беради 3. Уйга вазифа беради А)Мавзу бўйича конспект ёзиб келиш В)Мавзу бўйича саволларга тайёрланиш 1.Гипертрофик гингивитнинг шишли формасида буладиган узгариши 2.Гипертрофик гингивитнинг фиброзли формасида буладиган узгаришлар. 3.Гипертрофик гингивитнинг даволаш усуллари.	Тинглайди Ёзиб олади Ёзиб олади Ёзиб олади
Фойдаланидган адабиётлар	Асосий адабиётлар 1.Боровский Е.В. "Терапевтическая стоматология" М.,2006 г.. 2.Боровский Е.В. ва бошқалар " Терапевтическая стоматология".- М.,2004 3.Камилов Х.П., Мамедова Ф.М. "Даволаш стоматологиядан" рецептура справочниги.- 1995. 4.Боровский Е.В., Баришева Ю.Д., Максимовский Ю.М. "Терапевтическая стоматология".- М.: Медицина, 1998.	Ёзиб олади

	Қўшимча адабиётлар	
	<p>1. Основы терапевтической стоматологии. / Клаус. М. Леманин 1999.</p> <p>2. Лукиных М.Л. Кариес зубов.- Н. Новгород, 1996.</p> <p>3. Иванов В.С. Воспаление пульпы зуба. - М., 1990.</p> <p>4. Степанов А.Е. Косметическое восстановление коронок зубов. - М., 1999.</p> <p>5. Дмитриева Л.Н. и др. «Терапевтическая стоматология». - М., 2004 г</p> <p>6. Дунызина Т.М. и др. «Современные методы диагностики заболеваний пародонта»- С.Пет.2001.- 48с.</p>	

8-амалий машғулот

Пародонтит. Бошланғич шакли. Клиника, қиёсий ташхис.

Пародонтитни ривожланган шакли, клиника, қиёсий ташхис.

1.1. Таълим бериш технологиясининг модели.

Машғулот вақти -3 соат	Талабалар сони : 11-22 гача
Машғулот шакли	Амалий машғулот
Амалий машғулот режаси:	<ol style="list-style-type: none"> 1. Пародонтитнинг турлари . 2. Пародонтининг келиб чиқиш сабаблари. 3. Пародонтит билан гингивитга солиштирма ташхис ўтказинг.
Ўқув машғулотнинг мақсади:	Талабаларга пародонтит. Бошланғич шакли. Клиника, қиёсий ташхис. Пародонтитни ривожланган шакли, клиника, қиёсий ташхисини тушунтириш.
Таълим бериш усуллари	Мультимедиа, интерфаол усуллар.
Таълим бериш шакллари	Оммавий, жамоавий
Таълим бериш воситалари	Ўқув услубий ишланма, электрон дарсликлар ва

	компьютер.
Таълим бериш шароити	Методик жиҳатдан жиҳозланган аудитория.
Мониторинг ва баҳолаш.	Оғзаки назорат: савол-жавоб.

Амалий машғулотининг технологик картаси.

Иш босқичлари ва вақти.	Таълим берувчи	Таълим олувчилар
Тайёргарлик босқичи	1. Аудитория тозалигини назорат қилади 2. Талабаларни машғулотга тайёргарлигини текширади 3. Давоматни назорат қилади	Тинглайдилар
1. Ўқув машғулотига кириш босқичи (10 дақиқа)	1. Мавзуга оид булган бошланғич билимлар даражасини аниқлаш. 2. Интерфаол усул мохиятини тушунтириш. 3. Интерфаол усулида мавзу тахлили.	Мавзуни ёзадилар ва тинглайдилар
2–асосий босқич (135 дақиқа)	1. Талабаларни кичик гуруҳларга бўлиб, мавзу бўйича саволларни беради. 2. Слайдалар, мультимедиалардан фойдаланади а) Пародонтит. Бошланғич шакли. Клиника, қиёсий ташхис. б) Пародонтитни ривожланган шакли, клиника, қиёсий ташхис. 3. Тестлар ва ситуацион масалалар ечиш.	Томоша қиладилар ва ёзиб оладилар.
3–асосий босқич	1. Амалий куникмаларни бажариш. 2. Муляж ва фантомлардан фойдаланиш. 3. Даволаш ишларини олиб боради 4. Мавзулар асосида берилган маълумотларни умумлаштиради ва хулосалайди,	Ёчадилар. Ёзадилар.
яқуний босқич (35 дақиқа)	1. Яқунловчи хулоса қилади, фаол иштирокчи талабаларни рағбатлантиради ва умумий баҳолайди 2. Мустақил ишларни назорат қилади, баҳолайди ва кейинги дарсни мустақил вазифасини беради 3. Уйга вазифа беради А) Мавзу бўйича конспект ёзиб келиш В) Мавзу бўйича саволларга тайёрланиш 1. Пародонтитнинг неча хил турлари мавжуд?	Тинглайди Ёзиб олади Ёзиб олади Ёзиб олади

	<p>2.Пародонтининг келиб чиқиш сабаблари?</p> <p>3.Пародонтит билан гингивитга солиштирма ташхис ўтказинг</p>	
Фойдаланилган адабиётлар	<p style="text-align: center;">Асосий адабиётлар</p> <p>1.Боровский Е.В. "Терапевтическая стоматология" М.,2006 г..</p> <p>2.Боровский Е.В. ва бошқалар "Терапевтическая стоматология".- М.,2004</p> <p>3.Камилов Х.П., Мамедова Ф.М. "Даволаш стоматологиядан" рецептура справочниги.- 1995.</p> <p>4.Боровский Е.В., Баришева Ю.Д., Максимовский Ю.М. "Терапевтическая стоматология".- М.: Медицина, 1998.</p> <p style="text-align: center;">Қўшимча адабиётлар</p> <p>1.Основы терапевтической стоматологии. / Клаус. М. Леманин 1999.</p> <p>2.Лукиных М.Л. Кариес зубов.- Н. Новгород, 1996.</p> <p>3.Иванов В.С. Воспаление пульпы зуба. - М., 1990.</p> <p>4.Степанов А.Е. Косметическое восстановление коронок зубов. - М., 1999.</p> <p>5. Дмитриева Л.Н. и др. «Терапевтическая стоматология». - М.,2004 г</p> <p>6. Дуныгина Т.М. и др. «Современные методы диагностики заболеваний пародонта»- С.Пет.2001.- 48с.</p>	Ўзиб олади

Мавзу саволлари :

- 1.Пародонтитнинг неча хил турлари мавжуд?
- 2.Пародонтининг келиб чиқиш сабаблари?
- 3.Пародонтит билан гингивитга солиштирма ташхис ўтказинг.
4. Пародонт касалликларининг асосий клиник кўринишларини кўрсатиб беринг
5. Генераллашган пародонтитда қандай ўзгаришлар бўлади?
6. Генераллашган пародонтитда рентген ўзгаришларини айтиб беринг

Таркалган пародонтитда рентгенологик куруниш:

кортико альвеола деворини резорбцияси\$
жаг тукумасида остеопороз\$
альвеоляр оралик деворларини кирраларини узгариши\$
жаг тукумада остеоосклероз булиши\$
суяк тукумада узгириши йук#

Урта даража пародонтитга хос белгилар:

суяк тукумасини емирилиши 1)3\$
тишларни кимирлаши 1-2 даражали\$
суяк тукумасини кучли деструкцияси\$
пародонтал чунтакни чукурлиги 5мм гача\$
яллигланишни булмаслиги#

Пародонтитнинг рентгенологик картинаси:

тишлараро тусик,остеопороз учоги,суяк чунтакларини таркибидаги
суяк тукумалари деструкцияси\$
узгаришсиз\$
суяк тукумасини юмалок шаклдаги деструкция учоги\$
суяк тукумасини деструкцияси лакунар,кистасимон резорбцияси б-н
биргаликда кечиши\$
суяк тукумаси дистрофик узгариши#

Таркалган пародонтитни даволашда ишлатиладиган гипосенсенцибиллов чи дори-дармонлар:

димедрол,супрастин,тавегил,феннарол
оротат калий,нуклеотид натрий
женьшен илдизи,элеутерококк
гидрокартизон,преднизалон
левамизоль,Т-активин,В-активин

Таркалган пародонтитда рангенологик куруниш :

суяк тукумадаа узгариши йук
жаг тукумасида остеопороз
альвеола оралик деворларини кирраларини узгариши
жаг тукумада остосклероз булиши
кортико альвеола деворини резорбцияси

Пародонт касалликларини асосий текшириш усули:

курув
рентген
сурав
конни клиник текшириш
функционал текшириш

Пародонтит касаллигида юз жаг тукумаларида ренгендаги курунишлар:

суяк тукумларини деструкцияси,остеопороз,альвеоляр тусикнинг
баландлигини пасайиши\$
рентгенограмма узгариш йук\$
суяк тукумасида склеротик узгариш\$
тишлараро суяк пластинкасининг еки компакт пластинкасининг
пасайиши\$
горизонтал типда суяк тукумасида атрофия#

Урта даража пародонтитга хос белгилари :

продонтал чунтакни чукурлиги 5 мм гача
тишларни кимирлаши 1-П даражали\$
суяк тукумасини деструкцияси
суяк тукутамасини емирилиши 1) 3

яллигланишни булмаслиги

Пародонтитнинг рентгенологик картинаси:

тишлараро тусик,остеопороз учоги,суяк чунтакларини таркибидаги\$

суяк чунтакларини суяк тукумалари таркибидаги деструкцияси\$

узгаришсиз\$

суяк тукуамасини юмалок шаклдаги деструкция учоги\$

суяк тукумасини деструкцияси лакунар,кистасимон резорбцияси билан

биргликда кечиши\$

суяк тукумаси дистрофик узгариши#

Таркалган пародонтитни даволашда ишлтиладиган гипосенсибилизация

ловчи дори дармонлари :

димедрол,супрастин,тавегил,феннарол

оротат калий,нуклеотит натрий

женшен илдизи,элеутерококк

гидрокартизон,преднизалон

левамизоль,Т активи, В-активин

Пародонтитларининг огирлик даражасини аникловчи курсатгич

тишларнинг кимирлаши

тиш тошларнинг борлиги

милкларнинг кизариши

тишлараро суяк тусикчасининг деструкцияси

нохуш хид

Атрофик гингивит учун хос хусусият

яллигланишсиз милк кочиши

милкларнинг усиши

тиш-милк патологик чунтагининг булиши

нохуш хид

тиш тошларнинг булиши

Пародонтитнинг диффуз турида пародонт тукумаси кайси сохада яллигланади

пастки фронтал тишлар сохасида

юкори моляр сохасида

барча тишлар сохасида

барча юкори тишлар сохасида

юкори фронтал тишлар сохасида

Енгил шаклли пародонтитни белгилари:

суяк тукумасини деструкцияси

тишларнинг кимирлаши

беморни умумий узгариши

3 мм чукурликка пародонтал чунтакни булиши

тиш оралик милк яллигланиши

Пародонтитни гингивитдан ажратадиган асосий белгилари:

пародонтал чунтак

тиш усти ва ости тошлари

альвеола суягида резорбция ва атрофия

конаши

нохуш хид огиздан

Пародонтитни пародонтоздан ажратувчи асосий белгилар:

милкнинг кизариши, шиши ва тишларнинг кимирлаши

остеопороз ва милк патологик чунтаги,йиринг чикиши

жаг суягида остосклероз

жаг суягида остеопороз

милк патологик чунтагини борлиги ва йиринг чикиши

Пародонтитда яллигланишга карши кулланиладиган инъекция:

линкомицин

ленкацин

тетрациклин

метациклин

пенициллин

Пародонтитнинг умумий терапия вазифаси булиб хисобланади:

организм реактивлигини мустахкамлаш

яллигланишга карши терапия

десенсибилицияловчи терапия

умумий кувватловчи терапия

химиотерапия

Пародонтитда ортопедик даволаш нимани баргараф килишга каратилган :

1, 2, 3 жавоблар тугри

тиш кимираши

травматик артикуляция

тиш катори нуксони

шиллик кават шиши ва кизариши

Пародонтитни гингивитдан ажратадиган асосий белгилари:

альвеола суягида резобция ва атрофия

пародонтал чунтак

тиш усти ва ости тошлари

конаши

нохуш хид огиздан

Пародонтитни пародонтоздан ажратувчи асосий белгилар:

жаг суягида остосклероз

остиопороз ва милк патологик чунтаги, йиринг чикиши

жаг суягидаги остеопороз

милк патологик чунтагини борлиги в йиринг чикиши

милкнинг кизариши ва шиши

Кулаженко синамасида курак тишлар сохасида милкларнинг меъерида

капилярлар мустахкамлиги:

30-60 сек

50-80 сек

70-80 сек

90-100 сек

100-120 сек

Пародонтитда яллигланишга карши кулланиладиган инъекция:

линкомицин

линкоцин

тетрациклин

метациклин

линкомин

Енгил шаклли пародонтитни белгилари:

тиш оралик милкни яллигланиши

суяк тукумасини деструкцияси

тишларни кизираши

беморнинг умумий холатини узгариши

3, Смм чукурликда пародонтал чунтакни булиши

Лоқал пародонтит ривожланмайди:

қон касаллақларида

маргумиш малхамининг тиш оралигига тушиши
пломбанинг осилиб турган киргоги
тиш карашларининг куплиги

Пародонтит объектив куринишда кузатилмайди:

милк сўрғичлари шишасимон юзали, кўкимтир, шишган
милк қонаши
тишлар қимирлаши
тишлар бўйни гинерестезияси

Пародонтитни оғир даражасида беморни умумий ахволи кандай:

умумий холати бузилмаган
субфебрил харорат
уйқусизлик
иштаха йўқолиши

Тиш карашлари фақланади:

юмшоқ ва қаттиқ
юмшоқ ва мустахам
пигментланган ва пигментланмаган
пилликула ва бляшка

Оқ ва юмшоқ карашларкелиб чиқиш сабаблари:

нохуш одатлар, оғиз бўшлиғи тозалигига этиборсизлик, тишларнинг зичлашиши
эндокрин касаллик
гормонал бузилишлар, овқат чайнашда қийналиш
хомиладорлик, ўтиш даври

Пристгле назарияси бўйича яшил карашни келтириб чиқарувчи сабаб:

хлорофил хосил килувчи Lichen dentalis замбуруги
чекиш
сульфометгемоглобин шаклланиш натижасида
тиш кумушлаш усулида

Чекувчиларда учрайдаган караш:

қорамтир-жигарранг
қора, пушти ранг
сарик, хаворанг
яшил, оқ

Вазиятли масалалар :

1-масала

Бемор 45 ёшда, милкларида қизариш, шиш, тишларнинг қимирлаши ва тиш тошлари мавжудлигига шикоят билан келди, объектив кўрганимизда милкларида гиперемия, тишларда 1-даражали қимирлаш, милк усти ва милк ости тиш тошлари мавжуд. Тиш милк чўнтаги 3,5мм.
Ташхис қўйинг.

2-масала

Бемор 40 ёшда, милкларида оғрик, қизариш, шиш, тишларнинг қимирлаши ва тиш тошлари мавжудлигига шикоят билан келди, объектив кўрганимизда милкларида гиперемия, тишларда 2-даражали қимирлаш, милк усти ва милк ости тиш тошлари мавжуд. Тиш милк чўнтаги 5мм.
Солиштира ташхис қўйинг.

Интерактив усуллар

“Аквариум” услуги.

Бунда гурухга 3 киши танланиб уртага куйилади улар балик булса колган талаба кузатувчи булади. Бу холат нима каерда качон? телеуйинига ухшайди уртага талабалар 1 мин ичида жавоб топа олишар улар урнига бошка учлик утиради. Бу услубнинг афзаллиги

- 1) Мавзу уртада мухокама килади.
- 2) Мавзуни олиб беради.
- 3) Талабаларни билимини текширади.
- 4) Дискуссия килиб билими ошади.
- 5) Уйи усулида утказди.
- 6) Хар 1 талаба иштирок этади.

Мавзу баёни

ПАРОДОНТИТНИНГ КЛИНИКАСИ, ТАШХИСИ ВА КИЁСИЙ ТАШХИСИ

Пародонтит алоҳида мустак ил нозологик пародонт касаллиги ҳисобланади. Жойлашишига караб махаллий (локализированный) — бир неча тиш атрофида ва таркалган (генерализованный) — барча ёки деярли барча тишлар атрофида булиши мумкин. Пародонтит — бу барча пародонт туцималарининг яллирланиши демакдир.

Махаллий (локализированный) пародонтитнинг келиб чикишида мах(аллий — жо’йли салбий таъсиротлар: пломба ашёсининг ёки мышьяк-маргимушнинг тишлар ораларига тушиши, тишлам-при-куснинг бузилиши, турли жароҳатлар, ёмон-нотурри тайёрланган ортопедии ва ортодонтик мосламалар, протезлар ва шунга ухшаш омиллар сабаб булиши мумкин.

Таркалган, умумий (генерализованный) пародонтитнинг ривож-ланишга пародонт тукимасининг ҳимоя, тусик (барьер) вазифасининг бузилиши ва организмда иммунологик қаршилик курсатиш кучи-реактивлигининг бузилиши ҳамда махаллий салбий таъсиротлар сабабчи булишлари мумкин. Купинча узок, давом этиб, тана кувватини пасайишига, модда олмашиш жараёнини бузилишига сабаб булувчи, ички аъзо ва тизим касалликлари (юррак-Қ.ОН томир, ошказон-ичак, эндокрин тизимлари касалликлари) на-тижасида организмда иммун тизимининг иши бузилиши пародонт касалликларини келиб чикишида катта роль уйнайди (Е. Е. Платонов, 1969, И. Новик ва бошқ., 1969, В. С. Иванов, 1989 ва

Пародонтит катарал гингивит, гипертрофии гингивитдан кейин бошланади. Жараён давомида тиш-милк бойлами бутунлиги, тиш-ни борлаб турган аппарат бузилади, суяк тукимаси сурилади (резорбция), тиш-милк патологгии чуқтаги пайдо булади (Е. Е. Платонов, 1969, И.). Новик ва бошқ., 1969, В. С. Иванов, 1989 ва бошқ.).

Пародонтитда буладиган патологик жараёнлар уз вақтида да-воланиб тухтатилмаса, доимий равишда чуқ.урлашаборади, хусу-сан, альвеола суяк туқжмасидаги сурилиш ва атрофия давом этади.

Е. В. Боровский ва бошқ.. (1989) пародонтитга куйидагилар хос деб ҳисоблайдилар.

7. Пародонтит асосан 30—40 ёшдаги одамларда учрайди.
8. Беморлар анамнезида бир неча йилдан бери милклардан кон окиши борлиги.
9. Мили чунтаги ёки пародоктал чунтак борлиги.
10. Милкнинг катарал, яралй ёки пролифератив-гипертрофик яллирланишг.
11. Тишлараро альвеола суягида рентгенологгии тузилишни бу-

зилнш-деструктив узгаришлар борлиги. Милкда турли яллирлзниш, деструктив узгаришлар (тишлар-ни к,имирлаб к.олиши, уларнинг жойлашишини узгарганлиги, ог-рик, функция бузилишлари ва бошк.алар).

12. Сурункали пародонтитни «айталаниши, хусусан, абсцессли пародонтитларда организмни умумий бузилишлари-тана хкароратининг кутарилиши, нохушлик (недомогание), кон таркибини узгариши кабилар булиши.

8. Тиш карашлари, тошлари, овк.ат к.олдиклари тишларда, милкда булиши кабилар.

Пародонтитда субъектив — бемор сезгилари милкдан *ікоһ* оци-ши, айрим тишларни турли даражада кимирлаб к.олганлиги, *of-рик*.лар, тишлар буйин кисмини иссик, совукдан огриши, милк-тиш чунтакларидан *йиринг* чикиши, айрим пайтларда милкда абсцес-слар булиши, ориз бушлиридан цуланса хкид келиши билан ха-рактерлидир. Ундан ташкари, беморларни рухин тушкунликка тушиши, уйк.уни бузилиши ва шу каби нохуш сезгилар безовта к.и-лади.

Объектив курувда милкдан к.он окиши, турли даражада тиш карашлари, тошлари борлиги, тиш к.имирлашлари, милк чунтакларидан *йиринг ч»ж*.иши, хусусан, милк чеккаси асбоб билан бо-силганда, Шиллер-Писарев усулининг мусбатлиги, тиш-милк патологик чунтаклари (асосий белги) борлиги куринади, куланса х.ид сезилади.

Юкорида келтирилган субъектив ва объектив белгилар, асосан касаллик авжида, бемор врачга мурожаат этишга мажбур (купин-ча) булганда буладиган, куринадиган кзгаришлардир.

Таснифга муофик, пародонтитлар уткир, сурункали ва ремиссия (тухтаб колган даври) боскичларга, клиник кечиши жихатидан енгил, урта ва огирларга булинади.

Енгил Пародонтитда пародонтал чунтак чук.урлиги 3,5 мм гача, асосан тишлар орасида тишлараро, суяк туцимаси тузилиши (структура) бузилиши (деструкцияси) бошланрич боскичда ва тишлараро альвеола усиздталар баландлигининг 1/3 кисмигача, тиш к.и-мирлаши физиологии даражада, беморнинг умумий ахволи узгар-маган.

Урта огирликда кечадиган пародонтитларда тиш-милк (патологик) чунтак чукурлиги 5 мм га етади, тишлараро альвеола усим-тасининг 1/2 гача суяк емирилган (II даража), остеопороз учок,-лари булади, тиш к.имирлашлари I ёки II даража, айрим тишлар кимирлаб уз уринларини узгартирган (смещение) булишлари мумкин.

Орир кечадиган Пародонтитда милк чунтаклари 5—6 мм чу-курликда, тишлараро альвеола суяк усимта (перегородок)лари у узунлигининг 1/2 да суяк туцимаси емирилиб булади, суяк туцимаси рентгенограммада куринмайди, тишлар II—III даражали патологик кимирлашда, айримларининг урни узгариб, турли кишпаиған хол-да жойлашади, травматик окклюзия борлигинн курнш мумкин. Урта ва ог-ир пародонтитда милкдан кон ва *йиринг* чикнши, ориз-даи цулапса хид кслишипи врач сезшпи мумкин.

Пародонтитнинг ремиссиясида беморлар ортикча шикоят эт-мандилар, лекин касаллик бор.

Уткир пародонтит кам учрайди, асосан, махаллнн салбип таъ-сиротлар (пломба уткир кирралари, м-илхка ортикча киргап сунъ-ий коронкалар, протеслар кламмерлари ва бошк.) оцибатада пай-до булнши ва купинча маълум тишлар атрофнда (локализованный) булиши мумкин.

Бунда беморлар уз-узидан бошлападиган уткир окршутар, милкдан кон окиши кабиларга шикоят киладилар.

Врач объектив курувда тнш-милк чунтаги борлнгини, милк к.и-зариб шишгашшги, уига текканда эса, кон окипшнн куради.

Сурункали пародонтит купинча бемор кеч врачга мурожаат этиши, онда-сонда тулиц булмаган даволаш муолажаларидан ксй-ин келмаслиги окибатада булиши мумким. Унинг келнб чикишида, юк.орида таъкддлаганимиздек, организмдаги умумий сурункали ошцазон-ичак, юрак-цон томир, модда алмапшнуви бузилинш би-лан кечадиган касалликлар, асаб тизими ва <бошк.а ички аъзо ва тнзим касалликлари роль уйнаши мумкин.

Енгил сурункали пародонтитда беморлар милкдан вакт-вагцти билан кон окиши, хусусан, тишларни тозалашда, оризда кулапса хид булиши, милкларда турли нокулайликлар, тнш тошларининг тез орада йигилиб колиши, яллигланиш айрим тишлар атрофнда -ма.халлип ёки хкамма тишлар ёки кк'пчилик тишлар атрофида -тарк,алган холда булишига шикоят киладилар.

Объектив курувда милкларда кукимтир ранг булиб, салгина шишганлиги, тиш-милк чуптагнниг чукурлиги 3,5 мм атрофида булиши кайд этилади.

Рентгенограммада компакт пластинкасининг юкори кнсмлари -тишлараро тусик/тарн емирилгаилигн, тишлараро альвеола тусик. чаларининг куриниши хиралашганлиги, уларниг 1/3 ксмп еми-'рилишини 'Куриш мумкин, лекип тишлар 1у1мирлаши физиоло-гпк даражада колади ва уларнинг уринларидан силжишлари бул-майдн.

Урта огирликда кечадиган сурункали пародонтитда еигил да-ражага нисбатан патологнк узгаришлар анча чукуррок. булиб, тиш милк (патологик) чунтаклар чукурлиги 5 мм га стади, пародонтал чунтакка айланади.

Беморлар шикоятлар-и хам анча купайиб, милкдан кон окиши факат тозалаш пайтида булмасдан, балки каттик нарса (нон, ол-ма, нок каби)лар тишлаганда хам кон оцншн, м.илкларнинг рангги, шакллари узгарганлпгпга, айрнм ёки бир гурух тншлар кимирлаб цолганлигига ва уларнинг тиш каторларидан чикиб колгаилигига, милкларда 1кичиш, ачиш кабя нохуш сезгилар пайдо булганлигига ва шунга ухшаш нохушликлар пайдо булганлигига булишн мум-.кин.

Врач объектив курганида, милклар кукимтир (цианоз) ранг ол-ганлнгинп, тишлараро милк сурричдарининг шишганлигн, улар тишлардан ажралиб туриши, милкдан текканда кон окишн, улар-ни босгакда улардан iкоn аралаш йиринг чикишипи, пародонтал чунтаклар ва уларнинг чукурлиги 4—5 мм булишини куради. Патологик жараён бир хил булмапдп-айрим тнш атрофида купроц, айримларидэ камрок ривожланган булади.

Махаллкй салбий таъсиротлар яллрланиш патологик жараён-ни кучайтнради, чук.урлашувига олиб келадн. Хамма беморларда ту|>ли даражада тиш карашларн, тошлари булади, тишлар 1-ёки 2* даражали кимирлашга эга булади. Милкдаги яллигланиш купин-ч-а юзаки-катарал булсада, баъзиларда ярали, гнпертрофик гингивит шаклида булади.

РентгенотралМмада патологик жараённинг фаол кечадиган пайт-ларида тишлараро тусикларнинг 1/2 ксмида суя к деструкцияси, остеопороз учоклари, тиш б\йин кнсмида периодонтал ёригни кен-гайиши кур'Ннади.

Огир ке«Еадиган сурункали пародонтитда, беморларни врачга мурожаат этишларига сабаб, милкдагн огриклар, ёмон ёки нохуш сезгилар, ткшларнинг кийшайгаплигн, уларнинг урталарн очилиб цолганлиги (диастема, тремалар), вакт-вакти билан милкдан кон, йиринг ажралиши ка'билар булади. Беморларни рухини маълум мицдорда бузилиши, тушкунликка тушиши, сила муомалаларининг маълум даражада к,ийинлашуви мумкин.

Объектив курувда милк шаклининг узгарганлиги, у ердаги грануляция тугсималари, фиброз, яллрлзниш инфильтрациялари, i\е-зариш-кукимтир (застойная гиперемия) ранг, милк сургичларининг тишларгй ёпишмай туришн, тиш карашлари, тошлари, овкат крл-дикларк, мчлкдан кон ок.иши (текканда) кабилар борлиги к.айд этилади.

Зондлаганда пародонтал чунтаклар чукурлиги 5—7—8 мм га-ча, тишлар патологик кимирлашлари I—II даражадалнги, тишлар хар томонга силжиганлигнни аниклаш мумкин. Бунда травматик окклюзия борлиги характерлидир. Баъзида сорлом тншлар к.имир-лаб тушиб кетиши х,ам мумкин.

Рентгенограммада суя к тукнмасининг деструкциясн II—III да-ражали, остеопороз учоклари борлиги, патологнк суяк чунтаклари борлигиш? куриш мумкнн.

Пародонтит даволангач, ремиссия боскичига утадн. Касаллик-нпнг фао..| кечишидаги бсмор шикоятлари булмайди.

Суру н кали пародонтитнинг кайталанишида, мнлкдаги яллрлзниш 'баттар авжга чщади, милклар к.изариши, олдинги ку-кимтир ранг билан аралашади, милк цонаши, улардан йиринг аж-ралиши ва буларнинг х.аммасы йигилиб, беморнинг умумий ах,во-лини узгартириши (бош огриги, чарчоклиц, камх.оллик ва шунга ухшаш) мумкин.

Абсцесслар булишига айрим тишларга купрок. босим тушиши, пародонт тукимасининг чидамлилигини (резистентность) бузилиши, организмнинг к.аршилик курсатиши (реактивность) пасайиши, иммунологии х.олатни пасайиши, умумий касалликнинг таъсири, шамоллашлар, грипп кабилар сабаб булиши мумкин. Бунда и пайтларда, ориз бушлирини текширнб куришда, милклар шишган-лигн, к.изарганлиги, ориз бурмалари (переходные складки)ни те-кислашганлиги, милклардан йиринг чик.иши, пайпаслаб курилса,. оррик, ва йиринг йигилганлигини аниклаш мумкин. Абсцесслар уз-ларича очилишлари ва йирингнн чик.иб кетиши ёки, баъзида врач абсцессларни коидаларга амал к.илиб очиши мумкин.

Пародонтдаги турли яллрлзниш жараёнларини, уларнинг клиник кечиши ва огир-енгиллигини -билиш учун лаборатория, биоки-мёвий ва функционал усуллар ёрдамида аниклаш мақ,садида Шил-лер-ГТисарев, Кулаженко, Яснновский синамалари, коннинг биокн-мёвий курсатичларини урганиш кабилар кулланилади.

Масалан, витал микроскопия (стоматоскопия) усулини к.уллаб,. пародонтитда милкдаги капиллярлар сонлариинг купайганлиги,, уларнинг таранглигинн ошганлигини, эритроцитлар диапедези (кон томирдан ташкарига чикиши)ни, к,он айланишини тухтаб колгун-ча (стаз) пасайганини, капиллярлар колатларнни, венулаларнинг шишганлигини куриш мумкин.

Реопародонтограммаларда кон томир вазифалари, тонуслари, кон олиб келиш крбилиятлари, тарангликлари узгарганлигини аниклаш мумкин.

Иккиламчи гипоксияни, оксидланиш-тикланиш жараёни полярография усулида, иккиламчи иммунодефицитни иммунологик усуллар ёрдамида аниклаш, кабилар, пародонтитни ташхисини куйиш, даволаш усуллариини режалаштириш учун жуда зарурдир.

Куйида энг куп таркалган пародонт касалликлари хисоблан-ган гингивит, пародонтит ва пародонтоз касалликларнни бир-би-ридан киёсий ташхислаш учун энг зарур курсатгичлар мезонлари-ни курсатиб утамыз:

Пародонтитни ташхислашда, к4иёсий ташхислашда, катта ёрдам берадиган ва клиникада энг куп кулланадиган усул — бу рентге-нографиядир. Рентгенологии узгаришлар турлича, чунки пародонттуккимасида х.ам турли даражадаги патологик узгаришларда суяк тукумасида турлича узгаришлар булади. бошлзрич, енгил даражадаги пародонтитда альвеолараро тусикчаларининг (перегородки) кортикал пластинкаларида остеопороз ва деструкция (тузи **АЙРИМ ПАРОДОНТ КАСАЛЛИКЛАРИНИНГ КИЁСИЙ ТАШХИСЛАШ МЕЗОНЛАРИ**

Бах.олаш мезонлари	Таркалган катарал гингивит	Тарцалган пародонти т	Пародонтоз
Милк цизариши (гиперемия)	бор	бор	йук.
Милкдан $Kf > n$ окиши	бор	бор	йук.
Тиш-милк (патологик чунтаги)	йук.	бор	йук.
Тишларнинг (патологик) кимирлаши	йук	бор	йук
ЖЭР суяк тукумасида узгариш	йук.	Пародонтит даражасига богличи узгаришлар лади.	остеоскелепоз
Альвеолалараро суяк тушимаси усимталарининг узгариши	йук	Турли даражада деструкция бор	йук.
Ураб турувчи суяк кортикал пластинкасининг узгариши	йук	Емирилган (бузилган)	узгармаган
Суяк усимталарида остеопороз борлиги	й\$К	турли дорснмон теопороз вчоцлари бор.	йук
Альвеола тусик. (усимта)ларнинг баландлиги	йуц	Суяк тукумасида емирилиш турли даражада булади.	

лишний бузилиши) булса, кейинчалик, бу усимта, тусицчалар уч-ларининг сурилиши, йуцолншини куриш мумкин. Бунда сурилиш горизонтал ва вертикал (илдиз йуналиши буйлаб) сурилабошлай-ди, вертикал равишдаги сурилиш суяк чунтакларини хосил к.илади. Альвеола усимталари сурилган, йукрлгаи ёки ейилган шакл-да булиб, милк остида тиш тошлари йирилади. Жагнинг айрнм жойларида узгариш булмаслиги мумкин.

Пародонтозда эса остеосклероз, суякнинг эбурнеация деб ата-лддиган, склерозга ухшаш узгаришлари булади.

П а т о л о г о а н а т о м и к узгарншлар кам пзродонтитнинг турли даражаларида турлича булади. Ленин, патологоанатомик узгаришлар пародонт тук.ималарининг барчасида борлиги к айд этилади.

Енгил пародонтитда, милкда носпецифик сурункали яллигла-нишга хос узгаришлар — эпителийда дистрофик узгаришлар, ай-рим холларда унинг юза кабатларининг чнриши (некроз) ва лей-коцитар инлильтрация борлиги аник-ланадн. Эпителий атрофияга учраган сари, унда гликогенлар камайиб боради.

Эпителий остидаги к5'шувчи тук.имада крн цуйилиши (плазмор-рагия), баъзида фибриноид узгаришлар, склероз булади. Кушувчи тупима тузилиши бузилади, милк чунтаги атрофида мукояд ши-шишлар, мукополисахаридлар купайиши, аргирофил толалар к у-поллашган, айримлари эриган (лизис), коллаген толалар эригани каби узгаришлар булади.

Кон томирлари деворларида к.он цуйкулари (плазморрагия), склероз, милк тукимасдшг барча жойларида лимфоид-гистоцкт-лар йирилиши, плазматик хужайралар, фукснофил ёки Руссел таначалари, лейкоцитар инфильтрация, семиз хужайралар купайиши кузатилади.

Шундай кили'б, сигил пародонтитда i\oh томирлар узгаришига боглик, узгаришлар толали туцималарда эса, дистрофик узгаришлар— х.аттоки чириш, к.ушувчи туцимадагн узгаришлар эпителий-га иккиламчи салбий таъсир курсатиб, уннг атрофнк ва дистрофик узгаришларига олиб келади.

Альвеола суяк туцимасининг тишлараро жойлашган кисмлари-да макрофаглар ва остеокластлар ёрдамида сурилиш, емирилиш жараёнлар кечади. Эпителий илдиз узунлигн буйлаб усиб кириши мумкин.

Вир вакднинг узнда илдиз цементи ҳам яллиглапнш окибатидаемирилади. Суяк емирилнши, янги суяк тукимасини пайдо булиши жараёнлари бир вактда кечиши мумкин. Кон томирлар деворла-ри кенгайгаи, урта цаватлари склероз ва гиалинозли- булиб, улар-нинг ичлари торайган, крн томир атрофлари склерозга учраган.

Урта ва оi-ир шаклдаги пародонтитларда келтирилган патомор-фологик узгаришлар янада чукурлаша боради.

Шундай к.илиб, пародонтитда барча пародонт тукималарида турли" даражада патологик узгаришлар булади, емирилиш, сурилиш жараёнлари янги суяк х.осил булишига нисбатан уступ тур'ади.

Кюретаж ўтказиш (3 та дан ортиқ бўлмаган тишлар соҳасида)

Мақсад: Талабаларга парадонт касаллиги билан касалланган беморларда кюретаж ўтказишни ўргатиш.

Кўрсатма: пародонт касаллиги (гипертрофик гингивит)

Керакли жихозлар: стоматологик асбоблар, анестетиклар (артикаин, лидокаин, новокаин, убистезин, септанест, gingicaine gel ва б.к.), шприц, игна, боғлов ашёлари (дока, пахта валиги, шариги, тампон ва марлели тесмалар) антисептик эритмалар (3% H2O2, йод, люголь эритмаси), химоя боғлами.

Бажариладиган босқичлар қадамлар:

№	Мануал кўникма қадамлари (босқичлар)	Босқич ни бажара олмади	Барча босқичла рни бажар ди	Тала ба тўпла ган бали	Ўқитув чи имзоси
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1.	1-2% лидокаин эритмаси билан инфилтрацион оғриқсизлантириш	0	10		
2.	Тишнинг вестибуляр, апроксимал ва оғиз юзасидан милк ости тиш тошлари олинади, асбобни илдиз ичидан тиш тошига қараб йўналтирилади	0	10		
3.	Юмшаган цементни зич консистенциясига қадар олиб ташланади	0	20		
4.	Чўнтак юзаси илик антисептик билан ювилади	0	20		
5.	Ўткир асбоблар билан пародонтал чўнтак туби асталик билан тозаланади, агарда суяк аниқланса, унга ҳам ишлов берилади	0	20		
6.	Милк чўнтаги деворини диэпителизацияси. Ўткир асбоб ёрдамида илдиз ичидан тиш тошига қараб йўлдаги милкнинг тишга бириккан тўсиқни бузиб йўналиштирилади, бундан бармок билан милкни тишга босиб турилади ва асбоб эҳтиёткорлик билан харакатлантирилади, бармок контроли остида эпителиал тўқима кесилади	0	10		
7.	Милкни тишга босган ҳолда, ҳимояловчи боғлам қолдирилади. Беморга оғиз гигиенасига риоя қилиш гипертоник эритма билан чайиш буюрилади.	0	10		
	Жами	0	100		

Гуруҳларнинг билим ва кўникмаларини баҳолаш мезонлари

№	Ўзлаштириш % ва баллда	Баҳо	Талабанинг билиш даражаси
1	96-100	Аъзо «5»	-хулоса ва қарор қабул қила билади -ижодий фикрлай олади -мустақил мушоҳада юрита олади -амалда қўллай олади -интерактив ўйинлар ўтказишда юқори фаоллик ва ижодий ёндаша олади -вазиятли масалаларни тўлиқ асосланган жавоб билан тўғри еча билади -саволни моҳиятини тушунади -билади, ишонч билан айтиб беради -аниқ тасаввурга эга
2	91-95		-ижодий фикрлай олади -мустақил мушоҳада юрита олади -амалда қўллай олади -интерактив ўйинлар ўтказишда юқори фаоллик ва ижодий ёндаша олади -вазиятли масалаларни тўлиқ асосланган жавоб билан тўғри еча билади

			-саволни мохиятини тушунади -билади, ишонч билан айтиб беради -аниқ тасаввурга эга
3	86-90		-мустақил мушоҳада юрита олади -амалда қўллай олади -интерактив ўйинлар ўтказишда юқори фаоллик ва ижодий ёндаша олади -вазиятли масалаларни тўлиқ асосланган жавоб билан тўғри еча билади -саволни мохиятини тушунади -билади, ишонч билан айтиб беради -аниқ тасаввурга эга
4	81-85	Яхши «4»	-амалда қўллай олади -интерактив ўйинлар ўтказишда юқори фаоллик кўрсатади -вазиятли масалаларни еча билади, лекин жавобини асослай олмайди -саволни мохиятни тушуна билади -билади, ишонч билан айтиб беради -аниқ тасаввурга эга
5	76-80		-интерактив ўйинлар ўтказишда юқори фаоллик кўрсатади -вазиятли масалаларни еча билади, лекин жавобни исботи тўлиқ эмас -саволни мохиятини тушуна билади - билади, ишонч билан айтиб беради -аниқ тасаввурга эга
6	71-75		-вазиятли масалаларни тўғри еча билади лекин жавобни исботи тўлиқ эмас -саволни мохиятни тушуна билади - билади, ишонч билан айтиб беради -аниқ тасаввурга эга
7	66-70	Қониқарли «3»	-саволни мохиятни тушуна билади -вазиятли масалаларни тўғри еча билади, лекин жавобни исботлай олмайди - билади, ишонч билан айтиб беради -мавзуни алоҳида саволлари юзасидан аниқ тасаввурга эга
8	61-65		-вазиятли масаларни ечимида хатоликларга йўл қўяди -билади, ишонч билан айтиб бера олмайди -мавзунинг алоҳида саволлари юзасидан аниқ тасаввурга эга
9	55-60		-билади, ишонч билан айтиб бера олмайди -қисман тасаввурга эга
10	54 ва ундан паст	Қониқарсиз «2»	-ҳеч қандай тасаввурга эга эмас -билмайди

9-амалий машғулот

Пародонтоз. Клиника, қиёсий ташхис.

1.1.Таълим бериш технологиясининг модели.

Машғулот вақти -3 соат	Талабалар сони : 11-22 гача
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Машғулот шакли	Амалий машғулот
Амалий машғулот режаси:	<ol style="list-style-type: none"> 1. Пародонтоз касаллигининг келиб чиқиш сабаблари? 2. Пародонтоз касаллигини келиб чиқишига умумий омиллар. 3. Пародонтозни ташхис қуйишда қулланиладиган қушимча текшириш усуллари.
Ўқув машғулотнинг мақсади:	Талабаларга пародонтоз. Клиника, қиёсий ташхисини тушунтириш.
Таълим бериш усуллари	Мультимедиа, интерфаол усуллар.
Таълим бериш шакллари	Оммавий, жамоавий
Таълим бериш воситалари	Ўқув услубий ишланма, электрон дарсликлар ва компьютер.
Таълим бериш шароити	Методик жиҳатдан жиҳозланган аудитория.
Мониторинг ва баҳолаш.	Оғзаки назорат: савол-жавоб.

Амалий машғулотнинг технологик картаси.

Иш босқичлари ва вақти.	Таълим берувчи	Таълим олувчилар
Тайёргарлик босқичи	<ol style="list-style-type: none"> 1. Аудитория тозаллигини назорат қилади 2. Талабаларни машғулотга тайёргарлигини текширади 3. Давоматни назорат қилади 	Тинглайдилар
1. Ўқув машғулотига кириш босқичи (10 дақиқа)	<ol style="list-style-type: none"> 1. Мавзуга оид булган бошлангич билимлар даражасини аниқлаш. 2. Интерфаол усул мохиятини тушунтириш. 3. Интерфаол усулида мавзу тахлили. 	Мавзуни ёзадилар ва тинглайдилар

2–асосий босқич (135 дақиқа)	1. Талабаларни кичик гуруҳларга бўлиб, мавзу бўйича саволларни беради. 2. Слайдалар, мультимедиалардан фойдаланади а) . Пародонтоз. Клиника, қиёсий ташхис. 3.Тестлар ва ситуацион масалалар ечиш.	Томоша киладилар ва ёзиб оладилар.
3–асосий босқич	1.Амалий куникмаларни бажариш. 2. Муляж ва фантомлардан фойдаланиш. 3. Даволаш ишларини олиб боради 4. Мавзулар асосида берилган маълумотларни умумлаштиради ва хулосалайди,	Ёчадилар. Ёзадилар.
яқуний босқич (35 дақиқа)	1. Яқунловчи хулоса қилади, фаол иштирокчи талабаларни рағбатлантиради ва умумий баҳолайди 2. Мустақил ишларни назорат қилади , баҳолайди ва кейинги дарсни мустақил вазифасини беради 3. Уйга вазифа беради А)Мавзу бўйича конспект ёзиб келиш В)Мавзу бўйича саволларга тайёрланиш 1.Пародонтозни ташхис қуйишда кулланиладиган қушимча текшириш усуллари. 2.Пародонтоз касаллигида клиник узгаришларни гапириб беринг. 3.Пародонтозд рентген тасвирда қандай узгаришлар булади?	Тинглайди Ёзиб олади Ёзиб олади Ёзиб олади
Фойдаланидган адабиётлар	<p style="text-align: center;">Асосий адабиётлар</p> <p>1.Боровский Е.В. "Терапевтическая стоматология" М.,2006 г.. 2.Боровский Е.В. ва бошқалар " Терапевтическая стоматология".- М.,2004 3.Камилов Х.П., Мамедова Ф.М. "Даволаш стоматологиядан" рецептура справочниги.- 1995. 4.Боровский Е.В., Баришева Ю.Д., Максимовский Ю.М. "Терапевтическая стоматология".- М.: Медицина, 1998.</p> <p style="text-align: center;">Қўшимча адабиётлар</p> <p>1.Основы терапевтической стоматологии. / Клаус. М. Леманин 1999. 2.Лукиных М.Л. Кариес зубов.- Н. Новгород, 1996. 3.Иванов В.С. Воспаление пульпы зуба.</p>	Ёзиб олади

	<p>- М., 1990.</p> <p>4. Степанов А.Е. Косметическое восстановление коронок зубов. - М., 1999.</p> <p>5. Дмитриева Л.Н. и др. «Терапевтическая стоматология». - М., 2004 г</p> <p>6. Дунызина Т.М. и др. «Современные методы диагностики заболеваний пародонта»- С.Пет.2001.- 48с.</p>	
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Мавзу саволлари :

1. Пародонтоз касаллигининг келиб чиқиш сабаблари?
2. Пародонтоз касаллигини келиб чиқишига умумий омиллар.
3. Пародонтозни ташхис қуйишда қулланиладиган қушимча текшириш усуллари.
4. Пародонтоз касаллигида клиник узгаришларни гапириб беринг.
5. Пародонтозд рентген тасвирда қандай узгаришлар булади?

Тестлар:

Пародонтоз учун характерли:

суяк туқимасининг дистрофик ўзгариши, милк ретракцияси*

Яллиғланиш процессини милка ўтиши

доимий милк қонаши билан кечиши

бир ёки икки тишда маргинал пародонтда яллиғланиш процесси

тишлар орасида ёриқлар пайдо булиши

Пародонтоз ўрта оғирлик даражасида кузатилмайди:

Пародонтал чунтак*

Понасимон нуқсон

Тишларнинг елпиғичсимон тарқалиши

диастема, трема

илдизнинг очилиб қолиши

Пародонтозда тишларнинг бўйин қисми очилиши қуйидаги патология билан бирга кечиши мумкин:

понасимон нуқсон*

гипоплазия

атологик емирилиш

люороз

гингивит

Морфологик пародонтоз характерланади:

спонгиоз билан*

акантолиз билан

гиперкератоз билан

дистрофия

акантоз билан

Тарқалиши бўйича пародонтоз булади:

генерализацияланган*

локализацияланган

диффуз

қисман

ўчокли

Пародонтоз учун характерли эмас:

- а) катарал гингивит
- б) пародонтал чўнтаги
- в) атрофик гингивит
- д) понасимон нуқсон

аб*

вг

гд

ад

Пародонтоз ўрта оғирлик даражасида қуйидаги шикоятлар булади:

- а) эстетичик нуқсон
- б) милк чунтакларидан йиринг оқиши
- в) гиперэстезия
- г) илдизнинг 1/3 очилиб қолиши
- д) тишлар қимирлаши

авд*

вгд

ваг

бвг

вд

Пародонтозда гиперэстезия юзага келади:

- а) огиз бўшлиги гигиенасига риоя қилинмаганда
- б) ретенцион пунктлар хосил бўлганда
- в) Тиш тошлари бўлганда
- г) Тиш бўйин қисми очилиб қолганда
- д) понасимон нуқсон

бгд*

аб

ав

вг

вд

Суяк тўқимаси склеротик ўзгариши , горизонтал суяк емирилиши хос:

сурункали пародонтоз*

сурункали гингивит

ўткир гингивита

сурункали периодонтит

сурункали пародонтит

Пародонтоз учун характерли эмас гингивит

тишлар қимирламаслиги

онасимон нуқсон

Милк ретракцияси

Тиш илдизини очилиб қолиши

Пародонтозда қайси рентгенологик метод қилинади:

Ортопантомография*

панорам рентгенография

Юсупов буйича

телерентгенография

дентал сурат

Пародонтозда альвеоляр усиклар булади:

а. пасайган

б.кортикал пластинкалар бузилган
в. Кортикал пластинкалар сақланган
г.альвеолалараро тўсиқнинг аниқ эмаслиги
д альвеолалараро тўсиқнинг аниқлиги
авд*
абг
бвг
абв

Енгил даражадаги пародонтозда альвеоляр ўсиқлар:

1/3 гача пасайган*

кўтарилган

ўзгаришсиз

½ гача пасайган

Оғир даражадаги пародонтозда альвеоляр ўсиқ:

½ дан ортиқ пасайган*

кутарилган

узгаришсиз

½ гача пасайган

1/3 гача пасайган

Патологик тиш милк чунтагини ҳосил булишида бирламчи момент хисобланади:

микробли фактор*

пародонт туқималарини ортикча ишлаши

витамин А етишмаслиги

нохуш сабаблар

Суяк туқимасини рентгенда склерозга учраши характерли:

пародонтоз*

периодонтит

пародонтит

милк фиброматози

Уткир катарал гингивитда шиллик кават:

бироз кизарган, тишлараро сургичлар шишган, тиш тошлари мавжуд*

баъзи жойларда ажурли турсимон қуринишида

бироз кизарган ва эрозияга учраган, тиш тошлари мавжуд

деформацияга учраган, каттиклашган, қонамайди

Пародонтоз касаллигида каттик туқималардаги сезгирликни

ошиши(гиперестезия)қуйидаги билн боғлиқ:

тишларнинг буйин қисмларини очилиб қолиши*

огиз бушлигини тоза тутмаслик

ретенцион пунктларининг ҳосил булиши

милк чекаларининг катталашуви(гипертрофия)

Пародонтоз касаллигида каттик туқималарининг гиперестезиясида берилади:

1-3% фторид натрий эритмаси*

сульфадиметаксин

трипсин

тетрациклин

Пародонтозда гиперестезия боғлиқ:

Илдизни тез очилиб қолиши ва пульпани секин адаптацияси.*

Ретенцион нуқталарни ҳосил бўлиши

Милк архитекторикасини бузилиши.

Оғиз бўшлигини етарли парвариш қилмаслиги.

Эмалда бузулишлар.

Пародонтозда тўқималарни объектив текширишда қуйидагилар аниқланади:
Тишлар қимирламайди, тишларни орал ёки вестибуляр томонидан очилиб қолиши*
Тиш қимирлаши ва унинг тушиб кетиши.

Тишларни ҳолатини тиш қаторида ўзгариши, оғиздан ноҳуш хид келиши.

Чуқур милк чўнтагида йиринг ажралиб чиқиши.

Милкни қонаши

Пародонтозни симптоматикасига киради:

Милкни қонаши, альвеоляр суяк тўқимасини сурилиши, тиш милк чўнтагини бўлиниши, травматик окклюзия*

Қимирламайдиган тишларни бўйин қисмини очилиб қолиши температурадан химик таъсирлардан оғрик пайдо бўлиши.

Пародонтал чўнтаклари бўлмаслиги.

Тиш тошларининг озлиги қийшайиш нормада йўқ.

Пародонтозни рентгендаги узгариши:

жағ туқимадаа остеослерозни булиши*

альвеола усигини горизонтал атрофияси

айланма кортико пластинкали емирилиш

суяк туқимада узгариш йук

Пародонтоз касаллигида каттик туқималаридаги сезгирликни ошиши

(гиперестезия) қуйидаги билан боғлиқ:

тишларнинг бўйин қисмларини очилиб қолиши*

огиз бушлигини тоза тутмаслик

ретенцион пунктларининг ҳосил булиши

милк чекаларининг катталашуви (гипертрофия)

Пародонтоз касаллигида каттик туқималарнинг гиперестезиясида берилади:

1-3% фторид натрий эритмаси*

сульфодиметоксин

трипсин

тетрциклин

Пародонтоз тушунчасига киради:

Жағ суяк тўқимасини ва дистрофик ўзгариши милк метроксияси* пародонтал чўнтакларни бўлмаслиги, тиш илдици ва бўйин очилиб қолиши, температурага таъсиридан оғриқ*

Яллиғланиш жараёнини маргинал пародонтода жойлашган 1-2 та тиш атрофида тарқалган характерга эга.

Яллиғланиш жараёни тиш айлана боғлами атрофи тўқималари периодонт суяк тўқимасига тарқалиши.

Вақти вақти билан милкларни қонаб туриши, оғиздан ёмон хид келиши, милкларда ноҳуш сезги, тишларда тиш тошларини пайдо бўлиши.

Пародонтозда тўқималарни объектив текширишда қуйидагилар аниқланади:

Тишлар қимирламай тишларни тил ёки вестибуляр томондан очилиб қолиши.*

Тишларни қимирлаши тушиб кетиши.

Тишларни ҳолатини, тиш қаторида ўзгариши.

Чуқур милк чўнтагида йиринг ажралиб чиқиши.

Пародонтоз Шиллер-Писарёв синамаси кўрсатмалари:

Милк оч-сарик рангда.*

Милк жигар рангда.

Милк буялмайди.

Милк очжигар рангда.

Милк тўқ-сарик рангда.

Пародонтозда Кулаженко синамаси қуйидаги катталиқда бўлади:

30-50 с. фронтал тишлар учун.*

10-20 с.

60-80 с. моляр тишлар учун.

15-30 с.

Пародонт томирлари микроциркуляциясини яхшилаш учун эффектларни белгиланг.

В-гурух, витамин терапия*

Трентал, продиктин, перацитамол.

Кальций препаратлари.

Фтор препаратлари.

В-да кўрсатилган врач терапевт билан келишган ҳолда.

Пародонтозда эффектив бўлиб ҳисоблади:

Антисклеротик воситалар.*

Милкни ауто, гидро, вибро массажи.

Оғизда ёмон омилларни йўқотиш ва рационал протезлаш.

Кальций фтор препаратларини электрофорез қилиш.

Интерактив усуллар

Интерфаол ўқитиш воситалари ўқитувчи томонидан талабалар билан дарс давомида олиб борилади.

“Олмалар” методи.

Мақсади: Талабаларга ушбу муаммо бўйича тўғри жавобни танлашни ўргатиш.

Тамойиллари: Қаттиқ қоғозга ёки картонга бир неча олма сурати чизилади (олмаларга 4-5 қатор текст сиғсин). Уларни бўлиб, қирқилади. Сўнг ҳар бир олмани иккита қийшиқ чизик билан бўлинади. Ҳар бир олма бошқасидан фарқ қилсин. Олманинг бир бўлагига тегишли саволни, иккинчи бўлагига тўғри жавоб ёзилади. Олмаларнинг барча яримларини аралаштириб, ҳар бир ўқувчига биттадан олиш таклиф қилинади. Савол олган қатнашчи, саволни овоз чиқариб ўқийди. Шу саволнинг тўғри жавобини олган қатнашчи овоз чиқариб, жавобни ўқийди. Қолганлар эса жавобнинг тўғри – нотўғрилигини кўрсатишлари керак. Жавобнинг тўғрилигига ишонч ҳосил қилиш учун, иккала бўлак бирлаштириб кўрилади.

Мавзу баёни.

ПАРОДОНТОЗНИНГ КЛИНИКАСИ, ТАШХИСИ ВА НИЁСИЙ ТАШХИСИ.

Клиник амалиётда пародонтоз нисбатан кам учрайди. Пародонт касаллигининг бу турида яллигланиш булмайди, патологик тиш-милк чунтаклари ҳам >йуц. Тишлар кимирламанди, оз микдор-да тиш тошлари булиши мумкин. Милкни атрофияси, утириб соо-лиши (ретракция), тишлар буйин қисмларининг очилиб қолиши, фонасимон кемтиклар (тиш буйин қисмларида, купинча ориз даҳлизи томонда) пайдо булиши мумкин. Пародонтоз асосан генерал-лашган тарзда кечади.

Беморлар тишлари буйин қисмларида турли таъсиротлардан оғрик, булиши, милк кичиши, айрим пайтларда эса милкларда уз-узидан симмиловчи оғрик (ломота) булишига шикоят қиладилар. Е,ш одамларда 2—4, баъзида 6—8 тиш атрофларида, яъни чегара-лан-ган пародонтоз булиши мумкин. Касаллик асосан катта ёшда-ги (40 ёшдан кейин) одамларда тарқалган шаклда учрайди.

Аммо, баъзида яллирлзниш белгилари кушилиши билан пародонтоз пародонтитга айланади. Уларнинг 1киёсий ташхислаш учуй анемнез маълумотлари, клиник белгилар, энг асосий белги — бу рентгенологик узгаришларни ҳисобга олиш зарур.

Рентгенологик текширишлар суяк туқимасида склеротик (суяк мугиз: кумиги бушликларини кичрайиши, торайиши, каби) узгаришлар борлиши курсатади. Атрофик узгаришлар тишлараро ту-сик,чаларнинг бир текисда емирилиши-

пасайганлиги, лекин кор-тикал суяк пластикаларининг бутунлиги билан характерланади.

Морфологик узгаришлар пародонтозда маргинал пародондда яллигланиш жараёни йуклигини, милк эпителийсида шохланиш жараёнининг бузилганлиги, кушувчи тукимада эса склеротик узгаришлар борлигини курсатади.

Е. В. Боровский ва бошк.. (1989, 1998) пародонтозга хос узга-ришларга:

1. ЯЛЛИРЛЗНИШ йуклиги, милк оциш рангда;
2. Милк утириши (ретракцияси) натижасида буйин к.исмлар, илдизнинг очилиб бориши;
3. Милк ва пародонтал чунтакларининг йуклиги;
4. Микробли караш, юмшок. караш булиш-булмаслиги мумкин;
5. Эмал эрозияси, фонасимон кемтик, емирилиши каби нокариес касалликлари билан бирга кечиши;
6. Тиш к_имирламаслиги;
7. Рентгенограммада яллигланишга хос суяк узгаришларинингбулмаслиги, жар суякларида склеротик, шундай узгаришлар бошк.а суякларда ҳам булиши эх.тимоли;
8. Танада юрак-кон томир, ошкозон-ичак эндокрин ва бошка хасталикларнинг булиши;
9. Яллирланиш белгиларини аншщлайдиган синамаларнинг ман-фийлиги;

Лекин бу курсаткичлар яллигланиш бошланиши билан тубдан узгаради.

Енгил пародонтозда беморлар шикоят к.илмайдилар, бор май-да-чуйда узгаришлар (к.ичиш, ачиш кабилар) га ах амият бермас-дан врачга мурожаат этмайдилар.

Объектив курувда милк тишга ёпишиб туриши, окишрок, ранг-далиги, тиш тошлари деярли йук,лиги, микробли карашлар йукуш-гй (агар бемор мунтазам тишларини тозалаб турса), олдинги тиш-лардаги милк салгина утириб крлганлиги, рентгенограммада тиш-лараро тусицчалар баландлигини пасайганлиги к.айд этилади.

Урта пародонтозда эстетик кемтик (тиш илдизларининг очилиб к.олиши х.уснни бузади), тишлар саррайиши, буйин к.исмларининг ясщ, совук., нордон каби таъсиротлардан орриши каби бемор ши-коятлари пайдо булади. Урта пародонтоз учун тиш илдизларининг 1/2 гача очилиб қолиши характерлидир.

Огир кечадиган пародонтозда илдиз очилиб, тишлараро буш-ликлар пайдо булади ва илдизнинг 1/2 дан купрори очилиб к.олади. Милкларда оррицлар, х,арорат, кимёвий таъсиротлардан эса of-рик кучайиши, парестезия (тишлар к.амашиб к.олиши, кичиш, ачи-шиш, орри!к) беморларни врачга мурожаат этишга мажбур цилади.

Шундай «илиб, енгил пародонтозда беморлар стоматологга мурожаат этмайдилар, лекин урта, хусусан огир пародонтозда даво излаб келишга мажбур буладилар.

Пародонтозни ташхиси кийин эмас. Клиник ва рентгенологик узгаришлар (тиш илдизларининг очилиб к.олиши, альвеола суяги уси'мталарининг бир текисликда, барча тишлар жойларида атро-фияси) ташхис 1куйиш учун етарли. Ккиёсий ташхис баъзи синдром-лар билан утказилади.

Пародонтоздаги к.он томирлар, асаб толалари ва тиш каттик. тукималаридаги узгаришлар организмда кечадиган сурункали уму-мий касалликлар ок.ибатида ривожланадиган дистрофик узгаришлар туфайли булиб, улар иккиламчи, пародонтознинг узи билан булмаган патологик узгаришлардир.

Милкни уқалаш

Мақсад: Талабаларга пародонт касаллиги билан касалланган беморларни милкни уқалашни ўргатиш.

Кўрсатма: Пародонт касаллигини даволаш

Керакли жихозлар: Ўсимликдан тайёрланган антисептик эритмаси, резина қўлқоп.

Бажариладиган босқичлар қадамлар:

№	Мануал кўникма қадамлари (босқичлар)	Босқич ни бажара	Барча босқич ларни	Талаба тўпла ган бали	Ўқитувчи имзоси
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		олмади	бажарди		
1.	Оғиз бўшлиғи гигиенасини ўтказиш	0	15		
2.	Уқалашдан олдин оғиз бўшлиғига сув ёки ўсимликдан тайёрланган антисептик эритма билан ишлов бериш.	0	15		
3.	Кўрсаткич бармоқни ўтув бурмасига тишлараро сўрғич соҳасига жойлаштириб асталик билан уқалаш	0	30		
4.	Бармоқ билан сўрғичнинг юқорисига қараб 6-10 та ҳаракатли уқалашни юзага келтириш	0	30		
5.	Ҳар бир алоҳида соҳада 2-3 тадан сўрғични қамраб олиб, уқалаш. Уқалаш якунида оғиз бўшлиғи чайилади.	0	10		
	Жами	0	100		

Гуруҳларнинг билим ва кўникмаларини баҳолаш мезонлари

№	Ўзлаштириш % ва баллда	Баҳо	Талабанинг билиш даражаси
1	96-100	Аъзо «5»	-хулоса ва қарор қабул қила билади -ижодий фикрлай олади -мустақил мушоҳада юрита олади -амалда қўллай олади -интерактив ўйинлар ўтказишда юқори фаоллик ва ижодий ёндаша олади -вазиятли масалаларни тўлиқ асосланган жавоб билан тўғри еча билади -саволни моҳиятини тушунади -билади, ишонч билан айтиб беради -аниқ тасаввурга эга
2	91-95		-ижодий фикрлай олади -мустақил мушоҳада юрита олади -амалда қўллай олади -интерактив ўйинлар ўтказишда юқори фаоллик ва ижодий ёндаша олади -вазиятли масалаларни тўлиқ асосланган жавоб билан тўғри еча билади -саволни моҳиятини тушунади -билади, ишонч билан айтиб беради -аниқ тасаввурга эга
3	86-90		-мустақил мушоҳада юрита олади -амалда қўллай олади -интерактив ўйинлар ўтказишда юқори фаоллик ва ижодий

			<p>ёндаша олади</p> <p>-вазиятли масалаларни тўлиқ асосланган жавоб билан тўғри еча билади</p> <p>-саволни мохиятини тушунади</p> <p>-билади, ишонч билан айтиб беради</p> <p>-аниқ тасаввурга эга</p>
4	81-85	Яхши «4»	<p>-амалда қўллай олади</p> <p>-интерактив ўйинлар ўтказишда юқори фаоллик кўрсатади</p> <p>-вазиятли масалаларни еча билади, лекин жавобини асослай олмайди</p> <p>-саволни мохиятни тушуна билади</p> <p>-билади, ишонч билан айтиб беради</p> <p>-аниқ тасаввурга эга</p>
5	76-80		<p>-интерактив ўйинлар ўтказишда юқори фаоллик кўрсатади</p> <p>-вазиятли масалаларни еча билади, лекин жавобни исботи тўлиқ эмас</p> <p>-саволни мохиятини тушуна билади</p> <p>- билади, ишонч билан айтиб беради</p> <p>-аниқ тасаввурга эга</p>
6	71-75		<p>-вазиятли масалаларни тўғри еча билади лекин жавобни исботи тўлиқ эмас</p> <p>-саволни мохиятни тушуна билади</p> <p>- билади, ишонч билан айтиб беради</p> <p>-аниқ тасаввурга эга</p>
7	66-70	Қониқарли «3»	<p>-саволни мохиятни тушуна билади</p> <p>-вазиятли масалаларни тўғри еча билади, лекин жавобни исботлай олмайди</p> <p>- билади, ишонч билан айтиб беради</p> <p>-мавзуни алоҳида саволлари юзасидан аниқ тасаввурга эга</p>
8	61-65		<p>-вазиятли масаларни ечимда хатоликларга йўл қўяди</p> <p>-билади, ишонч билан айтиб бера олмайди</p> <p>-мавзунинг алоҳида саволлари юзасидан аниқ тасаввурга эга</p>
9	55-60		<p>-билади, ишонч билан айтиб бера олмайди</p> <p>-қисман тасаввурга эга</p>
10	54 ва ундан паст	Қониқарсиз «2»	<p>-ҳеч қандай тасаввурга эга эмас</p> <p>-билмайди</p>

10-амалий машғулот

Пародонт касалликларини маҳаллий даволаш. Рецепттура .Физиотерапевтик даволаш усуллари.

1.1.Таълим бериш технологиясининг модели.

Машғулот вақти -3 соат	Талабалар сони : 11-22 гача
Машғулот шакли	Амалий машғулот
Амалий машғулот режаси:	<ol style="list-style-type: none"> 1. Пародонтоз касаллигини даволаш неча боскичдан иборат? 2. Пародонт касалликлари даволаш принцип тутунлари нимадан иборат? 3. Маҳаллий даволаш усуллари нимадан беради?

	ди.
Ўқув машғулотнинг мақсади:	Талабаларга пародонт касалликларини маҳаллий даволаш. Пародонт касалликларини умумий даволаш. Рецепттура .Физиотерапевтик даволаш усулларини тушунтириш.
Таълим усуллари бериш	Мультимедиа,интерфаол усуллар.
Таълим шакллари бериш	Оммавий,жамоавий
Таълим воситалари бериш	Ўқув услубий ишланма,электрон дарсликлар ва компьютер.
Таълим бериш шароити	Методик жиҳатдан жиҳозланган аудитория.
Мониторинг баҳолаш. ва	Оғзаки назорат:савол-жавоб.

Амалий машғулотининг технологик картаси.

Иш босқичлари ва вақти.	Таълим берувчи	Таълим олувчилар
Тайёргарлик босқичи	1.Аудитория тозалигини назорат қилади 2.Талабаларни машғулотга тайёргарлигини текширади 3.Давоматни назорат қилади	Тинглайдилар
1.Ўқув машғулотига кириш босқичи (10 дақиқа)	1.Мавзуга оид булган бошлангич билимлар даражасини аниқлаш. 2..Интерфаол усул мохиятини тушунтириш. 3.Интерфаол усулида мавзу тахлили.	Мавзуни ёзадилар ва тинглайдилар
2–асосий босқич (135 дақиқа)	1. Талабаларни кичик гуруҳларга бўлиб, мавзу бўйича саволларни беради. 2. Слайдалар, мультимедиалардан фойдаланади а) Пародонт касалликларини маҳаллий даволаш. Б) Пародонт касалликларини умумий даволаш. В) Рецептура .Физиотерапевтик даволаш усуллари. 3.Тестлар ва ситуацион масалалар ечиш.	Томоша қиладилар ва ёзиб оладилар.

3–асосий босқич	<p>1.Амалий куникмаларни бажариш. 2. Муляж ва фантомлардан фойдаланиш. 3. Даволаш ишларини олиб боради 4. Мавзулар асосида берилган маълумотларни умумлаштиради ва хулосалайди,</p>	<p>Ечадилар. Ёзадилар.</p>
яқуний босқич (35 дақиқа)	<p>1. Яқунловчи хулоса қилади, фаол иштирокчи талабаларни рағбатлантиради ва умумий баҳолайди 2. Мустақил ишларни назорат қилади , баҳолайди ва кейинги дарсни мустақил вазифасини беради 3. Уйга вазифа беради А)Мавзу буйича конспект ёзиб келиш В)Мавзу буйича саволларга тайёрланиш 1.Парадонт касалликларни физиотерапевтик даволашга қарши курсатма. 2.Дарсанваль аппарати нима максатда ишлатилади? 3.Электрофарезнинг парадонт касалликларида ахамияти.</p>	<p>Тинглайди Ёзиб олади Ёзиб олади Ёзиб олади</p>
Фойдаланидган адабиётлар	<p style="text-align: center;">Асосий адабиётлар</p> <p>1.Боровский Е.В. "Терапевтическая стоматология" М.,2006 г.. 2.Боровский Е.В. ва бошқалар "Терапевтическая стоматология".- М.,2004 3.Камилов Х.П., Мамедова Ф.М. "Даволаш стоматологиядан" рецептура справочниги.- 1995. 4.Боровский Е.В., Баришева Ю.Д., Максимовский Ю.М. "Терапевтическая стоматология".- М.: Медицина, 1998.</p> <p style="text-align: center;">Қўшимча адабиётлар</p> <p>1.Основы терапевтической стоматологии. / Клаус. М. Леманин 1999. 2.Лукиных М.Л. Кариес зубов.- Н. Новгород, 1996. 3.Иванов В.С. Воспаление пульпы зуба. - М., 1990. 4.Степанов А.Е. Косметическое восстановление коронок зубов. - М., 1999. 5. Дмитриева Л.Н. и др. «Терапевтическая стоматология». - М.,2004 г 6. Дунызина Т.М. и др. «Современные методы диагностики заболеваний</p>	<p>Ёзиб олади</p>

	пародонта»- С.Пет.2001.- 48с.	
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Мавзу саволлари :

- 1 Пародонтоз касаллигини даволаш неча боскичдан иборат?
- 2 Пародонт касалликлари даволаш принцип тутунлари нимадан иборат?
- 3 Махаллий даволаш усулларини санаб беринг.
- 4 Махаллий даволашда ишлатиладиган дори-препаратларини гапириб беринг.
- 5 Пародонт касаллигини махаллий физиотерапевтик даволаш усули.
- 6 Пародонт касалликларини физиотерапевтик даволашнинг ахамиятни гапириб беринг.
- 7 Пародонт касалликларни физиотерапевтик даволашга курсатма.
- 8 Пародонт касалликларни физиотерапевтик даволашга карши курсатма.
- 9 Дарсанваль аппарати нима максадда ишлатилади?
- 10 Электрофарезнинг пародонт касалликларида ахамияти.

Tests:

Effect of Darsenal current:

Stimulant *

anesthesia

regenerative

all the answers are correct

increases the oxygen b-supply of periodontal tissue:

Apparatus used for analgesia in the formation of caries cavities:

ELOZ *

UVCh-66

Tonus-1

Screen

Which of the following diadynamic currents is used for analgesia:

single-circuit continuous currents *

two-stroke continuous currents

Siakop rhythm

one- and two-stroke fox currents

Identify the apparatus used to obtain Bernara currents:

LUC-2 *

SNIM-1

Iskra-1

Stream-1

Devices used for the delivery of drugs to the body with fluctuating currents:

ASB-2-1, FS-100 *

UTP-1

UVCh-66

GE-5-03

Indicate the equipment used in ultrasound:

UZT-102 *

GE-5-03

Iskra-1

LUCh-2

Find the tools used to remove tartar:

Ultradent *

Stream-1

FS-100

UZT-102 "S"

Indicate the devices used in diathermocoagulation:

DKS-2m *

ASB-2-1

Stream-1

Screen-1

Indicate the hardware used in EOD:

EOM-1, EOM-2, OSM-50 *

UTP-1

Polyus-1

Iskra-2

Indicate the devices used to obtain ultra-high frequency currents:

Ultradent *

UZT-102

UVCh-30, UVCh-66, UVCh-5

ASB-2-1

Indicate the devices used to obtain high-frequency currents:

UVCh-66 *

GR-2m

EOM-1, EOM-3, OSM-50

Iskra-1

Which energy is affected by ultrasound:

high frequency current

shock current

mechanical energy

magnetic field

Determine the melting point of paraffin:

60-90 *

95-100

52-55

80-90

How deep do ultraviolet rays enter:

1mm each *

1mm-1cm

2-3 cm

3-4 cm

Indicate the devices used for local darsonvalization:

Iskra-2 *

UTP-1

UZT-102

UVCh-30

Find devices used in water treatment:

Vixr-1 *
AN-9
Polyus-1
ASB-2

At what temperature is the liquid considered "indifferent":

36-38o *
20
25-35o
33-34o

Indicate the devices used for electric sleep:

ES-2m *
GR-2m
ASB-2
LUCh-2

Indicate the shape of the shock currents used for electric sleep

exponential current *
triangular sinusoidal current
semi-sinusoidal shock current
right-angled percussion current

What form of shock current should be used when working with the EOm-1 apparatus

define it:

right angle current *
semisinusoidal current
exponential current
sinusoidal current

Which of the following drugs is sent to the body through a positive pole?

vitamin V 1 *
ascorbic acid
iodine
nicotinic acid

Indicate from which devices to receive ultraviolet light:

Minin lampasi *
nakalivanie lampasi
daytime running light bulb
arc mercury lamp
Sollux lamp

Find out what the subtle effects of infrared light are based on

photochemical effects *
photoelectric effect
heat effect
pain relief effect

Determine the currents used in electrophoresis:

low voltage and low power current *
low frequency shock current
high voltage current
ultraviolet voltage current

Antimicrobial (chlorhexidine iodinol etonine, etc.) is administered in the form or in a syringe:

Oxygen saturation of periodontal tissue. *

Active exposure to pathogenic microflora in the breast pockets.

Improving blood circulation.

Keratoplastic effect.

Proteolytic enzymes (trypsin, chymotrypsin) cannot be mixed:

Distilled. *

0.9% isotonic solution.

0.25% navocaine solution.

3% hydrogen peroxide solution.

Proteolytic enzymes are mixed:

1 mg of enzyme per 10 ml of solution. *

5 mg of enzyme per 10 ml of solution.

5 mg of the enzyme in 5 ml of solution.

5 mg of enzyme in 50 ml of solution.

Recommended in the general treatment of advanced and jaundice vascular diseases in coronary atherosclerosis and GB in periodontitis:

tocopherol Vit E (reduces tissue swelling and affects hyeluronidase in alveolar tumor bone tissue): *

Cyanocobalamin-V12, V1, S1

Retinol acetate-Va.

Pangavuyu acid-V12

In remission of chronic periodontitis prescribed:

Rational oral hygiene, gum massage, vitamins. *

Anti-inflammatory drugs, curettage.

Anti-inflammatory drugs, desensitizers, vitamins.

Anti-inflammatory drugs, gingivotomy.

Stimulatory therapy (vitreous body, honsurite, gumizol) is used in the following pathologies of periodontal tissue:

Periodontitis. *

Medium severity of periodontitis.

In abscessed periodontitis.

Before operative treatments in periodontitis.

It is effective in periodontitis

Electrophoresis with calcium fluoride preparations. *

Autogidrovibromassage.

Loss of unpleasant factors in the mouth and rational prosthetics.

Antisclerotic agents.

Not used in local treatment of periodontitis:

EDTA *

enzymes

sulfanilamides

antibiotics

What drugs are used in oxygen therapy:

hydrogen peroxide, potassium permanganate *

analgin, aspirin

retinol, thiamine

sulfatsil-sodium, trypsin

Choose the sequence in the local treatment of periodontitis:

removal of tartar, washing with antiseptic drugs, inflammation treatment, physiotherapy \$ *

removal of tartar, washing with antiseptic drugs physiotherapy \$

treatment of inflammation, physiotherapy, washing with antiseptic drugs \$

physiotherapy, washing with antiseptic drugs, tartar
take, treat inflammation \$

Non-keratoplastic drugs in the treatment of periodontitis:

10% lactic acid *

resortsin

Vitamin A, E.

chakanda egi

Drugs that are not used as antiseptics in the treatment of periodontitis:

Dibazol *

chlorophyll

3% hydrogen peroxide

40% resorbtsin

Polymineral drug is used:

gingivitis, periodontitis, gingivostomatitis *

pulpitis, gingivitis caries

periodontitis, ostoomelitis, caries

periodontitis, caries nocarious diseases

Non-keratoplastic drugs in the treatment of periodontitis:

Resortsin *

vitamin A E

chakanda egi

chymotrypsin

Drugs that are not used as antiseptics in the treatment of periodontitis:

Dibazol *

chlorophyll

3% hydrogen peroxide

40% resortsin

Methods of obtaining dental views:

mechanical, chemical, physical *

rinse

filling

simple, combined

The main tool for mechanical crown extraction:

sharp excavator *

probe

gladilka

shpatel

Curettage is:

removal of granulation from the gingival pocket *

removal of gingivitis

removal of gallstones

cleaning teeth completely from soft glances

The effectiveness of the extraction of dental calculus is determined by:

by painting method *

using a curettage spoon

With RMA index

Kulajenko method

Paste for final treatment of teeth in the removal of toothpaste:

detartrin *

jemchug

college

blendamed

The basic inspection method includes:

survey, examination, palpation *
survey, radiography, EOD
Determination of RMA, PI, KPP indices
laboratory examination methods

Select additional screening methods for the diagnosis of periodontal disease:

radiography, Schiller-Pisarev test *
poll, Kulajenko method
examination, palpation
query, determination of PI and KPI indices

Used in the treatment of catarrhal gingivitis:

0.05-0.1% with chlorhexidine *
50-60% of glucose
1-3% resorcinol
2-10% with rux chlorite

In the treatment of the edematous form of hypertrophic gingivitis should be performed after the removal of tartar:

sclerosis therapy *
electrocoagulation
surgical treatment of gums
loskut operation

Used for the treatment of sclerosis in the treatment of hypertrophic gingivitis:

40% glucose injection *
injection of linkomycin
0.05-0.1% chlorhexidine
10-25% zinc chloride solution

Sclerosis therapy is used:

hypertrophic gingivitis in the form of tumors *
hypertrophic gingivitis in the form of fibrosis
in wounded gingivitis
mild periodontitis

Keratoplastic agents include:

carotene, oblepixa oil *
50-60% glucose solution. romazulan
trichopol, solcoseril
1% boric acid, 0.05% chlorhexidine solution

Treatment of hypertrophic gingivitis fibrosis:

Electrocoagulation of the mammary glands *
anti-inflammatory treatment, keratoplastic treatment
treatment of keratoplasty and sclerosis
anti-inflammatory treatment and sclerosis therapy

It is used in the 1st treatment in the local treatment of wound gingivitis:

anesthetics and enzymes *
vitamins
hormones
antibiotics

Used to treat ulcerative gingivitis:

Enzymes *
hormones
antibiotics
stimulants

Used for application in the treatment of ulcerative gingivitis:

with trypsin, chymotrypsin, antibiotics *

romazulon

20-30% li resortsin

zuptrum juice

Drugs that stimulate soft tissue regeneration:

Propanseum. *

Maraslaven.

Peroxide.

Furatsillin.

Contraceptive trasilol is:

Ferment. *

Antibiotics.

Sulfanilamide.

Keratoplastic.

What appears in the gums in ulcerative gingivitis:

The surface is covered with fibrinous matter, which bleeds when touched with an instrument. *

The surface is covered with immovable fibrous look.

The surface is clean lacquered.

Milk does not bleed.

Drugs that affect the anaerobic flora are:

Trichopol, proteolytic enzymes *.

Antiseptic preparations. *

Sulfanilamide, antibiotics.

Antibiotic, trichopol.

Used in obtaining necrotic vision in ulcerative-necrotic gingivostomatitis:

enzymes *

antibiotics

hormones

antiseptics

Type of first aid for a patient diagnosed with abscess periodontitis:

opening and closing the abscess *

Getting tartar

gingivotomy

gingivoectomy

Interactive methods

"Speed, accuracy, completeness" method

Objective: To teach students to quickly, accurately and completely determine their knowledge on this problem.

Basic principles: The group is divided into two subgroups according to the level of knowledge of the students. The questions prepared by the teacher are placed in envelopes and numbered. The leader of each group chooses the question by saying the number in turn. Within three minutes after the question is read, the group prepares an answer. Whichever group of students prepares the answer will raise the sign in their hand. If the answer is incomplete, the second group of students fills it out.

The method of "speed, accuracy, completeness" requires high attention from students and good theoretical training in this area.

Subject statement.

LOCAL TREATMENT OF PERIODONTAL DISEASE

The main goal of treatment is to eliminate the local causes of the disease in the first place. In this regard, we must address the above reasons. The most important of the local causes was the unhygienic condition of the oral cavity, dental caries, tartar, anomalous condition of the dentition. So, the first goal is to create a normal hygienic state in the oral cavity. To do this, teeth that are unfit for service are removed. The second step is to clean the gums and tartar. Before performing this procedure, a 3% iodine solution is applied to the tooth surface. At the same time, the teeth look absorbed in the memory, as a result of which the eyes turn brown and are clearly visible. One of the ultrastom, ultradent, or ka-ritron apparatus is used to eliminate these views. If there are also tartar along with the dentition, large stones can be removed with an excavator and the stones between the teeth can be removed with the help of raspil. Causes of ulcerative gingivitis are: acute inflammation of the upper respiratory tract, mental and physical fatigue and vitamin C deficiency, difficult eruption of wisdom teeth, impaired oral cavity as a result of a diseased tooth, caries of many teeth and various mining diseases.

The disease is acute. The patient loses strength, appetite decreases, body temperature rises. The patient feels pain in the head and joints. The lymph nodes around the jaw are enlarged and painful to the touch. The patient has difficulty chewing, pain in the gums, bleeding a little. Also, regular mouthwashing, brushing teeth is difficult due to pain, which in turn leads to aggravation of the disease. Opaday smells bad. Because of this, the patient breathes superficially, which weakens the body's oxygen supply. As a result, a chain is formed between the course of the disease and its causes. Therefore, the patient's condition worsens day by day. The disease develops more rapidly, is widespread, and can occupy the gums around all teeth. The disease often begins in the wisdom teeth and quickly spreads to the gums of other teeth. How widespread it was determined the course of the disease.

This is how the smell comes when used when building the oral cavity. The surface of the tooth is covered with thick tartar. The gums are swollen, red, there are sores in some places, necrotic tissue appears on the edge of the gums, a light touch causes pain and bleeding (Fig. 10).

Leukocytes

If the drug does not get into the body, the patient develops complications, including symptoms: headache, dizziness, nausea, tremors, fever. But these complications will soon pass. Other drugs belonging to this group are released in pyrogenic ampoules. It is injected into the shoulder muscle once every three days, for a total of 20 injections.

Fluoride and ossin drugs can also be prescribed for this purpose. It is in the form of tablets or dragees, taken once a day for 30 days.

In case of periodontal disease due to decreased activity of the gonads, in this case, the use of drugs such as polysol, cholesterol, antihypoxin gives good results. Duration 1—3 months.

Special stimulants: these include hormonal drugs. It is necessary to consult an endocrinologist before prescribing these drugs to the patient. These drugs are not prescribed in kidney and heart disease.

Nerabol: 5ml g. Twice a day, duration-1 month.

Retabolshg. 1.0 mg, three injections into the shoulder muscle once every three weeks, for a total of a cup.

Thyrocalcitonin (TKT) or calcetrin, this drug mainly increases the activity of bone tissue, stops the displacement of bone tissue, increases the calcium content in the bone. Therefore, when this drug is prescribed to the patient, it is recommended to take calcium at the same time. Additional neurogenic and sedative medications are also prescribed. This stimulant is released in the form of a solution or tablet in an ampoule. The duration of treatment is 20 days, the result is very effective.

Timalin (5 mg). Dissolve 1 ml in 0.5% novocaine and inject. It is also possible to send a student to the burma once a day, a total of 5 injections.

Stimoblast or osteogenic cytotoxin serum. It is prescribed when the periodontal disease is acute and a good result is achieved. 0.1 mg 1 ml. dissolved in an isotonic solution and applied to the base of the gums. i The

dissolved solution reaches 4-5 gums. The injection is given once every 4 days, in total the drug is given 2-3 times.

Krn and blood substitutes can also be used to stimulate the body.

Autohemotherapy - 3.0 - 5.0 ml from the patient's vein. blood is taken and sent to the muscle space in the tailbone.

Isohemotherapy is taking blood from another person's veins and sending it to the patient's buttock muscle space. The amount of this is the same as before. the mic is red, bleeds when touched with the instrument, and the patient feels pain. One of the reasons mentioned above is obvious. X-ray does not reveal a pathological change at the tip of the alveolar tumor. If the mechanical effect lasts a long time, the pathological process becomes chronic.

Treatment of acute periodontitis mainly consists of eliminating the factor that caused it. In addition, if you take one or two days of the recommended anti-inflammatory drugs, the disease will completely disappear.

The first clinical signs of periodontitis begin in the gums, in which to some extent inflammation occurs. There will be stains and stones on the neck surface of the tooth. Inflammation in the gums is the result of prolonged exposure

the rotating ring at the neck of the tooth is broken. This disease ranges from gingivitis to periodontitis

indicates that Inflammation can occur in three ways. Periodontitis, bone tissue and gum pocket. Regardless of how the inflammation spreads, osteoporosis and destructive changes to bone tissue occur. But when you move towards the bone, this change goes faster. Periodont side

The tooth moves more when directed. Milk

|^? ** Dshch | subcutaneous abscesses are formed when

Therefore, caution should be exercised when prescribing to patients prone to allergies.

If periodontal disease is caused by liver disease, it is preferable not to prescribe vitamins V1 and V6 to the patient, as these vitamins are phosphorylated in the liver and become biologically active. Hyperacid gastritis, when vitamin V6 is prescribed in 12-finger bowel disease, can lead to the onset of the disease, with the result that a positive outcome cannot be achieved if periodontal disease develops as a complication of the disease. These vitamins increase the acidity of gastric juice.

Another group of drugs prescribed in periodontal disease is antibiotics. These drugs are traditionally prescribed when the disease is acute. As the pathological process in periodontal disease develops sequentially in most tissues, one of the following antibiotics - linocin, lincomycin, dalatsin C, levo-mycetin, ristomycin, ampicillin, rondonycin, cefobids are prescribed. The method of prescribing is no different from general medicine. Ordering time should not be less than 10-15 days. The drug is given orally, injected into the gum muscle or shoulder muscle. When prescribing an antibiotic, of course, a generalization of vitamins is used, decamin, nystatin is prescribed to prevent the development of fungal diseases.

The following is the data on the level of susceptibility of microbes to some antibiotics: chloramphenicol - 96%, ristomycin - 88%, ampicillin - 80%, tetracycline - 54% and penipillin - 46%.

Antibiotics are available in capsules, tablets and ampoules in solution. Of the antibiotics, rondonycin, tsifobid, dalatsin C are rapidly absorbed into the body and have a detrimental effect on microbes in more bone tissue. Antibiotics are given orally, intramuscularly or intravenously. In addition to antibiotics, Trichopol tablets can be prescribed to kill germs in bone tissue. Treatment is prescribed according to a special scheme. On the first day, one tablet is given four times, then three times a day for four days, and two times a day. In total, 20 tablets are used for the duration of treatment. A better result is given if a mixture of thixol is prepared in the gum pocket while the patient is drinking trexopol. The tablet is mixed in a 0.5% solution of novocaine. Novocaine can be replaced by 1% trochomonotsid or 0.5% lutenuride solution.

Submucosal injection for periodontitis

Purpose: To teach students to perform submucosal injections in patients with periodontitis.

Instructions: treatment of periodontitis.

Required equipment: dental instruments, anesthetics (articaine, lidocaine, novocaine, ubistezin, septanest, gingicaine gel, etc.), syringes, needles, binders, antiseptic solutions (3% N2O2, iodine, lugol's solution), ascorbic acid solution.

Steps to be taken:

No	Manual Skill Steps	Could not complete stage	Completed all steps	Collect the student gan bali	Teacher signature
1.	2 ml. 1.0 ml of ascorbic acid and 1.0 ml of novocaine solution are drawn into the syringe	0	10		
2.	The corridor of the oral cavity is treated with antiseptic with iodine lugol	0	10		
3.	Applied anesthesia (gingicaine gel) is performed along the gums	0	20		
4.	The lip is pulled with the left hand. The injection is made with the right hand. The tip of the needle is inserted 0.5 mm below the bone marrow at 45 degrees. 0.5-1.0 ml of the drug is administered. The needle is removed. (4 sides are injected).	0	40		
5.	Repeated antiseptic treatment.	0	20		
	Jami	0	100		

Practical lesson 11

Subject: General treatment of periodontal disease. Recipe Educational technology (practical training)

Time: 319.5 minutes	Number of students: 8-10
Form and type of training	Practical training
The structure of the training	1. Introduction .. 2. Theoretical part 3. Analytical section: -organizer -Tests 4. Practical part
The purpose of training:	To acquaint students with the methods of treatment used in the general treatment of periodontal disease, to teach patients to give drugs in the correct sequence, to prescribe them. To teach students the practical skill to do it step by step correctly.
The student should know:	- the purpose of general treatment of periodontal disease; - general treatment stages; - interaction with other specialties in the treatment process
The student should be able to:	-to refer the patient to a neurologist, endocrinologist, urologist,

	infectious disease specialist for consultation; - Prescription of drugs; -determining and conducting treatment procedures in the correct sequence.
Pedagogical tasks: general treatment methods for various forms of periodontal disease acquaintance with; Classification of drugs used in general treatment; explain the prescription of drugs used in general treatment; Sequence of general and local treatment stages in periodontal tissue to teach how to adjust the treatment plan, to eliminate local influencing factors	Learning Outcomes: general methods of treatment of various forms of periodontal disease.show; Classify drugs used in treatment; Be able to write prescriptions for drugs used in the treatment of periodontal disease; students systematically explain the correct choice of instruments and medical devices in the general and local treatment of periodontal disease
Teaching methods	Lecture, brainstorming, storytelling, instruction, demonstration, video, practical work method, book work, conversation, educational game, pinboard, case-study.
Form of education	Teamwork, group work ("Reading together", "Think-Work in pairs-Share ideas"), individual
Educational tools	Blackboard, flipchart, videos, models, models, graphics, diagrams, drawings, diagrams, notes, checklists, texts
Teaching conditions	Rooms for group work, equipped with special equipment
Monitoring and evaluation	Oral question: quick-question, written question: test

General treatment of periodontal disease. Recipe technological map of training

Stages and timing of work	Activity	
	educator	learners
Step 1. Introduction to training 10 minutes 10 minutes 20 minutes 5 minutes	1.1. The name of the topic conveys the purpose and expected results. Provides basic concepts on the topic: etiological, pathogenetic, symptomatic treatment. Introduces the lesson plan. 1.2 Provides a list of references (Appendix №8) 1.3 Asks stimulating questions to engage students in a mental attack Describes the sequence of actions to organize the learning process, depending on the lesson plan and structure. Announces the criteria for assessing the activity of students in the classroom (Appendix №5) 1.5.Tanaffus	They listen and record. They listen and record Answers questions. They listen

5 minutes		
Phase 2. The main part 40 minutes 5 minutes 15 minutes 20 minutes 25 minutes 5 minutes 45 minutes 45 minutes 45 minutes 5 minutes 45 minutes 15 minutes 29 minutes	<p>2.1. Conducts a quick survey on the basic concepts of the topic in order to activate students' knowledge (Appendix 2). Draws conclusions on each part of the topic; focuses on the most basic and requires recording the information provided in a notebook</p> <p>Break</p> <p>2.2. "Pen in the middle of the table"organizes the discussion of game materials, draws attention to the rules of operation, the scheme of analysis of situations, the expression of problems (Appendix 2.2). 2.3. Lily flower and "How?" provides hierarchical drawing organizers with an independent analysis, problem statement, identification of solutions, and then the task of solving it (Appendix 3.1). Break</p> <p>2.4. Presentation of Lily of the Valley and “How?” Hierarchical drawing organizers Break Work individually on tests and situational issues (Appendix 3.2). Break</p> <p>2.5. Performing practical skills Break</p> <p>2.6. Demonstration of visual aids to students (slides, presentations, videos, etc.), interpret them</p>	<p>They answer questions.</p> <p>They discuss, ask clarifying questions</p> <p>discuss game materials, identify, ask questions.</p> <p>Independently fill in the analysis sheet, solve the problem.</p> <p>They discuss the test make presentations, other students participate in the discussion, ask questions</p>
Step 3. The final 20.5 minutes	<p>3.1. Conclusion: Makes a conclusion on the topic.</p> <p>3.2. Active students will be assessed Group assessment criteria will be announced (Appendix №5)</p> <p>3.3. Questions and assignments for independent preparation</p>	<p>He listens</p> <p>They value themselves.</p> <p>They ask questions</p> <p>They write the</p>

1. Location and equipment of the training

1. Dental room, phantom room, felt-tip pens, phantoms, goggles, rubber gloves, gauze mask, tools (probe, tweezers, dental mirror, excavator, calibrated gladilka or periodontometer, skeleton), 3% peroxide hydrogen solution, 1: 5000 ratio furatsilin solution, 4% methyluricyl, dimexid, chlorophyllipt 0.25%, sangviritrin 1%, marslavin, antibiotics and sulfonamides, heparin ointment, enzymes, 5% levorin ointment, nystatin ointment, 1% dicaine ointment, solcaceryl adhesive ointment: A, S, R, E and V-groups, corticosteroids, pharmacological questionnaire, status and test issues.

1.1. Motivation

Periodontal disease is a change in the oral cavity that occurs not only under the influence of local influences, but also as a result of damage to other organs in the general organism. Therefore, in the treatment of the disease should be treated not only in the elimination of local effects, but also taking into account the general effects (in consultation with narrow specialists).

1.2. External and internal interdisciplinary connection

Orthopedic dentistry, surgical dentistry, orthodontics, internal medicine, clinical pharmacology, neurology, endocrinology, hematology.

2. An integral part of the lesson

General methods of treatment of periodontal disease

It is known from historical sources that the clinical manifestations of periodontal disease were first described by the French physician Foschar (1746). But until then, the famous Abul Qasim, one of our oriental physicians, had already developed and used special tools for the removal of tartar, given the importance of stone removal in the treatment of periodontal disease.

Abu Ali Ibn Sina (980-1037), in his famous work, The Laws of Medicine, in addition to writing in detail about periodontal diseases, suggested treating them with treatments such as improving the general condition of the body, improving oral hygiene and putting a mixture of butter and honey on the gums and chewing wax. reached

For the general treatment of periodontitis, common diseases that play a major role in its origin - gastrointestinal diseases, cardiovascular, renal and urinary tract diseases, diabetes, rheumatism, liver and other internal and systemic diseases are examined in the patient using laboratory methods. It is necessary to determine the presence and, if necessary, treat the found diseases. Many researchers cite factors that confirm the importance of common chronic diseases in the body in the origin of periodontal disease. Therefore, in addition to the general diseases mentioned above, which may occur in a patient with periodontitis, all diseases of the autonomic nervous system, metabolism, hypo and avitaminosis,

The dentist conducts a comprehensive and complete clinical and laboratory examination of the patient with periodontal disease and, in accordance with the information obtained, consults with physicians (therapist, endocrinologist, hematologist, pediatrician, neuropathologist, psychoneurologist, etc.) working in the appropriate specialties.

General treatment of periodontal disease should begin with psychotherapy (exposure to the patient's spirit). The physician needs to be able to convince the patient that periodontal disease in the patient can be treated or that it can stop developing, giving much relief.

The aphorism in medicine that "the patient should be treated, not the patient's disease" is very relevant to the treatment of periodontal disease.

The success of treatment depends on the general condition of the patient, living conditions, working conditions, diet and timely and complete implementation of what the doctor prescribes or recommends for the treatment of the disease, in other words, the patient's literacy, intelligence, worldview, culture.

General therapies should be aimed at increasing the overall strength (reactivity) of the patient's body and stimulating metabolic processes in his body. In the complex treatment of periodontitis are used vitamins, antibiotics, stimulating (nonspecific, malignant) treatments, autohemotherapy, therapies aimed at reparative tissue regeneration, desensitizing, hyperbarooxygen therapy, immunostimulation or immunosuppressive therapy. Deficiency of vitamins C, B, A, E, etc. in patients with periodontal disease requires their use in treatment. In addition, vitamins V2, V6, V12, K3, R are also used in their place. Vitamins C and R (rutin) are widely used, especially in young people, when there is bleeding from the gums. These vitamins reduce the permeability of the capillary walls and stop blood flow. Vitamin C affects the formation of collagen, thickens the walls of blood vessels, increases the activity of osteoblasts. Vitamin C is used in combination with vitamin R. Vitamin R helps to correct the violation of capillary permeability, oxidation-recovery processes return to normal and allow the accumulation of vitamin C in the tissue. Large amounts of vitamin C enter the body through food. Askorutin (vit. R) allows the accumulation of vitamin C in the tissue. Large amounts of vitamin C enter the body through food. Askorutin (vit. R) allows

the accumulation of vitamin C in the tissue. Large amounts of vitamin C enter the body through food. Askorutin (vit. R) 0.1 g, 2-3 times a day, and vitamin C is given 2-3 times a day in multivitamins. Vitamin V1 nourishes periodontal tissue and normalizes the metabolism of carbohydrates, proteins. It is injected in the form of a 5% thiamine solution with the addition of 1-2% novocaine, or injected into the periodontium by gum electrophoresis. Vitamin RR (nicotinic acid) is used more often in diseases of the mucous membranes, and sometimes in periodontal disease. In particular, in periodontal changes in diseases of the gastrointestinal tract, liver, vascular spasms, atherosclerosis 0.005 g nicotinic acid injection 2 times daily (after meals). Vitamin V6 (pyridoxine) is involved in protein metabolism. Periodontal diseases Gastric and duodenal ulcers, hypochromic anemia, chronic hepatitis, cardiovascular atherosclerosis, central It is used in combination with diseases of the nervous system. Pyridoxine (V6) 0.01 g It is taken orally 2-3 times a day. Vitamin V12 (cyanocobalamin, coamide) is used in periodontal diseases of the liver (hepatitis, botkin's disease, cirrhosis), atherosclerosis, anemia, including anemia in pregnant women. 30-100 mcg is injected subcutaneously or intramuscularly 2-3 times a week. When local and general metabolism is disturbed, V12 is sent along with vitamin C, V and ATF. Vitamin E reduces swelling in the periodontium and hyaluronidase also reduces the breakdown of alveolar bone tissue. It is administered at a dose of 50 mg 3 times a day (oily solution) for 3-5 weeks. Also, oblepixa oil contains 1650 mcg / 1 of vitamin E, which is injected into pathological dental pockets.

To enhance and revitalize periodontal tissue regeneration, a mixture of vitamins E and A (aevit) (oily solution) is injected into pockets or muscle every day for 1 to 20 days in rounds.

Vitamin A improves the function of epithelial tissue, 10 drops are taken during meals or 2-5 drops for 3 weeks after meals. Vitamin therapy gives good results in the early stages of periodontal disease (gingivitis, mild periodontitis). Their use can be called a pathogenetic treatment method. However, vitamins V1, V6, V12 can cause complications by causing various allergic conditions. It is also good to use vitamins in combination with antibiotics.

Antibiotics are used only according to certain instructions. Before use, it is necessary to microbiologically check whether the microbes in the pathological pocket are more or less sensitive to which antibiotics.

Stimulation (nonspecific, non-specific) hunter-gatherer treatment methods are widely used in periodontal disease. V.P. The method of tissue therapy proposed by Filatov (1933) is used. For example, 1 ml of 10% solution (ampoule) of uterine placenta extract subcutaneously or 1-2 ml of placental blood intramuscularly, in total, 10-15 injections give good results. Glass body made from animals, plasmol, splenins are also sometimes used.

Honsuride (chondroitinase) along with hyaluronic acid is useful for connective tissue formation, regeneration and epithelialization.

One vial of it is dissolved in 1 ml of 0.5% novocaine and inserted into the pathological pockets using tourniquets. The treatment lasts 10–15 days. Honsuride is not useful in forms of hyperplastic - hypertrophic gingivitis, periodontitis and periodontitis.

The drugs that are most beneficial in periodontitis are vitreous, hyaluronic acid, lidase.

Biosed herbal preparations are injected into the oral cavity - 1-2 ml daily or every other day, for a total of 30 injections, insadol and piascledine.

In our clinic, from 1996 to 1998, on the basis of clinical microbiological and immunological tests, tinctures of hairless dandelion and wild tea grown in Uzbekistan were successfully used by rinsing the mouth in periodontitis, inserting it into pathological pockets, placing it in the gums and electrophoresis. approved (R.T. Safarov). Drugs made from other new medicinal plants are currently being tested by pharmacists.

Autohemotherapy, which has both stimulatory and desensitizing effects in periodontal disease, is widely used. 3 ml of blood taken from the patient's vein is sent to his buttock muscles. In 3 days, one injection is multiplied by 1 ml and the blood volume is increased to 10-12 ml. In total, blood is taken and transfused 10-12 times.

Pyrogenic-microbial polysaccharides are used to revitalize the body's protective-adaptive function. This raises the body temperature, which is beneficial. Its intramuscular injection is gradually increased from 5 mcg to 20 mcg 3 times a week, for a total of 20 injections. Complications in patients may include headache, nausea, vomiting, pain in the joints, waist, etc. These stop when the treatment is over. It should not be used in pregnancy, diabetes, hypertension. Treatment is carried out in a hospital (inpatient). Prodigison, pentoxyl, etc. can also be used when there are certain indications.

T.V. Nikitina (1975) obtained good results by administering retabolil, a member of the group of anabolic steroids, intramuscularly in 1 ml (5% fat solution) once a week (3-5 injections in total).

Hormones are also recommended in patients with periodontal disease with impaired endocrine gland function. But their application is carried out with caution.

In periodontal diseases - when the parts of the teeth and neck are opened, where there is pain or discomfort from various external influences, fluoride preparations - 1-2% solution of sodium fluoride is applied by gallbladder electrophoresis (20 minutes).

Desensitization treatments in periodontal disease are widely used to increase the reactivity of the body in periodontal diseases. For this purpose, calcium preparations - 10% calcium chloride or gluconate, glycerophosphate - calcium are used. Calcium chloride (10% solution) is taken orally or injected 1 tablespoon 3 times a day (before meals). Sodium thiosulfate also has desensitizing, antitoxic and anti-inflammatory effects. Its 30% solution is given intravenously (10 ml), one course 6-10 injections. Desensitization and

anti-inflammatory glucocorticoids, as well as 5-10% formalin solution (application for 7 days) can also be used.

Antihistamines (thiosulfate, diphenhydramine, pinolfen, suprastin, elenium, tavegil, etc.) are also used in cases where periodontal disease is accompanied by an allergic condition.

It should be noted that when periodontal disease is accompanied by general diseases of the body, it is always necessary to treat two-three-way treatment, for example, periodontitis in diabetes, with an endocrinologist, periodontal disease in pregnant patients - with gynecologists, psychoneurologists (and so on).

Subsequent studies have shown (I.S. Mashchenko, 1977-1982; T.S. Safarov, 1976-1986, etc.) that periodontal disease has different changes in the immune system and that they cause periodontal disease, leading to various complications.

Accordingly, immunotherapy began to be used. It was also found that immunotherapy should be carried out only after the patient is hospitalized, undergoes laboratory tests and under the supervision of these observations (T.Kh. Safarov, 1986). For these purposes, levomizole (Z. Ivani, T. Lehner, 1977), diucifone (T.X. Safarov, 1986), immunol, immunomodulin are used. The industry is evolving.

2.2.Methods of new pedagogical technologies used in the training process:

"Pen between the table" work house.

Control questions to check:

1. Order a stimulant treatment process in periodontal disease.
2. Order the process of vitamin therapy in periodontal disease.
3. Order the process of hyposensitization and anti-inflammatory treatment in periodontal disease.
4. Order a psychotherapist and sedative treatment process in periodontal disease.

Answers:

1. Stimulating treatment is aimed at increasing the reactivity of the organism, increasing its immunobiological activity, prevention of vascular and nerve damage.

The following tools are used in stimulant therapy::

- a) Aloe extract - activates metabolism.
- б) Fibs - activates regenerative protection.
- в) Peloidodestillyat - function. Contraindications - new crops, the second half of pregnancy.
- г) Plasmol (a drug derived from human blood, has desensitizing properties). The course of treatment is 10 injections.
- д) Follyutin (a protein-free drug, derived from the placenta) - activates the regeneration process.

- e) Splenin (protein-free drug, obtained from the spleen) - m / o 2 ml daily. The course of treatment is 10 injections.
- ж) Regenerator (protein-free drug, stimulant) is administered t / o 1 ml daily. The course of treatment is 10 injections.
- з) Prodigion is a high molecular weight polysaccharide. The stimulator provides vascular permeability and tone. m / o is delivered in 0.5-0.6 ml (25-30 gamm). The course is sent with a 2-3 day break from 6-8 injections.
- и) Antiretroviral cytotoxic serum - A.A. Bogomolts - activates connective tissue function, increases the body's resistance. Whey is diluted 10 times in isotonic sodium chloride solution. T / o is administered in 0.1, 0.3, 0.5 ml once every 2-3 days. The course of treatment consists of 3 injections.
- к) Autohemotherapy - 7-10 injections. According to the scheme.
- л) Pentoxil - leukopoiesis stimulator. It is prescribed in capsules for drinking 0.2 to 2 times a day after meals. The course of treatment is 12 days
- м) Metacyl-pentaxil analogue, in powder form, 0.5 g twice a day. The course of treatment is 15 days
- н) Anabolic steroids: retabolil, nerobol, thyrocalcitonin
- о) Filatov serum, autoanticoagulants, ATsS on Bogomolts.

2. Vitamin therapy:

- Vitamin C - improves capillary function, activates the oxidation-reduction reaction and collagen, procollagen synthesis. It is prescribed to drink in combination with vitamin P from 0.05 to 0.1 g 2-3 times a day after meals.
- Vitamin V1 - improves nervous system function. 6% - 1 ml is used for injection in combination with novacaine. The course of treatment consists of 12 - 15 injections.
- Oxidized form of cocaroxylase - vitamin V1 The course of treatment consists of 12 - 15 injections.
- Vitamin V6 - 5% solution is administered by injection in m / o. The course of treatment consists of 12 - 15 injections.
- Vitamin E - used in diseases of the connective tissue, gonads and cardiovascular diseases 10% fat solution is prescribed for drinking in 8-10 injections or 50 capsules per m / o. The course of treatment is 2-3 weeks.
- Multivitamins: A, B, S, E, pangexavit, tongenvit, undenvit.
- Vitamin A oily solution is prescribed to drink 20 drops 2 times a day for 1 month.

3. Hyposensitizing and anti-inflammatory therapy.

- Antihistamines:

- a) Diphenhydramine 1% - 1 ml solution. The course of treatment is prescribed for 10-15 injections or oral 0.5- 1 to 2 times a day.
- б) Calcium agents. 10% solution for drinking calcium chloride 1 o.q. 2-3 times a day. For 5-7 days.
- в) Corticosteroids are rarely used. Injections are made along the transition fold (8-10). Used in combination with antibiotics.

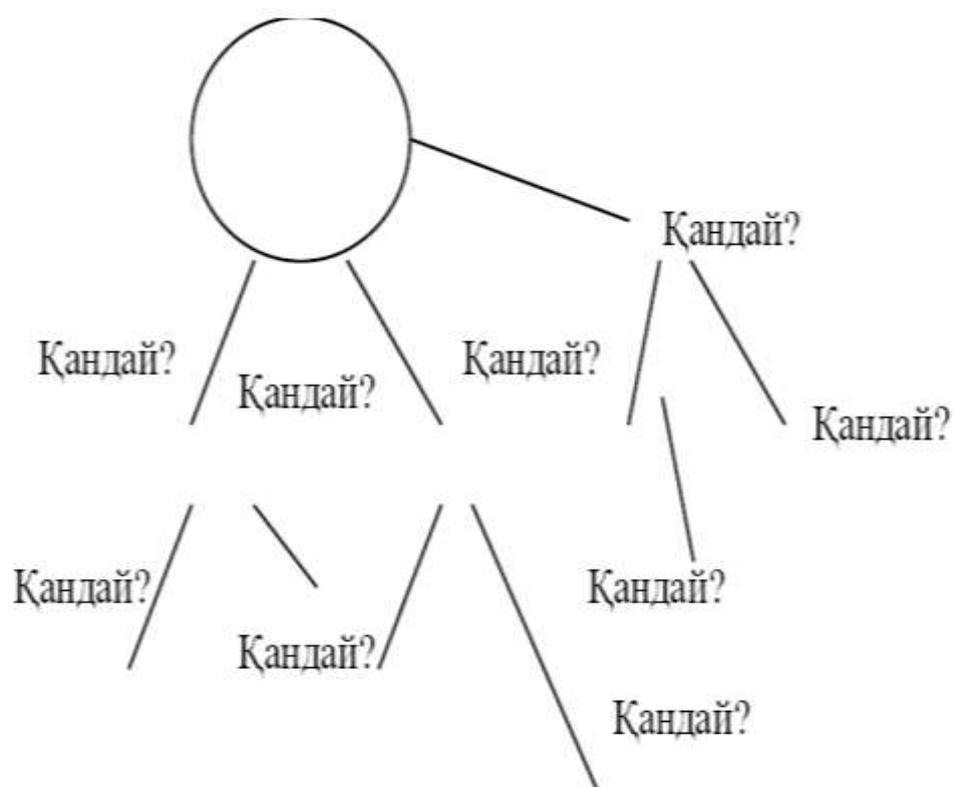
Antibiotics and sulfonamides - in combination with other means at high temperatures

3. Analytical section Methods of new pedagogical technologies used in the teaching process: Lily flower and "How?" hierarchical drawing table organizers
Lily of the Valley organizer compilation rule

*«Нилуфар гули
» чизмаси*

	B			Z			C	
				B	Z	C		
	D			D	A	F	F	
				G	H	Y		
	G				H		Y	

Қуйдан юқорига боскичма-боскич бўйсунувчи “Қандай?” диаграммаси



"How?" On the topic of general treatment of periodontal disease. hierarchical diagram

Cleaning soft and hard tartar	Pricus anomalies	Filling defect
Hormonal changes	etiological	Coating defect
Virus and microbe	Short lip wash	Short tongue wash

Inhibition of lysosomal enzymes	Blockade of histamine, quinine, prostaglandin	Reduce exudation
Improving nonspecific protection	Pathogenetic	Improving metabolism
Effects on microcirculation	Normalization of vascular tissue permeability	Reduction of platelet aggregation

Loss of bleeding	Overcoming hyperesthesia	Reduce tooth movement
	symptomatic	Closing the ponasimon defect

GI identification	mechanical	physicist
	Professional cleaning of the oral cavity	chemical
	Grinding and polishing the tooth surface	Combine langan

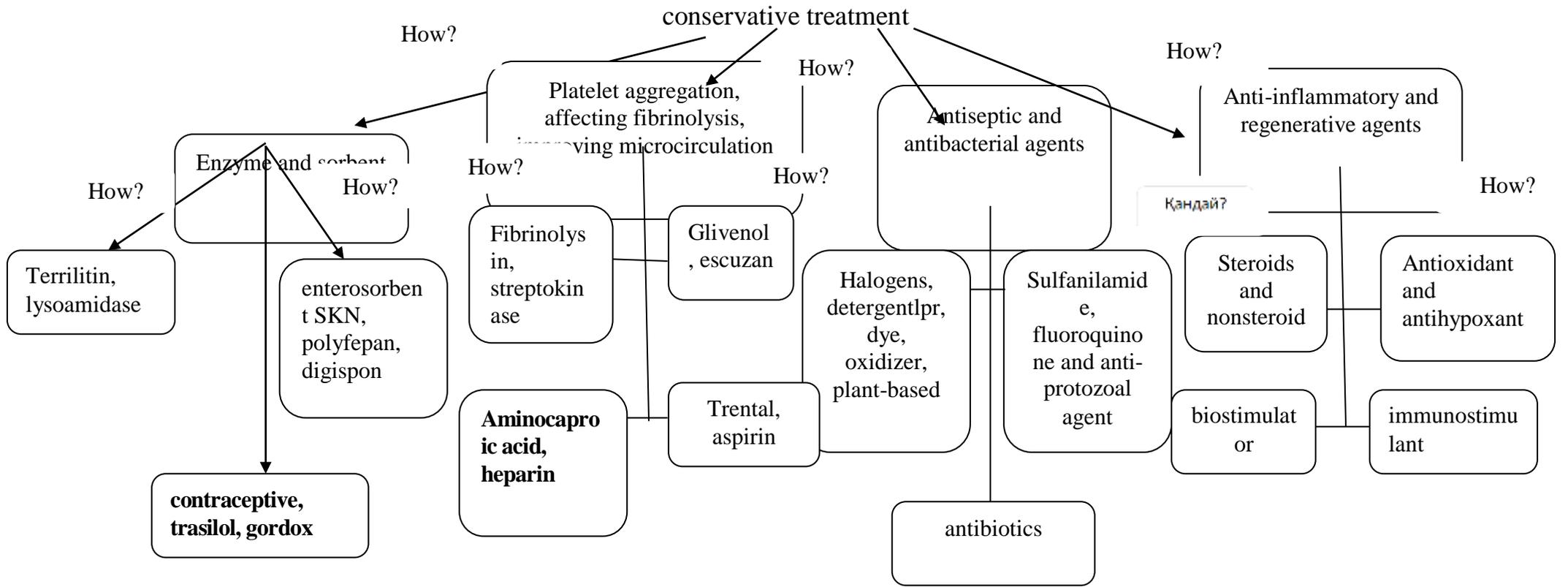
Etiological	pathogenetic	symptomatic
Professional cleaning of the oral cavity	Periodontist diseases general treatment	conservative
Physiotherapeutic	Surgical	orthopedic

Antibacterial chemicals	antiseptics	enzymes
Antioxidant and antihypoxant	conservative	Means that improve microcirculation
Fibrinolytic agents	sorbents	immunostimulants

Massage	ultrasound	laser therapy
Ultrasonotherapy	physiotherapeutic	electrophoresis
Fluorization	Diathermocochagulation, diathermotomy	darsonval

Cryosurgery	Laser coagulation	Gingivoplasty
Frenulectomy	surgical methods	Mukogingivoplasty
vestibuloplasty	Frenulotomy	"Open" curettage

Selective sharpening of teeth	Temporary planking	temporary coating
Permanent planking	orthopedic	Permanent coating
		Completion of Pricus pathology



Situation issues:

1. A 50-year-old patient works in a plastic scrap shop. He complained to the dentist about bad breath, bleeding gums, and moving teeth. He was diagnosed with moderate periodontitis. What is the general treatment?

Answer:

- a) elimination of traumatic effects in the oral cavity
- b) elimination of inflammation
- c) cessation of the degenerative process in periodontitis
- g) stimulation of regeneration process
- d) teaching how to care for the oral cavity

2. Severe periodontitis in a 47-year-old diabetic patient. Choose general treatment.

Answer: The general treatment of the patient is carried out in consultation with the surgeon, dentist and endocrinologist. During treatment, the patient should be under the supervision of an endocrinologist.

3. Moderate periodontitis in a 43-year-old patient with peptic ulcer disease. Choose a general treatment.

Answer; Treatment is carried out in conjunction with a therapist dentist and gastroenterologist. What the therapist and dentist must do:

- A) adherence to the method of oral care
- B) elimination of local influencing factors
- C) treatment of systemic hyperesthesia
- G) rational tire and prosthesis
- D) methods of physical therapy.

4. A 32-year-old patient was diagnosed with a mild form of periodontitis after an oral examination and additional examination methods. Choose a general treatment.

Answer: the patient is taught methods of oral care, the influencing factors are eliminated, physical therapy methods.

5. A 36-year-old patient, diagnostic criteria: presence of periodontal pocket 4.5 mm At depth, the upper part of the interdental wall is resorbed into two parts at once in the form of X-rays:

I. What drugs can be treated:

- A. metronidazole *
- B. metrogil *
- V. glucose solution 60%
- G. chloramphenicol
- D. lidocaine

II. Which drugs can not be treated:

- A. metronidazole
- B. metrogil
- V. glucose solution 60% *
- G. chloramphenicol *
- D. lidocaine *

6. In a 39-year-old patient 5 mm the presence of a deep periodontal pocket, 2 \ 3 resorption of the interdental bone wall can be seen:

I. What drugs are used:

- A. metrogil gel *
- B. solcoseryl gel *
- V. metrogildenta severe periodontitis
- g. glucose solution 60%
- D. lidocaine

II. What drugs are not used:

- A. metrogil gel
- B. solcoseryl gel
- V. metrogildenta severe periodontitis *
- g. glucose solution 60% *
- D. lidocaine *

7. A 48-year-old patient was diagnosed with severe periodontitis:

I. Which diagnostic criteria are specific:

- A. periodontal 5 mm more than *
- B. resorption of bone tissue in X-ray view is more than 2 \ 3 root length *
- V. periodontal 5 mmgacha
- G. resorption of bone tissue is more than 1/3 the root length on x-ray
- D. periodontal 3. up to 5 mm

II. Which diagnostic criteria are not specific:

- A. periodontal 5 mm more than
- B. resorption of bone tissue is more than 2 \ 3 root length on x-ray appearance
- V. periodontal 5 mmgacha *
- G. bone resorption is more than 1/3 of the root length on x-ray *
- D. periodontal 3. up to 5 mm *

8. A 7-year-old patient was diagnosed with moderate periodontitis:

I. What drugs are used in local treatment:

- A. metrogil gel *
- B. solcoseryl gel *
- V. detoxification therapy
- G. desensitizing therapy
- D. vitominotherapy

II. What drugs are not used in local treatment:

- A. metrogil gel
- B. solcoseryl gel
- V. detoxification therapy *
- G. desensitizing therapy *
- D. vitominotherapy *

3.3. Tests

1. Application of enzymes (trypsin, chymotrypsin) can be an indication:

- A. in wounded gingivitis *
- B. in hypertrophic gingivitis
- V. in the mild form of periodontitis
- G. periodontium

- D. periodontolysis
- 2. Surgical treatment of periodontal disease does not include:
 - A. tooth extraction *
 - B. curettage
 - V. tooth and lip wash plastic
 - G. gingivectomy
 - D. gingivotomy
- 3. Not used to treat catarrhal gingivitis:
 - A. 20-30% resorcinol solution *
 - B. 10-20% resorcinol solution
 - V. 0.05-0.1% chlorhexidine solution
 - G. chlorophyllipt application
 - D. solcoseryl
- 4. Treatment methods not used in ulcerative gingivitis:
 - A. gingivectomy *
 - B. applied anesthesia
 - V. application of gums with proteolytic enzymes
 - G. rinse mouth with chlorhexidine
 - D. laser therapy
- 5. Uses the edematous form of hypertrophic gingivitis in the local treatment of natural keratoplasty:
 - A. aloe juice *
 - B. resorcinol
 - V. formalin
 - G. phenol
 - D. trichrisol
- 6. Keratoplastic agents include:
 - A. carotene, oblepixa oil *
 - B. 50-60% glucose solution. romazulan
 - V. trichopol, solcoseryl
 - G. 1% boric acid, 0.05% chlorhexidine solution
 - D. trypsin, chymopsin
- 7. Treatment of hypertrophic gingivitis fibrosis:
 - A. Electrocoagulation of the mammary glands *
 - B. anti-inflammatory treatment, keratoplastic treatment
 - V. treatment of keratoplasty and sclerosis
 - G. anti-inflammatory treatment and sclerosis therapy
 - D. vitamin therapy
- 8. Used to treat ulcerative gingivitis:
 - A. enzymes *
 - B. hormones
 - V. antibiotics
 - G. stimulants
 - D. physiotherapy
- 9. Used for application in the treatment of ulcerative gingivitis:
 - A. with trypsin, chymotrypsin, antibiotics *
 - B. romazulon
 - V. 20-30% li resorcinol
 - G. zuptrum juice
 - D. 40% formalin solution
- 10. Used in the treatment of catarrhal gingivitis:
 - A. 0.05-0.1% with chlorhexidine *

- B. 50-60% of glucose
 - V. 1-3% resorcinol
 - G. 2-10% with rux chlorite
 - D.40% formalin solution
11. In the treatment of the edematous form of hypertrophic gingivitis should be performed after the removal of tartar:
- A. sclerosis therapy *
 - B. electrocoagulation
 - V. surgical treatment of gums
 - G. loskut operation
 - D. cryosurgery
12. In the treatment of hypertrophic gingivitis used for the treatment of multiple sclerosis:
- A. 40% glucose injection *
 - B. injection of linkomycin
 - V. 0.05-0.1% chlorhexidine
 - G. 10-25% zinc chloride solution
 - D. chamomile tincture
13. Sclerosis therapy is used:
- A. hypertrophic gingivitis in the form of tumors *
 - B. hypertrophic gingivitis in the form of fibrosis
 - V. in wounded gingivitis
 - G. mild periodontitis
 - D. catarrhal gingivitis
14. Not used in the treatment of ulcerative gingivitis:
- A. 20-30% resorcinol solution *
 - B. leaf juice *
 - V. antibiotics and corticosteroids
 - G. antibiotics along with enzymes
15. In the treatment of catarrhal gingivitis is done first:
- A. getting tartar *
 - B. rinsing and application with anti-inflammatory agents *
 - V. keratolytic therapy
 - G. keratoplastic therapy
16. Used for application in the treatment of catarrhal gingivitis:
- A. metrogil gel *
 - B. salcoseril ointment *
 - V. zubturum juice, corticosteroids
 - G. heparin malxami
17. Pathogenetic in periodontal disease Treatment includes:
- A. Inhibition of lysosomal enzymes *
 - Inhibition of the activity of B. histamine, quinine, prostaglandins *
 - V. regulation of vascular-tissue permeability *
 - G. extraction of tartar
 - D. Restoration of contact points
 - E. Selective sharpening of teeth
- 18 Pathogenetic treatment of periodontal disease does not include:
- A. extraction of tartar *
 - B. Restoration of contact points *
 - V. selective sharpening of teeth *
 - Inhibition of G. lysosomal enzymes
 - D. inhibition of the activity of histamine, quinine, prostaglandins
 - E. regulation of vascular-tissue permeability

19. Etiotropic treatment of periodontal disease includes:

- A. extraction of tartar *
- B. Restoration of contact points *
- V. selective sharpening of teeth *
- G. Influence on microcirculatory flow
- D. Improving the metabolic process
- E. Normalization of phagocyte function

20. Etiotropic treatment in periodontal disease does not include:

- A. Influence on microcirculatory flow *
- B. Improving the metabolic process *
- V. normalization of phagocyte function *
- G. extraction of tartar
- D. Restoration of contact points
- E. Selective sharpening of teeth

21. Used to reduce milk yield:

- A. Local (applications) and vikalol for drinking *
- B. 5% E-aminocaproic acid solution application *

Use of V. askorutin *

Application of G. 1% mefenamate sodium solution for 10-15 minutes

Rinse with D. 3% hydrogen peroxide

E. Rinse with 'Romuzalan'

22. Used to reduce hyperesthesia:

- A. novocaine blockade of the trigeminal nerve *
- B. remineralizing treatment *

Application of V. 1% mefenamate sodium solution for 10-15 minutes *

G. Calcium preparations

D. vitamin D

E. fissure sealants

23. Related to enzymes:

- A. papain *
- B. profezim *
- V. lidaza *
- G. lizotsim
- D. trasilol
- E. kontrikal

24. Does not include enzymes:

- A. lizotsim *
- B. trasilol *
- V. kontrikal *
- G. papain
- D. profezim
- E. lidase

25. Contraindications to enzyme preparations:

- A. Decompensated cardiovascular failure *
- B. in severe liver injuries *
- V. in hemorrhagic diathesis *
- In G. hepatitis
- D. In HIV infection
- E. to pregnant women

26. vitamin RR will participate:

- A. in tissue respiration *
- B. carbohydrate, fat, protein metabolism *

- V. in antithrombotic metabolism *
- G. in the regulation of oxidation-reduction processes
- In the coagulation of D. con
- In E. tissue regeneration
- 27. vitamin V6 (pyridoxine) is involved:
 - A. in the metabolism of amino acids, fats, carbohydrates *
 - B. Improving the absorption of unsaturated fatty acids by the body *
 - V. Stimulation of blood formation *
 - G. in the breath of the tissue
 - D. in tissue regeneration
 - E. in collagen synthesis
- 28. Vitamin V12 is used in periodontal disease with the following concomitant diseases:
 - A. in anemia, diabetes, liver disease *
 - In B. light disease, neurological pathology *
 - V. in dental hyperesthesia *
 - G.giperatsid in gastritis
 - D. in severe liver disease
 - E. in ischemic heart disease
- 29. Suitable for antioxidants and antihypoxants:
 - A.Dibunol *
 - B.Olifen *
 - V.Mexidol *
 - G.trasilol
 - D.contract
 - E.Atsemin
- 30. Applicable to biostimulants:
 - A.Atsemin *
 - B.Proposol *
 - V.Vulnuzan *
 - G.Papain
 - D.trasilol
 - E.contrical
- 31. In the treatment of periodontitis, physical factors are widely used to improve the following processes:
 - A. microcirculation *
 - B.mineral exchange *
 - V. oxyl metabolism *
 - G.metabolism *
 - D. nerve trophism
 - e.immunological reactivity
 - J. bone regeneration
 - Z. all the answers are correct
- 32. Pathogenetic treatment of periodontal disease includes:
 - A. Inhibition of lysosomal enzymes *
 - Inhibition of B. histamine activity *
 - V.kinin, inhibition of prostaglandin activity *
 - G. regulation of vascular-tissue permeability *
 - D. extraction of tartar
 - E. Restoration of contact points
 - J. Selective sharpening of teeth
 - Z.rational prosthesis
- 33. Etiotropic treatment of periodontal disease includes:

- A. extraction of tartar *
- B. Restoration of contact points *
- V. selective sharpening of teeth *
- G.rational prosthesis *
- D. Influence on microcirculatory flow
- E. Improving the metabolic process
- Normalization of the function of J. phagocytes
- Inhibition of Z. lysosomal enzymes
- 34. Some advantages of radiovisiography:
 - A.exposure time is minimal *
 - B. radiation reduced by 90% *
 - V. does not need X-ray film *
 - G. does not need a chemical reagent *
 - D. Quick image on the monitor *
 - E. requires complete isolation of the tooth from saliva
 - J. does not give a thematic index in the case of live pulp
 - Z. does not allow to work when there is a metal tool in the channel
 - I. does not give a specific indicator when there is exudate
 - K. does not give a thematic value when different solutions are used
- 35. Some advantages of radiovisiography:
 - A. re-imaging and viewing on the monitor *
 - B. does not require drawing and image display *
 - V.exposure time is minimal *
 - G. radiation decreased by 90% *
 - D. does not need X-ray film *
 - E. does not give a specific value when different solutions are used
 - J. The complexity of working with technology
 - Z. difficulty in working
 - I. high radiation levels of patients and staff

4. Practical skills: Intradermal test to determine the tolerability (sensitivity) of the injectable drug.

Purpose: Conducting a subcutaneous test to determine the tolerability (sensitivity) of the injectable drug.

Instructions: Injectable drug conducting a subcutaneous test to determine the tolerance (sensitivity).

Required equipment: Alcohol 96 °, insulin syringe, injectable drug.

Steps to be taken:

№	Manual Skill Steps	Could not complete stage (0 points)	Completed all steps.
1.	The inner surface of the wrist is treated with alcohol soaked in cotton.		4
2.	0.1-0.2 ml of the injectable drug is taken into the insulin syringe.		6
3.	The tip of the needle is inserted at a 45-degree angle to the skin and 0.1 -0.2 ml of the injectable drug is		6

	injected slowly.		
4.	The needle is removed and treated with alcohol swab.		6
5.	If hyperemia occurs, after 30 minutes, this area is measured with a ruler.		6
6.	Focal hyperemia 1 cm If it is greater than, this injectable drug is replaced by another.		6
7.	If the size of the hyperimmune furnace 1 cm less than, this substance is used.		6
	Jami	0	40

7. Control questions:

1. Assign a general treatment for a mild form of periodontitis
2. Assign a general treatment to the middle form of the periodontium
3. Assign a general treatment for a severe form of periodontitis
4. Assign a general treatment for a mild form of periodontitis
5. Assign a general treatment for the moderate form of periodontitis
6. Assign a general treatment for a severe form of periodontitis
7. Write a recipe:

vitamins

antibiotics

stimulant drugs

keratoplastic agents

hormonal drugs

desensitizing agents

8. References.

Practical lesson 12

Use of physiotherapeutic treatments in periodontal disease.

1.1. Model of educational technology.

Training time -2 hours	Number of students: 20-80
Form of training	Introductory report.
Lecture plan: 7. Local and general treatment methods in periodontal diseases 8. Get on the dispensary list. 9. Measures to prevent periodontal disease.	Local treatment of periodontal disease is carried out comprehensively. These are therapeutic orthopedic and surgical methods. In the local treatment are used antiseptics, antibiotics, vitamins, enzymes, sulfonamides. After a course of treatment, the dentition is restored. Grinding teeth of 3-4 degrees are removed. Moderate and severe periodontal diseases are registered in the dispensary and the necessary documents are

Prevention of periodontal disease	filled out.
The purpose of training:	
Pedagogical tasks: 1. Theoretical knowledge. 2. Theoretical knowledge Demonstrative explanation	The result of learning activities Discarding practical skills Milk kirgogi treated with 3% peroxide hydrogen Separating the milk edge from the saliva with cotton swabs Anesthetic application of necrotic gum (using solution, gel or spray) Leave the turmeric soaked in the enzyme solution for 5 minutes on the edge of the necrotic gum
Teaching methods	Demonstration, lecture, conversation
Forms of teaching	Mass, collective
Teaching aids	Textbook, textbook, lecture text, projector, computer.
Teaching conditions	Methodologically equipped auditorium.
Monitoring and evaluation.	Oral control: question and answer.

technological map of the lecture.

Stages and timing of work.	Educator	Learners
Preparatory phase	1. Preparation of educational content on the topic. 2. Preparation of presentation slides for the introductory speech	
1. Introduction to the topic (15 minutes)	1. Introduces the purpose and function of the topic 2. Asks questions on the topic and. Information is given about the fibers of the periodontium, about the cellular elements of the periodontium, about the classification of periodontiums, about the causes of periodontium.	They listen Students answer the questions posed
2nd stage (55 minutes)	1.Explains the topic, showing slides.	
Phase 3 (10 minutes)	3.1. Concludes 3.2. Giving a topic for independent work.	He listens Takes notes
	Development of a list of references used in the study of science Borovsky E.V. "Therapeutic dentistry" M., 2006 Borovskiy E.V. etc. "Terapevticheskaya dentology" .- M., 2004 Kamilov X.P., Mamedova F.M. "Treatment dentistry" recipe directory.- 1995. Borovskiy E.V., Barisheva Yu.D., Maksimovskiy Yu.M. "Therapeutic dentistry" .- M .: Medicine, 1998.	Takes notes

The most common physical treatment for periodontal disease is electrophoresis (drug ions are sent to the tissue using electricity). One of the advantages of this method is the positive effect of direct current on the tissue. In particular, capillaries dilate, tissue becomes slightly painless, waste products formed in the pathological process are washed through the veins, bone tissue is saturated with minerals (due to calcium and phosphorus in the blood), so the patient should take medication containing these minerals during treatment, e.g. : calcium gluconate, calcium glycerophosphate, calcium lactate. Electrophoresis often uses vitamins vr C, RR, biostimulators: aloe, gumizol, fibs and others. From enzymes: lidase, honsuride, heparin. 2-6% potassium iodine and aminocaproic acid can also be used.

When performing electrophoresis, it is necessary to pay attention to the polar difference of drugs. For example, if electrophoresis is performed with calcium chloride, 6-8 layers of gauze are placed on the electrode to be placed in the mouth and moistened with calcium chloride, the second large electrode is moistened with a special cotton pad and placed on the wrist. The electrode wire coming out of the mouth is connected to the positive of the device, and the suede electrode wire is connected to the negative pole. Because polarity is so important in electrophoresis, only drugs with the same polarity are used during treatment. If one day is positive, for example, vitamin V, and the next day is negative for vitamin C, the treatment will not be good, because in electrophoresis the residual part of the drug ions introduced into the tissue by electric current is returned to the electrode on the second day. opposite ions are attracted to each other. On the second day, the drug remains partially in the gauze soaked in the electrode tag layer, which reduces the number of ions introduced into the tissue.

The treatment is performed using AGN, POTOK, GR and other devices. Duration of treatment is 20-30 minutes. Treatment is 12 days.

Darsonvalization. This physical method mainly uses alternating current. There are two different methods. Sparkly and non-sparkling. In the event of a spark, the electrode does not touch the patient's body. 4 mm will be intermediate. This creates a secondary charged spark, and this spark has a positive effect on the tissue. Due to the high temperature, the fluid in the cell evaporates, good conditions are created, that is, a lot of nutrients, in addition, the mucous membrane is more injured, bleeding due to uneven teeth. This condition facilitates the transition of saprophytic microbes to a pathogenic state, resulting in waste and humus formed during the life of these microbes leading to inflammation of the tissues.

Injury to the tissue for various reasons is also one of the causes of periodontal disease. Both the patient and the dentist may be to blame for this. Incompetent conditions (digging between the teeth and cavities with needles, hairpins, needles, matchsticks, etc.) that have become a habit by patients injure the gums.

Circumstances that cause inflammation of periodontal tissue by dentists: carelessness in the treatment of dental cavities, improper placement of highly toxic drugs used to necrosis it in inflammation of the pulp, especially when the poplar is in front of the gums. Permanent fillings can cause disease if improperly placed in the position of the gums hanging on the end. When using the method of extraction of tartar, the gums can be injured and subsequently inflamed.

One of the reasons for this is the fact that surgeons do not follow the rules of dentistry when performing dental operations, move the dome, and injuries that occur when they are complicated.

When teeth are sharpened by orthopedic dentists, especially when the adjacent sides are separated, the interdental suckers are cut, the tissue bleeds and is injured. If the hooks of the removable teeth are located low, it will injure the gums. If the cast is too hard when removing the toothpaste with plaster, the gums are often rubbed and bleeding when it is removed. This also leads to subsequent inflammation of the local periodontal tissue.

If the patient is not instructed to follow the oral cavity in the treatment of orthodontic defects of the jaw rows, the birth of food debris in the orthodontic

appliances and in uneven rows of teeth can lead to the appearance of the surface of the teeth.

Periodontal disease, which is caused by the fault of patients and dentists, is mostly local.

GENERAL FACTORS. According to a number of scientists who have studied this problem, periodontal disease can be kept in the mouth for a while by any organ or species in the body. The duration of application of the bandages is 5-6 days.

Treatment of periodontitis. This type of periodontal disease is mainly treated depending on its course. When atrophy intensifies and the sensitivity of the tooth-neck section increases, rem therapy is aimed at increasing the level of mineralization of the dental plaque. 1-2% sodium fluoride, calcium chloride, vitamin V1 are injected into the tissue using electrophoresis. For this purpose, fluoride can be applied to the teeth.

After treatment, the goal is to bring the periodontal tissue closer to its full physiological state, increase vascular activity, increase the mineral salts in the bone, micronutrients and normalize metabolic processes. This is mainly achieved using physical methods.

Water treatment. It uses a variety of mineral waters and antiseptic solutions. This method removes food debris trapped in the gaps between the teeth in the oral cavity, in the incisors, in the tooth cavities, and from waste and putrefactive products containing disease products.

There are different methods of water treatment. For example: rinsing the mouth, taking a bath, that is, holding it in the mouth for a while.

The second method is to spray aqueous solutions, tinctures, mineral water in the form of a shower with a special nozzle on the gums and teeth under a pressure of 0.5-2.0 atmospheres with a special device called AGMS. Another advantage of this device is that it can send oxygen to the crane through a special metal tube.

Water temperature can be hot, warm or body temperature and even cold depending on the degree of inflammation. If the inflammation is severe, the temperature will be higher, if it is low, it will be warm, if the wound is healed, the water will be warm and the rest will be cold. In this case, mainly the capillary walls are exercised and increase their resistance to external adverse effects. The duration of treatment is 10-15 minutes, once a day for 10 days.

Ultraviolet light is also widely used. The main pathological symptom of periodontal disease is the absorption of mineral salts from bone tissue. This type of physical method increases the retention of mineral salts in the periodontium in the bone tissue. Another good feature of ultraviolet light is that microbes are killed on the surface of the irradiated tissue, the walls of the capillaries are strong, and the outflow of fluid from the blood is reduced. Treatment with ultraviolet light disrupts the circulatory connection in the neck of the tooth below, the pathological tooth forms a gum gum pocket, leading to an inflammatory process.

Dystrophic changes in nerve tissue occur as a result of poor blood supply to periodontal tissue. Scientists PAGlushkova, DAEntin, E.E.Platonov, I.O.Novik and others have confirmed in their scientific work that this pathological process causes periodontal disease.

As a result of the decrease in the body's reactivity, the tissues lack the ability to regenerate and protect, resulting in the onset of dystrophic processes in periodontal tissue. This is especially seen in the suppression of physical and chemical processes, and its negative result leads to disruption of the permeability of the vascular wall, blood circulation, metabolism, and occurs in the absence of oxygen in the tissue. Completely oxidized nutrients are formed in the tissue. This is evidenced by the disruption of the oxidation and reduction process. As a result, gingivitis, periodontitis,

periodontitis develop. Water treatment. Various mineral waters and antiseptic solutions are used for this method.

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Many scientists are concerned with the theory that periodontal disease may be related to endocrine disorders. A. Efimov (1970), G. F. Gafurova (1974), U. Dovitskaya (1975) conducted research on pathological changes in periodontal tissue, especially in diabetes. Periodontal disease occurs in 90-95% of cases of diabetes. It was concluded that the main cause was pathological changes in the capillaries. Angiopathy develops in the same periodontal tissue in the capillaries of the patient's body today. The longer the duration of the disease, the younger the patient, the more severe the periodontal disease, and it occupied the entire periodontal tissue. Osteoporosis occurs in the bone tissue of the jaw alveoli, which is especially accelerated in the interdental bone tissue, resulting in bone resorption being noxious,

Periodontitis also develops in diseases of the gastrointestinal tract. In this common disease, the secretion of gastric juice is disrupted, histamine is increased in the bloodstream, which leads to dilation of the vascular wall and increases its permeability. As a result, the circulation of lymph fluid in the lymphatic vessels is disrupted, which leads to inflammation of the gums, which are part of the periodontal tissue (P. N. Andrianov, 1961). Increased acid and alkaline phosphatase in blood serum (M. S. Kovalkj, 1974). sending it to the crease or putting its grease in the tooth-gum pocket and pouring paraffin or other bandage over it. It is also recommended to use bugadion or indomethacin ointment against swelling.

In moderate periodontitis, the same drugs are used, in addition, open curettage is performed. When periodontitis is severe, enzymes are used as an additional drug. Enzymes enhance the process of oxidation and regeneration by regulating the metabolism of substances in the tissue. There are many types of enzymes, one of which is selected and dissolved in isotonic or special buffer solution or alkaline solution 1mg - enzyme 1 ml - solution. An antibiotic can also be added to the solution; 25000-50000 TB per 1ml, sulfanilamide preparations can also be used (5ml, 0.1 g per enzyme); can also be added to the enzyme from drugs in the category of nitrafuron. The prepared solution is soaked in a cotton swab, inserted into the tooth-gum pocket, and after standing for 20-30 minutes, the swab is removed. This treatment is repeated 7-10 days. The enzyme can also be sent to the tissue by electrophoresis. The solution is prepared as described above and sent from the positive pole.

In relapse of periodontitis can be used 0.05% solution of ter-rilitin in the gums. After 15-20 minutes, the cotton wool is removed. It is also possible to put a mixture of methiclose in the pocket. Its composition is as follows: prophezin 5.0, chlorhexidine 0.2, methyluracil 0.2, glycerin 30.0, zinc oxide up to 100.0. All this is mixed and mixed in any oil (vitamins E, A, carotene, peach oil, etc.). Caripazim is 0.5-1-2% soluble. It contains a number of enzymes. Used as an application. Beneficial in the treatment of periodontitis. In addition, the contraceptive or trasilol is injected into the pocket using a cotton swab in the form of a solution with lysozyme.

Antibiotics are also widely used in moderate, severe, or recurrent types of periodontitis. An example is lincomycin hydrochloride (30%). Milk is sent to the reader fold every day or every other day. Lincotsin is also administered in the same way as lincomycin. Gram-negative concentrations affect streptococci. It penetrates to the bone tissue. Claforan is effective against gram-negative and aerobic microbes, as well as other microbes. It is also injected into a transient fold with a syringe - Tarivid, a drug with a very wide range of action, is available in tablets (0.2 g). Only local tissue is added as a mixture or as part of a healing bandage. Fusidintgel is applied against microbes. It has an anti-inflammatory and anti-tumor effect and enhances phagocytosis.

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wall and increases its permeability. As a result, the circulation of lymph fluid in the lymphatic vessels is disrupted, which leads to inflammation of the gums, which are part of the periodontal tissue (P. N. Andrianov, 1961). Increased acid and alkaline phosphatase in blood serum (MS Kovalkj, 1974). sending it to the crease or putting its grease in the tooth-gum pocket and pouring paraffin or other bandage over it. It is also recommended to use bugadion or indomethacin ointment against swelling.

In moderate periodontitis, the same drugs are used, in addition, open curettage is performed. When periodontitis is severe, enzymes are used as an additional drug. Enzymes enhance the process of oxidation and regeneration by regulating the metabolism of substances in the tissue. There are many types of enzymes, one of which is selected and dissolved in isotonic or special buffer solution or alkaline solution 1mg - enzyme 1 ml - solution. An antibiotic can also be added to the solution; 25000-50000 TB per 1ml, sulfanilamide preparations can also be used (5ml, 0.1 g per enzyme); can also be added to the enzyme from drugs in the category of nitrafuron. The prepared solution is soaked in a cotton swab, inserted into the tooth-gum pocket, and after standing for 20-30 minutes, the swab is removed. This treatment is repeated 7-10 days. The enzyme can also be sent to the tissue by electrophoresis. The solution is prepared as described above and sent from the positive pole.

In relapse of periodontitis can be used 0.05% solution of ter-rilitin in the gums. After 15-20 minutes, the cotton wool is removed. It is also possible to put a mixture of methiclose in the pocket. Its composition is as follows: prophezin 5.0, chlorhexidine 0.2, methyluracil 0.2, glycerin 30.0, zinc oxide up to 100.0. All this is mixed and mixed in any oil (vitamins E, A, carotene, peach oil, etc.). Caripazim is 0.5-1-2% soluble. It contains a number of enzymes. Used as an application. Beneficial in the treatment of periodontitis. In addition, the contraceptive or trasilol is injected into the pocket using a cotton swab in the form of a solution with lysozyme.

Antibiotics are also widely used in moderate, severe, or recurrent types of periodontitis. An example is lincomycin hydrochloride (30%). Milk is sent to the reader fold every day or every other day. Lincotsin is also administered in the same way as lincomycin. Gram-negative concentrations affect streptococci. It penetrates to the bone tissue. Claforan is effective against gram-negative and aerobic microbes, as well as other microbes. It is also injected into a transient fold with a syringe - Tarivid, a drug with a very wide range of action, is available in tablets (0.2 g). Only local tissue is added as a mixture or as part of a healing bandage. Fusidintgel is applied against microbes. It has an anti-inflammatory and anti-tumor effect and enhances phagocytosis.

Galvanization- use of low voltage (30-80V) and non-high voltage (up to 50mA) uninterruptible power supply for therapeutic purposes.

A number of changes are observed in tissues under the influence of constant electric current (DET): these changes lead to the creation of new conditions for various biochemical and physical processes. The human body is about 60% water, so it can be considered as an electrolyte that stores ionized molecules of various chemical compounds. When DET passes, ions, water molecules, and charged protein particles move in the space between the electrodes: the positive springs to the cathode, the negative springs to the anode.

Under the influence of DET in the sweat and silt layers: mining irons expand, mining circulation increases and hyperemia occurs, the permeability of the vascular wall increases, local temperature rises. The iron-iron reaction activates fashion exchange, leading to an increase in epithelial and connective tissue regeneration.

Dorili electrophoresis- The combined effect of the drug and DET. This method involves the dissociation of complex substances into positive and negative ions in the solvent, which allows the charged springs to enter the tissue under the electrode.

In this case, ions with the same ionic polarity as the electrode are introduced, which accumulate in the skin and form a depot. In addition to the skin, tissue deposition also occurs. As a result of the relatively low mining cycle in the skin, the ion depot is pushed slowly.

Konga ensures that the drug is constantly sprayed. However, the amount of substance entering the mine in this way is not very high.

Local concentration, high electrical activity of ions, biophysical and biochemical changes in tissues caused by direct current have a unique pharmacotherapeutic effect.

Electrophoresis minimizes side effects of the drug, as it injects only the necessary components into the tissue. The therapeutic effect of electrophoresis, in addition to DET parameters, depends on the location of the electrodes, the area of exposure, the functional state of the

organism, the pharmacological properties of the drug, its concentration, individual sensitivity of the patient to the drug and electricity.

Studies have shown that the number of ions introduced in low-concentration mixtures is linearly related to the concentration of the solution. Therefore, 2-6% solutions are recommended for electrophoresis. According to the author, the optimal concentration is 1-3%.

The advantage of electrophoresis is that the drug can reach the tissues that are difficult to inject. In dental practice, electrophoresis is used in enamel, dentin tissue, tooth pulp and periodontium, malignant canals.

Contraindications to galvanization and drug electrophoresis are acute purulent inflammatory processes, malignant tumors, decompensation of cardiac activity, cerebral vascular sclerosis, epilepsy, acute skin diseases, toxicity, propensity to mine, individual intolerance to the drug.

Apparatus used for galvanization and drug electrophoresis: wall galvanizing apparatus (AGN-32), portable galvanizing apparatus (AGP-33), "Potok-1", "Potok-2", oral galvanizer (GR-1M, GR-2).

Electro-anesthesia with a constant electric current - this method changes the excitation of the nerve when an electric current is passed, and an electric current is generated in the tissues, which has an analgesic effect. In electrostatic decontamination, a constant electric current can be passed through the positive and negative poles, but the bridge is based on the negative pole. In electro-dehydration, the current is 10-20 mA. When the DC current exceeds 30 μ A, the pulp undergoes necrosis. It is used when caries forms a cavity, when the tooth is sharpened with an artificial coating, when the pulp horn is opened. Electroaggression is more common in older Karaganda youth.

ELOZ-1, ELOZ-2 devices are used for electro-decontamination.

Diadynamotherapy is a current drawn from the posterior front of a semi-sinusoidal shaped exponent with a frequency of 50-100 Gts with a constant pulse and a combination of them. It is accepted in injuries of the 3 horns and facial nerve, in painful syndromes, periodontitis, pulsation.

Sinusoidal Modulated Currents (STM) - A sinusoidal alternating current with a frequency of 5000 Gts with a modulated amplitude between 10-150 Gts. Indications for SMT: disorders of peripheral vascular structure, functional disorders of the neuromuscular system, chronic inflammatory processes, trigeminal neuralgia, facial injuries, periodontitis, periodontitis.

Contraindications: Tumors, cardiovascular decompensation, infectious diseases.

Electrodiagnostics is a method of examining nerve and muscle spasms with electrical observation.

In dentistry, the examination of the electrical excitability of nerve receptors in the pulp is used in electrodiagnostics. In intact teeth, the tooth pulp senses a current in the range of 2-6mkA. When the crown pulp is damaged, the excitability is 7-60 mkA, when the root pulp is damaged - 60-100 mK.

Decreased excitability 101-200mkA pulp maturation and periodontitis receptors. In periodontitis, neuritis excitability increases to 1.5-0.5mkA.

EOM-1, EOM-3, EOD-2M devices for EOD transmission used.

At present, dental practice is fully aware of the effectiveness of treatments that can accurately diagnose diseases. The physical factors that can be controlled are being applied. If physical factors are prescribed in a timely manner, they often lead to a speedy recovery of dental diseases. Physical methods are important in the dispensary care of patients and in the recovery of often traumatic injuries. When physiotherapy is carried out in combination with other treatments, it affects the mechanism of disease origin. Therefore, physiotherapy is one of the pathogenetic treatments and has many advantages over other chemotherapeutic methods.

Practical lesson 13

Modern methods of local and general prevention of periodontal disease. Dispensary.

1.1. Model of educational technology.

Training time -2 hours	Number of students: 20-80
Form of training	Introductory report.
Lecture plan: 10. Local and general treatment methods in periodontal diseases 11. Get on the dispensary list. 12. Measures to prevent periodontal disease. Prevention of periodontal disease	Local treatment of periodontal disease is carried out comprehensively. These are therapeutic orthopedic and surgical methods. In the local treatment are used antiseptics, antibiotics, vitamins, enzymes, sulfonamides. After a course of treatment, the dentition is restored. Grinding teeth of 3-4 degrees are removed. Moderate and severe periodontal diseases are registered in the dispensary and the necessary documents are filled out.
The purpose of training:	
Pedagogical tasks: 1. Theoretical knowledge. 2. Theoretical knowledge Demonstrative explanation	The result of learning activities Discarding practical skills Milk kirgogi treated with 3% peroxide hydrogen Separating the milk edge from the saliva with cotton swabs Anesthetic application of necrotic gum (using solution, gel or spray) Leave the turmeric soaked in the enzyme solution for 5 minutes on the edge of the necrotic gum
Teaching methods	Demonstration, lecture, conversation
Forms of teaching	Mass, collective
Teaching aids	Textbook, textbook, lecture text, projector, computer.
Teaching conditions	Methodologically equipped auditorium.
Monitoring and evaluation.	Oral control: question and answer.

technological map of the lecture.

Stages and timing of work.	Educator	Learners
Preparatory phase	1. Preparation of educational content on the topic. 2. Preparation of presentation slides for the introductory speech	
1. Introduction to the topic (15 minutes)	1. Introduces the purpose and function of the topic 2. Asks questions on the topic and. Information is given about the fibers of the periodontium, about the cellular elements of the	They listen Students answer the questions posed

	periodontium, about the classification of periodontiums, about the causes of periodontium.	
2nd stage (55 minutes)	1.Explains the topic, showing slides.	
Phase 3 (10 minutes)	3.1. Concludes 3.2. Giving a topic for independent work.	He listens Takes notes
	Development of a list of references used in the study of science Borovsky E.V. "Therapeutic dentistry" M., 2006 Borovskiy E.V. etc. "Terapevticheskaya dentology" .- M., 2004 Kamilov X.P., Mamedova F.M. "Treatment dentistry" recipe directory.- 1995. Borovskiy E.V., Barisheva Yu.D., Maksimovskiy Yu.M. "Therapeutic dentistry" .- M .: Medicine, 1998.	Takes notes

Prevention of periodontitis - measures are divided into mass (1) and individual (2).

Mass events, respectively:

- 1.1. Public events organized by public administration (Ministry of Health, Social Welfare, etc.) to improve the health of the population.
- 1.2. Public events aimed at improving the social situation by local governments (urban, rural).

Individual events, in turn:

- 2.1. Events that each person conducts individually.
- 2.2. These are individual events, which are conducted by a dentist in a dental clinic, department, center or office.

From 18 to 20 years, adherence to hygienic rules in the care of the oral cavity in conjunction with public events; In order to improve blood circulation in the periodontium, various exercises, hydromassage, exposure to sharply different temperatures, etc. should be performed.

21At the age of 40, the symptoms of periodontitis begin and develop. Measures to prevent periodontitis at this time are:

1. Full adherence to oral hygiene, using therapeutic toothpastes.
2. Timely and complete restoration of teeth and dentition defects.
3. Eliminate or neutralize professional bad influencers.
4. Automassage, vacuum therapy, hydromassage, electrophoresis, etc. acceptance of procedures.
5. Prevention of osteoporotic processes in alveolar tumors (Sa – Mg drugs, Calcinol, Calcium – D3 – Nicomed, etc.).

6. Electrical sleep, hypnosis, etc. in cases of hypertensive disease and nervousness. prevent with.

In the group of patients over 40 years of age it is advisable to carry out the following measures:

1. Oral hygiene.
2. Rationalization of work, rest, meal plan.
3. Antisclerotic-oriented balanced diet.
4. Regular oral sanitation.
5. Rational orthopedic treatment measures.
6. Eliminate latent vitamin deficiency.
7. Elimination of periodontal tissue and hypoxia in the body.
8. Regular check-ups at the dentist-periodontist.

One of the most important tasks of health care is the prevention of diseases - the implementation of prevention.

Prevention of dental diseases, including periodontal disease, is the easiest, most feasible task for maintaining the health of the human body - compliance with the rules of oral hygiene, prevention of dental and periodontal diseases is of paramount importance.

Abul Qasim (916-1013), Abu Ali Ibn Sino (980-1037), German surgeon I Eisenberg I (1661-1729) and others were among the first to pay great attention to oral hygiene.

Yu.A. Fedorov, V.M. Koren (1973) proved that periodontal disease was slightly lower (30.4%) in those who followed the rules of oral hygiene, and more common in those who did not (48.5%).

The harmony of the oral cavity is related to the saliva in it, the health of the mucous layer, the flatness and completeness of the dentition, the normalization of the oral cavity, the normality of the lining, the specificity of the diet and the nature of the food.

Improperly placed fillings, sharp edges of dental cavities, improperly prepared artificial dentures, orthodontic appliances and devices can lead to food blockage and the formation of caries, mucosal injury and various associated disorders.

In recent years, periodontitis, in addition to a decrease in the reactivity of the organism in the occurrence of mucosal diseases, pay more attention to local adverse effects (dental caries, tartar, microbes and metabolic products, various epithelial injury factors).

The purpose of hygienic treatments in periodontal disease:

1. Prevention and treatment of gingivitis. 2. Creating conditions for regenerative processes in periodontal tissue. 3. Reduction of microbial effects on periodontal tissue in orthopedic, orthodontic treatment. 4. Correction of beauty disorders - aesthetic treatment.
- With this in mind, one of the main tasks of the dentist is to take and carry out specific and appropriate preventive measures for

each patient, to develop preventive plans taking into account the general diseases of the patient's body.

2. MEASURES TO PREVENT PERIODONT DISEASE

3. These activities will initially be carried out nationwide. Developed by the Ministry of Health, it is important to regularly introduce the law to the public.
4. Economic activities are part of nationwide activities to plan personal hygiene, the scope of services, recreation, nutrition, and physical education. While all measures in this regard are important, the most important is to improve the environment.
5. Prevention of periodontal disease should be carried out in conjunction with the prevention of general medical diseases. For example: endocrine diseases, especially diabetes, gastrointestinal diseases, etc. In this regard, special attention should be paid to the health of the fetus in pregnant women. A pregnant woman should be involved in prophylactic work three times during the fetal period under the supervision of a dentist. When the first fetus was identified, organs and tissues in the oral cavity were sanitized if necessary. The next stage of prophylaxis is carried out in the second half of the fetus and finally before the referral to the maternity hospital.
6. Sanitary-educational work should begin in women's clinics, and special short-term courses should be actively conducted in kindergartens, schools, and boarding schools until the children reach adulthood.

Organization of periodontal care, medical examination

Dispensary for the treatment of long-term periodontal disease with chronic recurrence - taking into account, it is necessary to periodically examine these patients, conduct various clinical and laboratory examinations, and take measures to treat diseases of the oral cavity, if necessary, internal organs.

This means that dental therapists, surgeons, orthopedists, pediatric dentists and other specialists are involved in the provision of comprehensive periodontal care. Polyclinics should have periodontology rooms and be staffed by dentists-periodontists with certain specialized knowledge. Their main functions are assigned to E.V. Borovsky et al. (1998) define it as follows:

1. Periodontal care should be provided at a high level.
2. Selection of the necessary drugs for treatment in consultation with physicians.
3. Organization of methodical work.
4. Setting up a dispensary account.
5. Introducing scientific and practical innovations in the treatment of periodontal disease.
6. New work routines and improvement of treatment and prevention.

In the periodontology room, dental equipment, tartar, ultrasound to remove gums, vacuum apparatus (Kulazhenko apparatus), tools for removing tartar,

scissors for surgical procedures, scalpels, curettes, excavators, various dyes for the detection of indexes (fuchsin liquid, lugol's solution for Schiller-Pisarev test), containers for cytological, bacteriological examinations, equipment, etc.

Polyclinics should have hygienic rooms and acquaint patients with the rules of dental cleaning, and in the hydrotherapy room, using a special device, the teeth and mouth are washed with water (mixed with various aromatic liquids) at a pressure of 1-2 atmospheres. It also acts as a hydromassage.

When we say dispensaryization, we mean special diseases - diseases that cause long-term, various complications (flowering - caries, many types of diseases of the oral mucosa), including patients with periodontal disease. We need to understand that by putting special signs "P" and inviting them from time to time, we are doing work to prevent complications of the disease.

Methods of new pedagogical technologies used in the teaching process:

The method of conducting a business game "Beehive"

Needed for work:

1. Options for task and situational issues in print on separate sheets.
2. Numbers for the lottery depending on the number of students in the groups.
3. Clean paper, pen.

Direction of work:

1. **Students in the group are divided into 3 groups (4 students in each) depending on the number of lots.**
2. Each small group of students sits at a separate table and receives a sheet of paper and a pen.
3. The name, surname, subgroup number, faculty, name of the work game are written on the sheet.
4. One student from each small group pulls the task option out of the envelope.
5. One student from each small group writes the task on a piece of paper.
6. A small group of students discuss the task together, with one student writing the answer.
7. The time allotted for the task is 15 minutes.
8. The teacher supervises.
9. Over time, the answers are handed over to the teacher.
10. All participants of the game take part in the discussion, the most correct of all the answers is selected and given the maximum score.
11. The discussion will take 15 minutes.
12. Students will be given a rating score from the points allocated to the theoretical part of the lesson.

13. The small group with the most correct answer is given a maximum score - 100% (from the rating points allocated to the theoretical part of the lesson), the small group that took 2nd place - 85.9%, those who took 3rd place - 70.9%.
14. The teacher writes the score on the answer sheet and signs it.
15. Rating points for a business game are taken into account when scoring a lesson.
16. At the bottom of the training journal, the team leader signs a note indicating that the game has taken place.
17. The answers are saved by the teacher.

A set of questions for the business game:

1. Tasks of prevention of periodontal diseases
2. Describe the primary prevention program of periodontal disease
3. What are the components of secondary prevention?
4. What is included in tertiary prevention work?
5. What is included in the treatment and hygiene of the prevention of periodontal disease?
6. What is the purpose of dispensaryization of patients with periodontal disease?
7. Who is admitted to the dispensary?
8. What is required for dispensary follow-up?
9. Describe the methodology of dispensary monitoring.

6.2.Analytical section

1. A 52-year-old patient was diagnosed with moderate periodontitis:
 - I. When viewed through a lens:
 - A. 1/2 opening of tooth roots *
 - B. ponasimon defect in all teeth *
 - V. toothpaste *
 - G. bleeding gums
 - D. overgrowth of the mammary gland
 - II. Not observed when the lens is viewed:
 - A. the roots of the teeth are exposed to 1/2
 - B. ponasimon defect in all teeth
 - V. fan scattering of teeth
 - G. bleeding gums *
 - D. gum sucking *
2. A 52-year-old patient was diagnosed with moderate periodontitis:
 - I. What is used in treatment:
 - A. biogenic stimulants *
 - B. vitamins *
 - V. microcirculation enhancers *
 - G. curettage

- D. surgical treatment of the gums
- II. What is not used in treatment:
 - A. biogenic stimulants
 - B. vitamins
 - V. means that improve microcirculation
 - G. curettage *
 - D. surgical treatment of the mammary gland *

3. A 25-year-old patient complains of bleeding gums, a change in their shape. The examination revealed false pockets, a diagnosis of hypertrophic gingivitis tumor form:

- I. The treatment is performed as follows:
 - A. sclerosis therapy (glucose 50-60% solution) *
 - B. heparin ointment application - keratolytic agents (20-30% resorcinol) *
 - V. stimulants *
 - G. furagin
 - D. Corticosteroids
- II. The following is not performed during treatment:
 - A. sclerosis therapy (glucose 50-60% solution)
 - B. application of heparin ointment - keratolytic agents (20-30% resorcinol)
 - V. stimulants
 - G. Furagin *
 - D. Corticosteroids *

4. A 25-year-old patient complains of bleeding gums and bad breath. Initial diagnosis of catarrhal gingivitis:

- I. Current treatment:
 - A. methyluracil *
 - B. trixopol *
 - V. solcoseril *
 - G. sclerosis therapy (injection of 50-60% glucose solution)
 - D. Cryosurgery
- II. Currently not used treatment:
 - A. methyluracil
 - B. trixopol
 - V. solcoseril
 - G. sclerosis therapy (injection of 50-60% glucose solution) *
 - D. Cryosurgery *

5. A 15-year-old patient complains of bleeding gums and bad breath. Initial diagnosis of catarrhal gingivitis:

- I. Current application:
 - A. chlorphyllipt *
 - B. 0.2% saline solution *

- V. solcoseril *
- G. sclerosis therapy (injection of 50-60% glucose solution)
- D. keratolytic agents (20-30% resorcinol solution)
- II. Current non-application:
- A. chlorphyllipt
- B. 0.2% saline solution
- V. solcoseril
- G. sclerosis therapy (injection of 50-60% glucose solution) *
- D. keratolytic agents (20-30% resorcinol solution) *

6. A 27-year-old patient developed angina. She complains to the doctor that she has pain in the gums when she eats. Mild degree of ulcerative gingivitis is diagnosed: I. What keratoplastic agents are currently used:

- A. na'matak moyi *
- B. aloe liniment *
- V. 10% methyluracil ointment *
- G. 50-60% glucose solution
- D. creosote solution

II. What keratoplastic agents are not currently used:

- A. na'matak moyi
- B. aloe liniment
- V. 10% methyluracil ointment
- G. 50-60% glucose solution *
- D. creosote solution *

7. An 18-year-old patient complains of bleeding gums. Diagnosed with catarrhal gingivitis:

I. Lens view:

- A. milk gaperemialangan *
- B. have teeth views *
- V. no periodontal gum-tooth pocket
- G. pathological gum-tooth pocket 3. to 5
- D. 1 leveling motion

II. Not observed in the objective view:

- A. milk haperemia
- B. have tooth views
- V. no periodontal gum-tooth pocket *
- G. pathological gum-tooth pocket 3. up to 5 *
- D. 1 level movement *

8. A 5-year-old patient was diagnosed with moderate periodontitis:

I. What is used in treatment:

- A. biogenic stimulants *
- B. vitamins *

- V. microcirculation enhancers *
- G. curettage
- D. surgical treatment of the gums
- II. What is not used in treatment:
- A. biogenic stimulants
- B. vitamins
- V. means that improve microcirculation
- G. Curettage *
- D. surgical treatment of the mammary gland *

9. A 26-year-old patient was 16 weeks pregnant. She complains of swelling of the nipples, bleeding gums. When diagnosed with hypertrophic gingivitis: I.

Examination reveals:

- A. gums changed, swollen *
- B. gum sucker covers 1/3 of the tooth crown *
- V. fake pocket *
- G. pus separates from the gums
- D. pathological pocket 3.5 mm until
- II. Not identified in the review:
- A. gums changed, swollen
- B. the gum sucker covers 1/3 of the tooth crown
- V. fake pocket
- G. pus separates from the gums *
- D. pathological pocket 3.5 mm each *

10. The patient was diagnosed with moderate periodontitis at the age of 52:

I. Lens view:

- A. hyperemia and swelling of the gums *
- B. pathological pocket 5mm *
- V. 2nd degree movement of teeth *
- G. scattering of elliptical teeth
- D. ponasimon defect

II. Not detected in the objective view:

- A. hyperemia and swelling of the gums
- B. pathological pocket 5mm
- V. 2nd degree movement of teeth
- G. scattering of fangs *
- D. ponasimon defect *

11. A 25-year-old patient complains of tonsillitis, pain in the gums during meals, leaking eyes. Bleeding in the gums is observed when taking views. When diagnosed with ulcerative gingivitis:

I. How to diet:

- A. dairy products *

- B. cheese and eggs *
- V. fresh vegetables *
- G. citrus
- D. smoked meat
- II. How not to diet:
- A. dairy products
- B. cheese and eggs
- V. fresh vegetables
- G. Citrus *
- D. smoked meat *

12. The patient is 26 years old, complains of bleeding gums during eating, bad breath, initial diagnosis catarrhal gingivitis:

- I. What was found on the X-ray:
- A. no pathological changes in bone tissue *
- B. no periodontal pockets *
- V. up to 1/3 of the tooth root
- G. Resorption of bone tissue into interdental cells 1/2
- D. pathological pockets up to 3.5
- II. What is not detected on X-ray:
- A. no pathological changes were detected in the bone tissue
- B. no periodontal pockets
- V. tooth root opening up to 1/3 *
- G. Resorption of bone tissue between interdental cells 1/2 *
- D. pathological pockets up to 3.5 *

Practical skills

Tooth rowing (temporary grinding). Bonding the contact surface of the teeth with a composite filling material.

Purpose: temporary tire.

Instructions: in patients with periodontitis, dental catheterization for the purpose of temporary grinding.

Required equipment: 37% phosphoric acid, composite fillers.

Steps to be taken:

№	Manual Skill Steps	Could not complete stage	Completed all steps.

		(0 points)	
1.	Teeth are cleaned under visual inspection from tooth decay	0	10
2.	On the oral surface of the teeth, a groove is opened for the tire.	0	10
3.	Antiseptic treatment	0	10
4.	Apply the toothpaste to the oral surface using a 37% phosphoric acid solution for 60 sec. processed during	0	20
5.	The marrow is washed with water	0	10
6.	Grinding teeth are separated from the oral fluid with cotton swabs and dried	0	10
7.	The roller from the filling material is placed along the equator of the tooth in such a way that when the gladilka or hand grinds the teeth on the surface of the tongue, the excess filling material is released from the tooth space to the vestibular surface.	0	10
8.	A padlock is formed by hand-typing the filling material that emerges from the vestibular surface	0	10
9.	Excess fillings are removed from the space between the teeth to create drainage along the gum line.	0	10
	Jami	0	100

10. Control questions:

1. What is the system of prevention of periodontal disease?
2. What is primary prevention?
3. What is secondary prevention?
4. What is tertiary prevention?
5. What do you mean by personal hygienic preventive work?
6. What is the basis of hygiene and preventive work?
7. Why is dosing fluoridation of water necessary?
8. Goals and objectives of national prevention?
9. Illuminate the standard way of cleaning teeth.
What is hygienic education?

Practical lesson 14

Clinical treatment of idiopathic diseases of the periodontium.

- 1.1. Model of educational technology.

Training time -3 hours	Number of students: 11-22
Form of training	Practical training
Practical training plan:	<ol style="list-style-type: none"> 1. Idiopathic diseases of the periodontium. 2. Common causes in the origin of idiopathic diseases. 3. Changes in periodontal tissue in Pappion Lefebvre syndrome.
The purpose of the training:	Ideopathic and edematous diseases of the paradox to students. (Pappion Lefebvre Syndrome, Hand Schuller - Kristchend, Literer-Sivi) The role of the dentist in treatment. Prevention of periodontal disease. Dispensary of patients with periodontal disease explanation
Teaching methods	Multimedia, interactive methods.
Forms of teaching	Mass, collective
Teaching aids	Curriculum development, electronic textbooks and computers.
Teaching conditions	Methodologically equipped auditorium.
Monitoring and evaluation.	Oral control: question and answer.

Technological map of practical training.

Stages and timing of work.	Educator	Learners
Preparatory phase	<ol style="list-style-type: none"> 1. Controls the cleanliness of the audience 2. Checks the readiness of students for training 3. Controls attendance 	They listen
1. Introductory stage of training (10 minutes)	<ol style="list-style-type: none"> 1. Determining the level of basic knowledge related to the topic. 2. Explain the essence of the interactive method. 3. Topic analysis in an interactive way. 	They write and listen to the topic
2nd main stage (135 minutes)	<ol style="list-style-type: none"> 1. Divide students into small groups and ask questions on the topic. 2. Uses slides, multimedia a) Ideopathic and edematous diseases of the paradox. (Pappion Lefebvre Syndrome, Hand Schuller - Kristchend, Literer-Sivi) The role of the dentist in treatment. 3. Solve tests and situational problems. 	They watch and record.

Stage 3	<ol style="list-style-type: none"> 1. Performing practical skills. 2. Use of dummies and phantoms. 3. Conducts treatment 4. Summarizes and summarizes the information provided on the basis of topics, 	They solve. They write.
final stage (35 minutes)	<ol style="list-style-type: none"> 1. The finalist draws a conclusion, the active participant encourages the students and gives an overall assessment 2. Supervises, evaluates independent work and assigns an independent task to the next lesson 3. Gives homework <ol style="list-style-type: none"> A) Write an abstract on the topic C) Prepare questions on the topic <ol style="list-style-type: none"> 1. Changes in periodontal tissue in Papion Lefebvre syndrome. 2. Changes in periodontal tissue in diabetes. 3. What are the therapeutic measures in idiopathic diseases? 	He listens Takes notes Takes notes Takes notes
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Topic questions:

1. What are the idiopathic diseases of the periodontium?

2. Common causes of idiopathic diseases.
3. Changes in periodontal tissue in Papion Lefebvre syndrome.
4. Changes in periodontal tissue in diabetes mellitus.
5. What are the therapeutic measures in idiopathic diseases?

Periodontitis of idiopathic diseases:

Papion-Lefebvre syndrome. *

Incomplete amelogenesis.

Incomplete dentinogenesis.

Incomplete osteogenesis.

Tissue lysis is not included in progressive periodontal disease:

Periodontitis *

systemic diseases, hereditary diseases

congenital diseases

tumor diseases

Idiopathic diseases do not include:

vasoparesis syndrome *

desmodontosis

Papion-Lefebvre syndrome

X-histiocytosis

Periodontitis does not occur subjectively:

gums sucked glassy surface, swollen gums *

bleeding gums

teething

gynaesthesia of the neck of the teeth

Tumors include:

Fibromatosis, epulis *

Papion-Lefebvre syndrome

Literera - Zive

eozonophyll granuloma

The periodontal system is not characterized by diseases with rapidly developing lysis:

hypertrophic gingivitis *

radiograph shows alveolar tumor bone tissue funnel resorption, bone tissue osteoporosis

internal organ injury

upper and lower jaw periodontal tissue injury

Hand-Krischen-Schuller disease does not cause:

kup karies *

diabetes mellitus

exophthalmos

enlargement of the liver and spleen

Gingivitis does not have a clinical form:

Gangrene *

hypertrophic

catarrhal

wounded

Periodontitis is not typical for moderate:

periodontal pocket depth up to 5 mm *

periodontal pocket depth up to 3.5 mm

resorption of 1/3 to 1/2 of interdental bone tissue

Level I-II movement

In which syndrome the pathological process ends with tooth extraction...

All answers are correct *

Papion Lefevre

Xend Krischen Shyuller

Lettier Sivee

Ideopathic diseases...

All answers are correct *

Lysis of periodontal tissue

Diseases of unknown origin

The clinical course, appearance, periodontal disease are not similar

What is seen in desmodontosis on X-ray examination...

Diffuse erosion of the bone *

No change

Gaps are observed

Toothpaste

What diseases are called diffuse atrophy of the alveolar bone?

Periodontolysis, demodontosis *

Periodontoma

Periodontitis

Periodontitis

Which ideopathic diseases cause a rise in body temperature.

Weight loss, hepatitis and splenomegaly can be diagnosed...

Lete Sivee kasallagi *

Papion Leffevr

Desmadontoz

Xend Shyuller

What is observed in the oral cavity of eosinaphil granuloma...

Gingivitis, gum disease, gingivitis, tooth decay *

Xeylit, stomatitis

Alveolitis

No change

Interactive methods

Brainstorming style.

Purpose: to teach students to think quickly and clearly in a short time.

Principles: group students are asked a question by the teacher according to the topic. Each student will express their ideas in a short and quick time. However, there should be no critical thinking or reflection in the process of the origin and formation of the idea. Supporting the flow of ideas in every way is good, so any weird idea is good. Talk as much as you can. A combination of ideas and the need to develop them. Short points are made without extensive argumentation. The ideas are then discussed, and the group is divided into people who produce the ideas and process them.

Advantages: This method teaches the ability to express one's opinion to another person, to find a way out of the desired extreme situation, to exchange ideas, to argue, to convince one's opponents of the correctness of one's opinion.

Subject statement.

IDIOPATHIC DISEASES

Among periodontal diseases, the peculiarity of these diseases is the rapid development of clinical signs.

In Papion-Lefebvre syndrome, the alveolar bone seems to melt, a pathological process that ends with tooth extraction. The reason for the origin is unclear. The clinical picture is similar to the severity of periodontitis. The disease begins with milk teeth. After the extraction of one tooth after another, they are removed one after the other, as the pathological process continues in the periodontal tissue before the permanent teeth are extracted. If the teeth are not removed, the rapid absorption of the alveolar bone will cause the tooth to fall out. An additional symptom that is always present in the patient is a skin rash on the soles of the feet and gray palms, ie hyperkeratosis, and peeling of the upper part of it.

Desmodontosis. In this disease, desmodont is understood as the circumference of the tooth neck and the surrounding periodontal fibers. In desmodontosis, pathological changes occur in these tissues. The cause of the disease is unknown. Some scientists have concluded that enzymopathy is the result of scientific research on the disease.

The pathological process in periodontal tissue takes place in three stages:

4. Degeneration occurs in periodontal fibers and bone tissue, with non-inflammatory epithelial pro-life in the gums and capillary walls.

5. The polyphenous epithelium grows along the tooth root. The connective tissue is slightly infiltrated with plasma and polyblast cells.

6. Under the influence of secondary microbes, inflammation is exacerbated, shchyulified epithelium is separated from the root, and pathological gum-tooth pocket is formed.

Desmodontosis has a unique clinical appearance. The pathological process begins in a symmetrical position, often with incisions and chewing teeth on the first floor. There are no tartar, tooth-gum pockets are deep, teeth grind, pus separates from pathological pockets, enamel has a non-carious disease, ie hypoplasia.

On X-ray imaging of bone tissue, the most common type of osteoporosis is acute and has bone pockets.

Histological examination revealed thickening of the capillary walls, thickening of collagen fibers, hyaline sclerosis. Il-knee cement was absorbed, swelling was observed in the remaining periodontal tissue, os-teolysis in the bone, thinning of its dense part was observed.

Eozshyulish granulema occurs in children and cats. The clinical X-ray image is similar to that of acute gingivitis and periodontitis. The pathological process may be limited or diffuse. Pathological changes in the bone tissue are not only in the alveolar process, but also in the body of the jawbone, so it is possible that the lower jawbone may break spontaneously.

Pathomorphological studies have shown that reticular cells, a collection of eosinophils, lymphomacrophage infiltrate are observed in the tissue.

Leterer - The pathological change in the periodontium in Sive disease occurs as a diffuse acute manifestation of periodontitis. Therefore, the patient's condition becomes severe, body temperature rises, appetite decreases, he loses weight, may suddenly fall.

The pathological changes that occur in periodontal tissue in Hend-Schuller-Krischen disease are also similar to the diffuse acute course of periodontitis. Common additional symptoms are diabetes mellitus, basedov's disease (i.e., puffiness of the eyeballs), the appearance of tissue such as a tumor in the bone, and the back of the growth when the patient is young.

In the local treatment of periodontal disease with histiocytosis "X" drugs are selected based on its symptoms, and hematologists, oncologists and endocrinologists are involved in the treatment. Often hormonal drugs, protein anabolizers, antibiotics, sensitizing drugs, fluoride and other medications are prescribed.

Types of idiopathic diseases include changes in periodontal tissue in severe diabetes.

diabetes is a chronic disease. Because of its clinical course and signs of complications, the patient seeks dental care too late. Changes in periodontal tissue are as follows: gums swollen, red, bleeding a little, Pathological tooth-gum pockets are deep, pus is more often separated from it. The teeth would grind, and the bone elements in the alveolar process would be quickly absorbed.

Periodontal cyst. It is also a type of tumor in which, as a result of chronic inflammation in the periodontal tissue, the gum epithelium grows into the pathological tooth-gum pocket and separates the bone marrow from the bone. At first it does not bother the patient. Later, swelling develops in the gums around the tip of the tooth root. The reason for the absence of pain is that the waste products formed during the pathological process are always excreted through the pocket. X-rays show a clear border, with bone absorption reaching the root tip of the tissue. The shape is noxious, i.e. the bottom is wider (Fig. 20 a, b). Electroodontodiagnosics of the tooth involved in the pathological process reveals a significant decrease in pulp sensitivity, sometimes no response at all. So, in the latter case, the tooth pulp was destroyed.

It is treated surgically. The tooth involved in the pathological lesion is of course removed. The bottom of the wound is well penetrated. Diathermocoagulation can also be performed at the site of injury to prevent recurrence of the disease. The injury was secondary. Therefore, it is necessary to pay special attention to the state of the oral cavity

Idiopathic diseases are periodontal diseases whose clinical manifestations, course, and outcome (prognosis) are not similar to the above periodontal diseases, but are accompanied by periodontolysis (absorption, erosion of periodontal tissue), the origin of which is also unknown.

These include a combination of several symptoms - syndromes and diseases (neutropenia, agammaglobulinemia, Papion - Lefevra syndrome, Hand - Schuller - Krischen disease, desmodontosis, diabetes and so on).

Desmodontosis (periodontosis) In 1949, the American Academy of Periodontology declared idiopathic periodontal disease without inflammation, with degenerative destruction of periodontal tissue, tooth movement, tooth-gum formation. Prior to that, Wotlieb called it periodontosis in 1920 as "diffuse atrophy of the alveolar bone". French researchers, on the other hand, suggested naming it as

desmodontosis because the purpose was to emphasize the presence of injury, damage to the diseased dentition (Lig. Circularis dentis) and periodontal fibers.

The reasons for the origin are unknown.

The disease occurs symmetrically (incisors and first molars), without gums and submaxillary stones, deep tooth gums, from which serum, purulent exudate, tooth movement, secondary wound occlusion, decreased sensitivity of the pulp to the diseased teeth pulp. If the tooth is removed, the cage will heal better.

X-ray examination shows that diffuse bone resorption is deeper than the clinical course of absorption.

Histological examination reveals changes in the epithelium, such as hypervascularization in the submucosal layer, thickening of the capillary wall, infiltration of lymphoplasmacytes, hyaline sclerosis. Periodontal tissue is swollen, collagen fibers are hyalinized, cement is absorbed. The bone compact plate is thin, characterized by the failure of the periodontium to perform its compensatory function.

A comparative diagnosis should be made with periodontitis (caused by trauma), post-traumatic osteolysis, cyclic neutropenia, histiocytosis, Papion-Lefevre syndromes, etc.

Treatment of the patient consists mainly in the treatment of symptoms (symptomatic). Dental - cleaning of gingival pockets - curettage, depulping of teeth, followed by gingivotomy, insertion of formalinized transplants, incision, etc. Thyrocalcitonin is beneficial because it stops bone breakdown. Teeth are extracted in deepening processes.

Eosinophilic granuloma or Leterer - Sive and Hend - Schuller

- There is also Krischen's disease, an idiopathic periodontal disease, later referred to as "Histiocytosis X" (L. Lichtenstein).

Eosinophilic granuloma Histiocytosis X in children and adults

which is mainly found in children.

Eosinophilic granuloma occurs clinically in a diffuse and focal - local form (A.A. Kolesov et al., 1976). In the oral cavity, gingivitis, gums and bone pockets, tooth movement are noted.

The radiograph shows osteoporosis and erosion of bone tissue, absorption. In the furnace, the compensatory reaction is well developed and the periphery of the furnace is sclerosed.

In pathomorphology can be seen reticular cells, accumulation of eosinophils, lymphomacrophageal infiltration.

Leterer - In the severe clinical course of Sive's disease can be seen bloating, fever, skin rash, immobility, weight loss and loss of appetite, hepatitis and splenomegaly. Generalized periodontitis in the oral cavity, the severity of bone loss is noted. X-ray examination reveals osteoporosis, rupture of the alveolar barrier, and even absorption of the jawbone at the site of the disease.

Hend-Schuller-Krischen disease is also called reticulohistiocytosis. It is accompanied by diabetes mellitus, exophthalmos, tumor changes in the bones, patients are lagging behind in growth and development.

The appearance of generalized periodontitis in the mouth, the radiograph shows the destruction of alveolar tumors of the jaw bones.

For the treatment of histiocytosis, the dentist must, of course, work with oncologists and hematologists, because they (oncologist, hematologist) take hormonal drugs, cytostatics, protein anabolizers, antibiotics, desensitizers fluoride and other general therapeutic measures of the organism. The dentist deals with the use of orthopedic treatment methods - removal of tartar (after application anesthesia), curettage of dental gingival pockets, sometimes tooth removal - local treatment measures. Another disease - Lefevra - is Papion syndrome. This disease syndrome is characterized by the collapse (osteolysis) of tumors of the jaw alveoli, absorption stops after tooth extraction. Origin - the etiology is unknown. It is considered a hereditary disease. In addition to changes in the mouth, it is characterized by sagging skin of the hands and feet (compensation) (keratoderma). Clinical and radiological changes are consistent with periodontitis. Treatment is carried out depending on the symptoms (symptomatic).

EV Borovsky et al. (1989, 1998) suggest that idiopathic diseases are mainly associated with periodontitis.

Periodontolysis means that the breakdown of periodontal tissue is absorbed. The main changes to this are:

1. Disorders that begin in all periodontal tissues continue uninterrupted and in 2 - 3 years the teeth "fall out";
2. Teeth - gum pockets are formed relatively quickly, from which pus can separate, teeth move, move out of place.
3. Specific radiological changes in bone tissue - vertical destruction, the formation of bone pockets, cavities, the complete absorption of bone tissue in a short time is observed;
4. In bone tissue, mainly osteolysis processes (in the case of diabetes) take place.

Thus, idiopathic diseases of periodontitis may be quite, even unexplored. Diagnosing them, comparative diagnosis, treatment as much as possible is one of the main and difficult tasks of dentistry.

Tumors and tumors in periodontal tissue are called periodontomas. Since the methods of treatment of this type of disease are surgical, this information is given in detail in textbooks, manuals, manuals of surgical dentistry.

However, the therapist-dentist must be aware of these diseases of the oral cavity, be able to distinguish them from each other, other changes in the oral cavity - hypertrophic gingivitis, enlargement of some gums and their association with local effects.

Such diseases are mainly three: gum fibromatosis, epulis and periodontal cyst. Of course, there may be other tumors, tumors and tumors in the gums, such as cancer. Milk fibromatosis is a rare - rare disease - condition that only occurs in older people. The cause is an unknown hereditary disease. Slow-growing, hard, painless lumpy tumors when pressed are located in all alveolar tumors or in some places, often around the anterior teeth. There will be no inflammation. Patients complain of a strange, unpleasant appearance in the gums. It is found in men and women,

and sometimes in children. The difference in hypertrophic gingivitis is that in fibromatosis, not only in the interdental gums, but also in the alveolar gums, there are deformities, as well as gums on both sides of the oral cavity and oral cavity, as if swollen, swollen, which causes considerable discomfort. The color of the milk has not changed.

Histological changes are mainly due to the abundance of densely bound collagen fibers, in which there are few blood vessels, small point infiltration. The radiograph shows a state of osteoporosis, sometimes with the collapse of intervertebral bone tumors.

Treatment is carried out surgically.

Epulis is more common in adults and less common in children. There are fibrous, vascular, and large-cell epulis types. The final diagnosis is made only as a result of histological examination. X-rays show focal, limited osteoporosis.

The clinical picture is in the form of hypertrophied gums, which requires a comparative diagnosis. The development of epulis can often be caused by local effects (tartar, untreated root, fillings and sharp edges of the caries cavity, etc.).

Treatment is by surgical method, sometimes it is necessary to remove 1 - 2 teeth and finish the removed area with electrocoagulation.

Periodontal cysts occur as a result of a long duration of periodontal disease. In this case, the epithelium of the oral mucosa grows along the pathological pocket, leading to the separation of the superficial bone. It is seen in the clinic at first unknown and then swollen.

Idiopathic and tumor diseases of the periodontium are comparatively diagnosed with other diseases of the periodontium, including periodontitis.

Periodontitis is relatively rare in clinical practice. In this type of periodontal disease there is no inflammation, and there are no pathological teeth - gum pockets. Teeth move, there may be a small amount of tartar. Atrophy of the gums, sitting (retraction), opening of the neck parts of the teeth, ponasimon defects (in the parts of the neck of the teeth, often on the side of the oral cavity) can occur. Periodontitis is mainly generalized.

Patients complain of pain in the teeth in the neck due to various effects, itchy gums, and sometimes spontaneous pain in the gums. In young people there may be 2 - 4, sometimes 6 - 8 around the teeth, ie limited periodontitis. The disease occurs mainly in the adult form (after the age of 40).

However, sometimes periodontitis turns into periodontitis with the addition of inflammatory symptoms. For their comparative diagnosis it is necessary to take into account the anamnestic data, clinical signs, the most basic sign - these radiological changes.

X-ray examinations show that there are sclerotic changes (such as shrinkage, narrowing of the bone marrow cavities) in the bone tissue. Atrophic changes are characterized by a uniform erosion of the interdental barriers - a decrease, but the integrity of the cortical bone plates.

Morphological changes indicate that in periodontitis there is no inflammatory process in the marginal periodontium, the branching process in the gum epithelium is disrupted, and there are sclerotic changes in the connective tissue.

E.V. Borovsky et al. (1989, 1998) Periodontal-specific changes:

1. Absence of inflammation, gums whitish in color;
2. As a result of sitting (retraction) of the neck parts of the neck, the opening of the root;
3. Absence of breast and periodontal pockets;
4. Microbial look, being a soft look - may not be;
5. Accompanied by nokaries diseases such as enamel erosion, ponasimon defect, erosion;
6. Teeth do not move;
7. Absence of inflammatory-specific bone changes on the radiograph, sclerotic in the jaw bones, the possibility of similar changes in other bones;
8. Presence of cardiovascular, gastrointestinal, endocrine and other diseases in the body;
9. Negativeness of tests that detect signs of inflammation;

But these figures change radically with the onset of inflammation.

Patients with mild periodontitis do not complain, do not consult a doctor without paying attention to minor changes (itching, irritation, etc.).

On objective examination, the gums adhere to the teeth, whitening color, almost no tartar, no microbial stains (if the patient regularly cleans his teeth), the gums on the front teeth are slightly settled, the radiograph shows a decrease in the height of the interdental barriers.

In moderate periodontitis, the patient complains of aesthetic defects (opening of the tooth roots spoils the appearance), yellowing of the teeth, pain in the neck parts from the effects of hot, cold, sour. For moderate periodontitis, up to 1/2 of the tooth roots are open.

In severe periodontitis, the root opens, interdental spaces appear, and more than 1/2 of the root is exposed. Pain in the gums, fever, increased pain from chemical exposure, paresthesia (clenching of the teeth, itching, irritation, pain) force patients to see a doctor.

Thus, patients with mild periodontitis do not consult a dentist, but are forced to seek treatment in moderate, especially severe periodontitis.

Diagnosis of periodontitis is not difficult. Clinical and radiological changes (opening of the tooth roots, atrophy of the alveolar bone tumors in one plane, in all areas of the teeth) are sufficient to make a diagnosis. A comparative diagnosis is made with some syndromes.

Changes in blood vessels, nerve fibers, and tooth hard tissue in periodontitis are due to dystrophic changes that develop as a result of chronic common diseases in the body, which are secondary, pathological changes not related to periodontitis itself.

Strengthening the dentition (temporary grinding). Bonding the contact surface of the teeth with a composite filling material

Purpose: teaching students temporary tires.

Instructions: treatment of periodontal disease.

Required equipment: dental instruments, anesthetics, syringes, needles, binders 37% phosphoric acid, composite fillers.

Steps to be taken:

№	Manual Skill Steps	Could not complete stage	The whole stage lar do it di	Tala ba topla gan bali	Training chi signature
1.	Cleaning teeth from tooth decay	0	10		
2.	Antiseptic treatment	0	10		
3.	Grind the teeth to the oral surface using 37% phosphoric acid for 60 sec. processed during Then the marrow is washed with water	0	20		
4.	Grinding teeth are separated from the oral fluid with cotton swabs and dried	0	10		
5.	Make a roller out of the filling material and place it along the equator of the tooth in such a way that when you grind the teeth on the tongue with a gradient or by hand, the excess filling material emerges from the tooth space to the vestibular surface.	0	20		
6.	A lock-key is created by hand-typing the filling material that emerges from the vestibular surface	0	20		
7.	Excess filler residue is removed from the space between the teeth in order to create drainage along the gum line	0	10		
	Jami	0	100		

Practical lesson 15

Periodontology Origin Clinic Clinic Periodontomas.

1.1. Model of educational technology.

Training time -3 hours	Number of students: 11-22
Form of training	Practical training
Practical training plan:	<ol style="list-style-type: none"> 1. Idiopathic diseases of the periodontium. 2. Common causes in the origin of idiopathic diseases.

	3. Changes in periodontal tissue in Pappion Lefebvre syndrome.
The purpose of the training:	Ideopathic and edematous diseases of the paradox to students. (Pappion Lefebvre Syndrome, Hand Schuller - Kristchend, Literer-Sivi) The role of the dentist in treatment. Prevention of periodontal disease. Dispensary of patients with periodontal disease explanation
Teaching methods	Multimedia, interactive methods.
Forms of teaching	Mass, collective
Teaching aids	Curriculum development, electronic textbooks and computers.
Teaching conditions	Methodologically equipped auditorium.
Monitoring and evaluation.	Oral control: question and answer.

Technological map of practical training.

Stages and timing of work.	Educator	Learners
Preparatory phase	1. Controls the cleanliness of the audience 2. Checks the readiness of students for training 3. Controls attendance	They listen
1. Introductory stage of training (10 minutes)	1. Determining the level of basic knowledge related to the topic. 2. Explain the essence of the interactive method. 3. Topic analysis in an interactive way.	They write and listen to the topic
2nd main stage (135 minutes)	1. Divide students into small groups and ask questions on the topic. 2. Uses slides, multimedia a) Ideopathic and edematous diseases of the paradox. (Pappion Lefebvre Syndrome, Hand Schuller - Kristchend, Literer-Sivi) The role of the dentist in treatment. .3. Solve tests and situational problems.	They watch and record.
Stage 3	1. Performing practical skills. 2. Use of dummies and phantoms. 3. Conducts treatment 4. Summarizes and summarizes the information provided on the basis of topics,	They solve. They write.

<p>final stage (35 minutes)</p>	<ol style="list-style-type: none"> 1. The finalist draws a conclusion, the active participant encourages the students and gives an overall assessment 2. Supervises, evaluates independent work and assigns an independent task to the next lesson 3. Gives homework <ol style="list-style-type: none"> A) Write an abstract on the topic C) Prepare questions on the topic <ol style="list-style-type: none"> 1. Changes in periodontal tissue in Papion Lefebvre syndrome. 2. Changes in periodontal tissue in diabetes. 3. What are the therapeutic measures in idiopathic diseases? 	<p>He listens Takes notes</p> <p>Takes notes</p> <p>Takes notes</p>
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However, the therapist-dentist must be aware of these diseases of the oral cavity, be able to distinguish them from each other, other changes in the oral cavity -

hypertrophic gingivitis, enlargement of some gums and their association with local effects.

Such diseases are mainly three: gum fibromatosis, epulis and periodontal cyst. Of course, there may be other tumors, tumors and tumors in the gums, such as cancer. Milk fibromatosis is a rare - rare disease - condition that only occurs in older people. The cause is an unknown hereditary disease. Slow-growing, hard, painless lumpy tumors when pressed are located in all alveolar tumors or in some places, often around the anterior teeth. There will be no inflammation. Patients complain of a strange, unpleasant appearance in the gums. It is found in men and women, and sometimes in children. The difference in hypertrophic gingivitis is that in fibromatosis, not only in the interdental gums, but also in the alveolar gums, there are deformities, as well as gums on both sides of the oral cavity and oral cavity, as if swollen, swollen, which causes considerable discomfort. The color of the milk has not changed.

Fibroma- it is a benign tumor of connective tissue origin, usually dense, mobile, not connected with the underlying tissue.

Fibroma is a single tumor composed of mature elements of connective tissue, blood, and lymphatic vessels. It develops slowly. There are small (limited) and massive (large) fibroids. Dense fibroids are observed in the gums. The tumor is mobile, not combined with subcutaneous tissue, painless on palpation, the borders are clear, round. If the space between the teeth is damaged, bleeding, ulcers, and other secondary inflammatory symptoms may occur (Figs. 146, 147). Surgical treatment Symmetrical fibroids are located symmetrically on the gums - on the vestibular and lingual (palatine) surfaces of the upper and lower jaw. The dense consistency tumor, elongated, grows slowly, but causes discomfort during chewing because it is often injured and inflamed.

gum fibromatosis occurs mainly in adults of unknown etiology. It is characterized by the slow spread of all parts of the gums. The growth process is dense, painless, tuberous to the touch, located throughout the alveolar process, but most often in the area of the frontal group of teeth. X-rays are a manifestation of osteoporosis, less so - the destruction of the interdental bone septum. Surgical treatment

gum fibromatosis is characterized by limited or diffuse hypertrophy of the gingival papilla, gum border, and alveolar gum (Figs. 148, 149). It occurs in adolescents and young adults, especially girls, during adolescence, in young children with Down's syndrome, under the influence of drug treatment. The etiology of the disease is unclear. Endocrine pathology is thought to be related to hereditary predisposition.

gum fibromatosis develops in the upper and lower jaws. The growth of the gums can be of different degrees: with I/3 of the crown of the I degree, with II - with 1/2 and with III - the whole radical part of the tooth. The overgrown tissue is located on the vestibular and lingual (palatine) surfaces, the toothed papillae growing from the vestibule of the mouth are more pronounced, they are round and form a relief tuberosity with folds in the depth of the tumor. On the tongue side, the productive process is continuous and does not change the relief of the affected surface. Complete thickening of the gums is often referred to as elephantiasis.

Histological changes are mainly due to the abundance of densely bound collagen fibers, in which there are few blood vessels, small point infiltration. The radiograph shows a state of osteoporosis, sometimes with the collapse of intervertebral bone tumors.

Treatment is carried out surgically.

Epulis is more common in adults and less common in children. There are fibrous, vascular, and large-cell epulis types. The final diagnosis is made only as a result of histological examination. X-rays show focal, limited osteoporosis.

Epulid -it is a benign odontogenic tumor that occurs in areas of chronic irritation. The disease is common and is characterized by limited tooth growth in the area of the incisors, grooves, or small molars. The tumor grows on a broad round stick and has a mushroom shape. The tumor develops only near the tooth, so it is conditionally assigned a number of odontogens

The clinical picture is in the form of hypertrophied gums, which requires a comparative diagnosis. The development of epulis can often be caused by local effects (tartar, untreated root, fillings and sharp edges of the caries cavity, etc.).

Treatment is by surgical method, sometimes it is necessary to remove 1 - 2 teeth and finish the removed area with electrocoagulation.

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Idiopathic and tumor diseases of the periodontium are comparatively diagnosed with other diseases of the periodontium, including periodontitis.

Periodontitis is relatively rare in clinical practice. In this type of periodontal disease there is no inflammation, and there are no pathological teeth - gum pockets. Teeth move, there may be a small amount of tartar. Atrophy of the gums, sitting (retraction), opening of the neck parts of the teeth, ponasimon defects (in the parts of the neck of the teeth, often on the side of the oral cavity) can occur. Periodontitis is mainly generalized.

Patients complain of pain in the teeth in the neck due to various effects, itchy gums, and sometimes spontaneous pain in the gums. In young people there may be 2 - 4, sometimes 6 - 8 around the teeth, ie limited periodontitis. The disease occurs mainly in the adult form (after the age of 40).

However, sometimes periodontitis turns into periodontitis with the addition of inflammatory symptoms. For their comparative diagnosis it is necessary to take into account the anamnestic data, clinical signs, the most basic sign - these radiological changes.

X-ray examinations show that there are sclerotic changes (such as shrinkage, narrowing of the bone marrow cavities) in the bone tissue. Atrophic changes are characterized by a uniform erosion of the interdental barriers - a decrease, but the integrity of the cortical bone plates.

Morphological changes indicate that in periodontitis there is no inflammatory process in the marginal periodontium, the branching process in the gum epithelium is disrupted, and there are sclerotic changes in the connective tissue.

E.V. Borovsky et al. (1989, 1998) Periodontal-specific changes:

1. Absence of inflammation, gums whitish in color;
2. As a result of sitting (retraction) of the neck parts of the neck, the opening of the root;
3. Absence of breast and periodontal pockets;

4. Microbial look, being a soft look - may not be;
5. Accompanied by various diseases such as enamel erosion, periodontal defect, erosion;
6. Teeth do not move;
7. Absence of inflammatory-specific bone changes on the radiograph, sclerotic in the jaw bones, the possibility of similar changes in other bones;
8. Presence of cardiovascular, gastrointestinal, endocrine and other diseases in the body;
9. Negativeness of tests that detect signs of inflammation;

But these figures change radically with the onset of inflammation.

Patients with mild periodontitis do not complain, do not consult a doctor without paying attention to minor changes (itching, irritation, etc.).

On objective examination, the gums adhere to the teeth, whitening color, almost no tartar, no microbial stains (if the patient regularly cleans his teeth), the gums on the front teeth are slightly settled, the radiograph shows a decrease in the height of the interdental barriers.

In moderate periodontitis, the patient complains of aesthetic defects (opening of the tooth roots spoils the appearance), yellowing of the teeth, pain in the neck parts from the effects of hot, cold, sour. For moderate periodontitis, up to 1/2 of the tooth roots are open.

In severe periodontitis, the root opens, interdental spaces appear, and more than 1/2 of the root is exposed. Pain in the gums, fever, increased pain from chemical exposure, paresthesia (clenching of the teeth, itching, irritation, pain) force patients to see a doctor.

Thus, patients with mild periodontitis do not consult a dentist, but are forced to seek treatment in moderate, especially severe periodontitis.

Diagnosis of periodontitis is not difficult. Clinical and radiological changes (opening of the tooth roots, atrophy of the alveolar bone tumors in one plane, in all areas of the teeth) are sufficient to make a diagnosis. A comparative diagnosis is made with some syndromes.

Changes in blood vessels, nerve fibers, and tooth hard tissue in periodontitis are due to dystrophic changes that develop as a result of chronic common diseases in the body, which are secondary, pathological changes not related to periodontitis itself.

Periodontomas include fibroma, gum fibromatosis, epulid, periodontal cyst, lipoma.

Lipoma- it is a tumor of the submucosal adipose tissue, which is rarely located in the gums. Slow growth is characteristic. The tumor is soft, firmly attached to the gum. During surgical procedures, the tumor is combined with a capsule.

Angiomatosis, fibrous and giant cellular epulids are separated.

Angiomatous epulide is characterized by soft consistency, many blood vessels with cavities. In addition, the tumor has a cyanotic-dark red color and is characterized by progressive growth. If injured, bleeding may occur.

A fibrous epulide of denser consistency, often light pink in color. In the initial stage, the bone does not change, because the tumor grows into the periodontium, in the alveolar process, foci of decay appear, pathological tooth mobility develops. The giant cell epulid is an alveolar process

of bone destruction, a peripheral form of osteoblastoclastoma (local destruction tumor) that continues with the resorption of the roots of the teeth.

Epulidning excision is performed by an alveolar process at its base, followed by diathermocoagulation or cryodestruction of the germinal zone in the periodontium.

The periodontal wrist is the result of a chronic course of periodontitis when the inner surface of the pocket is completely covered with epithelium by the skin of the periosteum. As the cyst enlarges, a large volume of pathology is detected in the gums. On the radiograph - a rare clear direction in the form of a circle. Surgical treatment

Conclusion.

Thus, periodontal diseases are of different clinical course, their origin is unknown, their development is more or less studied. Each of them is unique, different and accurate diagnosis, comparative diagnosis plays an important role in the correct development of treatment plans.

In the treatment of idiopathic and tumor diseases of the periodontium, the doctor-dentist should carry out their activities in conjunction with general practitioners - endocrinologist, therapist, neuropathologist and others.

Topic questions:

1. What are the idiopathic diseases of the periodontium?
2. Common causes of idiopathic diseases.
3. Changes in periodontal tissue in Papion Lefebvre syndrome.
6. Changes in periodontal tissue in diabetes mellitus.
7. What are the therapeutic measures in idiopathic diseases?

Periodontitis of idiopathic diseases:

Papion-Lefebvre syndrome. *

Incomplete amelogenesis.

Incomplete dentinogenesis.

Incomplete osteogenesis.

Tissue lysis is not included in progressive periodontal disease:

Periodontitis *

systemic diseases, hereditary diseases

congenital diseases

tumor diseases

Idiopathic diseases do not include:

vasoparesis syndrome *

desmodontosis

Papion-Lefebvre syndrome

X-histiocytosis

Periodontitis does not occur subjectively:

gums sucked glassy surface, swollen gums *

bleeding gums

teething

gynaesthesia of the neck of the teeth

Tumors include:

Fibromatosis, epulis *

Papion-Lefebvre syndrome

Literera - Zive

eozonophyll granuloma

The periodontal system is not characterized by diseases with rapidly developing lysis:

hypertrophic gingivitis *

radiograph shows alveolar tumor bone tissue funnel resorption, bone tissue osteoporosis

internal organ injury

upper and lower jaw periodontal tissue injury

Hand-Krischen-Schuller disease does not cause:

kup karies *

diabetes mellitus

exophthalmos

enlargement of the liver and spleen

Gingivitis does not have a clinical form:

Gangrene *

hypertrophic

catarrhal

wounded

Periodontitis is not typical for moderate:

periodontal pocket depth up to 5 mm *

periodontal pocket depth up to 3.5 mm

resorption of 1/3 to 1/2 of interdental bone tissue

Level I-II movement

In which syndrome the pathological process ends with tooth extraction...

All answers are correct *

Papion Lefevre

Xend Krischen Shyuller

Lettier Sivee

Ideopathic diseases...

All answers are correct *

Lysis of periodontal tissue

Diseases of unknown origin

The clinical course, appearance, periodontal disease are not similar

What is seen in desmodontosis on X-ray examination...

Diffuse erosion of the bone *

No change

Gaps are observed

Toothpaste

What diseases are called diffuse atrophy of the alveolar bone?

Periodontolysis, demodontosis *

Periodontoma

Periodontitis

Periodontitis

Which ideopathic diseases cause a rise in body temperature.

Weight loss, hepatitis and splenomegaly can be diagnosed...

Lete Sivee kasallagi *

Papion Leffevr

Desmadontoz

Xend Shyuller

What is observed in the oral cavity of eosinophil granuloma...

Gingivitis, gum disease, gingivitis, tooth decay *

Xeylit, stomatitis

Alveolitis
No change

Strengthening the dentition (temporary grinding). Bonding the contact surface of the teeth with a composite filling material

Purpose: teaching students temporary tires.

Instructions: treatment of periodontal disease.

Required equipment: dental instruments, anesthetics, syringes, needles, binders 37% phosphoric acid, composite fillers.

Steps to be taken:

№	Manual Skill Steps	Could not complete stage	The whole stage lar do it di	Tala ba topla gan bali	Training chi signature
1.	Cleaning teeth from tooth decay	0	10		
2.	Antiseptic treatment	0	10		
3.	Grind the teeth to the oral surface using 37% phosphoric acid for 60 sec. processed during Then the marrow is washed with water	0	20		
4.	Grinding teeth are separated from the oral fluid with cotton swabs and dried	0	10		
5.	Make a roller out of the filling material and place it along the equator of the tooth in such a way that when you grind the teeth on the tongue with a gradient or by hand, the excess filling material emerges from the tooth space to the vestibular surface.	0	20		
6.	A lock-key is created by hand-typing the filling material that emerges from the vestibular surface	0	20		
7.	Excess filler residue is removed from the space between the teeth in order to create drainage along the gum line	0	10		
	Jami	0	100		

Practical lesson 16

Treatment of chronic moderate periodontitis in endocrine diseases.

1.1. Model of educational technology.

Training time -3 hours	Number of students: 11-22
Form of training	Practical training
Practical training plan:	<ol style="list-style-type: none"> 1. Idiopathic diseases of the periodontium. 2. Common causes in the origin of idiopathic diseases. 3. Changes in periodontal tissue in Papion Lefebvre syndrome.
The purpose of the training:	Ideopathic and edematous diseases of the paradox to students. (Pappion Lefebvre Syndrome, Hand Schuller - Kristchend, Literer-Sivi) The role of the dentist in treatment. Prevention of periodontal disease. Dispensary of patients with periodontal disease explanation
Teaching methods	Multimedia, interactive methods.
Forms of teaching	Mass, collective
Teaching aids	Curriculum development, electronic textbooks and computers.
Teaching conditions	Methodologically equipped auditorium.
Monitoring and evaluation.	Oral control: question and answer.

Technological map of practical training.

Stages and timing of work.	Educator	Learners
Preparatory phase	<ol style="list-style-type: none"> 1. Controls the cleanliness of the audience 2. Checks the readiness of students for training 3. Controls attendance 	They listen
1. Introductory stage of training (10 minutes)	<ol style="list-style-type: none"> 1. Determining the level of basic knowledge related to the topic. 2. Explain the essence of the interactive method. 3. Topic analysis in an interactive way. 	They write and listen to the topic

2nd main stage (135 minutes)	<ol style="list-style-type: none"> 1. Divide students into small groups and ask questions on the topic. 2. Uses slides, multimedia a) Ideopathic and edematous diseases of the paradox. (Pappion Lefebvre Syndrome, Hand Schuller - Kristchend, Literer-Sivi) The role of the dentist in treatment. .3. Solve tests and situational problems. 	They watch and record.
Stage 3	<ol style="list-style-type: none"> 1. Performing practical skills. 2. Use of dummies and phantoms. 3. Conducts treatment 4. Summarizes and summarizes the information provided on the basis of topics, 	They solve. They write.
final stage (35 minutes)	<ol style="list-style-type: none"> 1. The finalist draws a conclusion, the active participant encourages the students and gives an overall assessment 2. Supervises, evaluates independent work and assigns an independent task to the next lesson 3. Gives homework A) Write an abstract on the topic C) Prepare questions on the topic 1. Changes in periodontal tissue in Papion Lefebvre syndrome. 2. Changes in periodontal tissue in diabetes. 3. What are the therapeutic measures in idiopathic diseases? 	<p>He listens Takes notes</p> <p>Takes notes</p> <p>Takes notes</p>
References	<p style="text-align: center;">Basic literature</p> <ol style="list-style-type: none"> 1. Borovskiy E.V. "Therapeutic dentistry" M., 2006 2. Borovskiy E.V. etc. "Terapevticheskaya dentology" .- M., 2004 3. Kamilov X.P., Mamedova F.M. "Treatment dentistry" recipe directory.- 1995. 4. Borovskiy E.V., Barisheva Yu.D., Maksimovskiy Yu.M. "Therapeutic dentistry" .- M.: Medicine, 1998. <p style="text-align: center;">Additional literature</p> <ol style="list-style-type: none"> 1. Osnovy terapevticheskoy stomatologii. / Klaus. M. Lemanin 1999. 2. Lukinyx M.L. Caries tooth.- N. Novgorod, 1996. 3. Ivanov V.S. Inflammation of the pulp of the tooth. - M., 1990. 4. Stepanov A.E. Kosmeticheskoe vosstanovlenie koronok zubov. - M., 1999. 5. Dmitrieva L.N. and dr. «Therapeutic dentistry». - M., 2004 6. Dunyazina T.M. and dr. «Modern methods of 	Takes notes

	diagnostics of periodontal disease» - S.Pet.2001.- 48p.	
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Topic questions:

Practical lesson 17

Examination of periodontal pathologies and interpretation of clinical laboratory signs in common diseases (AIDS, endocrine diseases, cardiovascular system.nervous system).

1.1.Model of educational technology.

Training time -3 hours	Number of students: 11-22
Form of training	Practical training
Practical training plan:	<ol style="list-style-type: none"> 1. Idiopathic diseases of the periodontium. 2. Common causes in the origin of idiopathic diseases. 3. Changes in periodontal tissue in Papion Lefebvre syndrome.
The purpose of the training:	Ideopathic and edematous diseases of the paradox to students. (Pappion Lefebvre Syndrome, Hand Schuller - Kristchend, Literer-Sivi) The role of the dentist in treatment.Prevention of periodontal disease. Dispensary of patients with periodontal disease explanation
Teaching methods	Multimedia, interactive methods.
Forms of teaching	Mass, collective
Teaching aids	Curriculum development, electronic textbooks and computers.
Teaching conditions	Methodologically equipped auditorium.

Monitoring and evaluation.	and	Oral control: question and answer.
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Technological map of practical training.

Stages and timing of work.	Educator	Learners
Preparatory phase	<ol style="list-style-type: none"> 1. Controls the cleanliness of the audience 2. Checks the readiness of students for training 3. Controls attendance 	They listen
1. Introductory stage of training (10 minutes)	<ol style="list-style-type: none"> 1. Determining the level of basic knowledge related to the topic. 2. Explain the essence of the interactive method. 3. Topic analysis in an interactive way. 	They write and listen to the topic
2nd main stage (135 minutes)	<ol style="list-style-type: none"> 1. Divide students into small groups and ask questions on the topic. 2. Uses slides, multimedia <ol style="list-style-type: none"> a) Ideopathic and edematous diseases of the paradox. (Pappion Lefebvre Syndrome, Hand Schuller - Kristchend, Literer-Sivi) The role of the dentist in treatment. 3. Solve tests and situational problems. 	They watch and record.
Stage 3	<ol style="list-style-type: none"> 1. Performing practical skills. 2. Use of dummies and phantoms. 3. Conducts treatment 4. Summarizes and summarizes the information provided on the basis of topics, 	They solve. They write.
final stage (35 minutes)	<ol style="list-style-type: none"> 1. The finalist draws a conclusion, the active participant encourages the students and gives an overall assessment 2. Supervises, evaluates independent work and assigns an independent task to the next lesson 3. Gives homework <ol style="list-style-type: none"> A) Write an abstract on the topic C) Prepare questions on the topic <ol style="list-style-type: none"> 1. Changes in periodontal tissue in Pappion Lefebvre syndrome. 2. Changes in periodontal tissue in diabetes. 3. What are the therapeutic measures in idiopathic diseases? 	He listens Takes notes Takes notes Takes notes

References	<p style="text-align: center;">Basic literature</p> <ol style="list-style-type: none"> 1. Borovskiy E.V. "Therapeutic dentistry" M., 2006 2. Borovskiy E.V. etc. "Terapevticheskaya dentology" .- M., 2004 3. Kamilov X.P., Mamedova F.M. "Treatment dentistry" recipe directory.- 1995. 4. Borovskiy E.V., Barisheva Yu.D., Maksimovskiy Yu.M. "Therapeutic dentistry" .- M .: Medicine, 1998. <p style="text-align: center;">Additional literature</p> <ol style="list-style-type: none"> 1. Osnovy terapevticheskoy stomatologii. / Klaus. M. Lemanin 1999. 2. Lukinyx M.L. Caries tooth.- N. Novgorod, 1996. 3. Ivanov V.S. Inflammation of the pulp of the tooth. - M., 1990. 4. Stepanov A.E. Kosmeticheskoe vosstanovlenie koronok zubov. - M., 1999. 5. Dmitrieva L.N. and dr. «Therapeutic dentistry». - M., 2004 6. Dunyazina T.M. and dr. «Modern methods of diagnostics of periodontal disease» - S.Pet.2001.- 48p. 	Takes notes
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Topic questions:

The Human Immunodeficiency Virus (IITV) causes the Acquired Immune Deficiency Syndrome (AIDS) in humans. AIDS is a disease characterized by a decrease in the body's resistance to conditionally pathogenic microbes and an increased susceptibility to oncological diseases.

The source of infection is a person infected with IITV or a carrier of the virus.

3 types of IITV infection are known: sexual, parenteral, perinatal.

The clinic and symptoms of IITV infection vary. The course of IITV infection can be divided into 4 periods, but not all of them can be observed in each patient.

The acute phase of IITV infection occurs with fever, lymphadenopathy, night sweats, skin rashes, headache, and cough one to several weeks after infection. During this period, the reaction to IITV is seronegative, after 6-12 weeks the reaction is observed to be seropositive.

The first stage of the disease is asymptomatic or with diffuse persistent lymphadenopathy. In this case, two or more lymph nodes enlarge by more than 1 cm in diameter. This condition lasts for 3 months and disappears as the disease progresses.

The second stage is called the AIDS-related complex. It is characterized by neurological disorders leading to weight loss, diarrhea, malaise, rapid fatigue, drowsiness, loss of appetite,

night sweats, peripheral neuropathy, and memory loss. During this period, the skin and oral mucosa are damaged in the form of flat leukoplakia, surrounding tetanus, herpes in the mouth and genitals.

The third stage is the "intermediate period of the disease." This period passes between the period in which the first symptoms of the disease appear and the period in which they occur in full. Oral candidiasis, flat leukoplakia, acute herpes stomatitis, or exacerbation of chronic herpes are observed. During this period, pulmonary tuberculosis, alveolar pneumonia may develop.

The fourth stage is the late stage of the disease, in which the severe clinic of AIDS is fully manifested. It is characterized by the development of inflammatory processes and tumors (more Kaposi's sarcoma caused by cellular immune deficiency) caused by conditionally pathogenic flora. The most specific infections for AIDS are: protozoal invasions (pneumocystosis pneumonia, toxoplasmosis), fungal (systemic candidiasis, cryptococcosis), bacterial (atypical mycobacteriosis, salmonellosis, septicemia) or viral (cytomegalovirus). During this period, more severe types of lymphomas, cachexia and neurological disorders (neuropathy, memory loss, mental retardation) may also be observed.

The first signs of the introduction of IITV into the body can be found in the oral cavity:

Diseases of the oral mucosa that are painful with IITV infection include:

- various clinical forms of candidiasis
- viral infection
- flat (hairy) leukoplakia
- ulcerative-necrotic gingivostomatitis
- a developing type of periodontitis
- Kaposi's sarcoma

Cases of suspicion of IITV infection in dentists include patients with squamous cell carcinoma of the oral mucosa or lymphoma.

A number of laboratory tests for the diagnosis of IITV: immunosorbent detection of specific antibodies to viruses, immunoblott (western-blot) and incorrect immunofluorescence methods are also of some importance in the diagnosis of IITV, because in these patients the number of lymphocytes decreases, the titer of immunoglobulins, especially A and G, increases.

PREVENTION OF IITV INFECTION.

Daily prophylaxis of IITV is based on the traditional principles of sterilization and disinfection, and other infections that can be transmitted by blood, such as hepatitis B, are carried out.

IITV- rules of infection control:

- care for blood and other body fluids;
- caution in all injections and procedures for skin integrity disorders;
- effective disinfection and sterilization

Because many treatments performed by dentists are associated with bleeding, dentists fall into the group of individuals prone to IITV. Therefore, dentists and nurses should be careful about body fluids such as blood, pus, saliva. Hands or other parts of the body contaminated with biological fluids should be washed thoroughly with soap and water. Rubber gloves should be worn when in direct contact with blood and other biological fluids. In cases where bleeding or suspension may occur (high-speed dental devices, under the influence of ultrasound), it is necessary to protect the face and eyes, mouth with a mask, goggles and a plastic mask. Used needles, scalpels, discs, endodontic and other pointed instruments should be cleaned and treated with care to avoid damaging the skin.

Bactericidal agents - antiseptics (70-degree ethyl alcohol, 70-degree isopril alcohol, 1% iodine solution, 10% iodoform) are used to treat body tissues.

In the first 5 years after IITV infection, AIDS develops in 20% of infected individuals and in about 50% in 10 years.

In IITV-infected individuals, the causative agent is found in various biological fluids: blood, semen, vaginal secretions, breast milk, saliva, eyes, skin, but the infection is transmitted only through blood, semen, vaginal secretions, and breast milk.

In most cases, IITV is sexually transmitted. Parenteral infection is transmitted through the placement of blood and blood products, needles, syringes, dental and other equipment that store the remains of infected blood. A fetus or infant IITV can be transmitted from a mother to a patient during childbirth or while breastfeeding.

Effective sterilization of equipment is important in the prevention of IITV infection. IITV is extremely resistant to simple sterilization and high-intensity disinfection. The most reliable way to inactivate IITV is to sterilize dental instruments at high temperatures. Boiling, autoclaving, sterilization of instruments with hot dry air gives good results.

Examples of high-intensity disinfectants are glutaral (glutaraldehyde) and a 30% solution of hydrogen peroxide. Storing cleaned instruments in these solutions for 30min, provides effective disinfection. Tables are washed with bormashina, nakonechniks and medium or low intensity disinfectants, such as sodium hypochlorite, calcium hypochlorite, 4% chloramine solution, dichloroisocyanate sodium, 4% solution of chlorhexidine.

Bormashina and nakonechniks are washed in a strong stream of water after use, and the disinfectant is wiped with a cloth soaked in detergent, and then rinsed with distilled water.

It is believed that the polymorphism of dental signs of HIV infection may be related to the direct effect of the virus on the body, as well as secondary changes associated with the development of immunodeficiency. However, a number of CRO lesions have been found to be clearly associated with the early stages of HIV and are an early clinical sign of infection, and some diseases can be considered as predictors of the transition from HIV to AIDS. This is closely related to the development of the pathology, the level of $^4 +$ lymphocytes, as well as the level of viral load in the body [5]. Therefore, the detection of undetected OCD lesions in people living with HIV is a sign of the presence or even development of HIV infection.

HIV-gingivitis is characterized by acute and sudden inflammation of the gums, usually in the anterior part of the upper and lower teeth, with spontaneous bleeding. Symptoms may disappear for a short time, but then relapses occur. Inflammation also occurs in the absence of oral hygiene and local risk factors.

4) HIV-necrotic gingivitis - when you brush your teeth, aches, bad breath, the blood vessels start suddenly (less slowly). The gums are pale red, swollen, the margins of the gums and interdental papillae are yellowish-gray;

Cardiovascular insufficiency no changes may be observed in the OSCA during the compensated period of. If the protective (barrier) properties of OBS are well developed, even in the case of severe circulatory failure treated adequately, there may be no changes in OB. Usually, in severe circulatory failure, if the OB is not sanitized, if there is chronic tonsillitis - there is an exacerbation of chronic stomatitis and their permanent course. In this case, in addition to stomatitis, it is important to note that the OBSHK is crumbly. Patients are usually not bothered by anything, and can sometimes complain of soreness in the mouth, pain when eating less.

Grade II-III decompensated circulatory failure may cause obvious clinical changes in the oral mucosa. In this case, the mucous layer is pale, cyanotic in color, cyanosis can often be observed on the edges of the gums, arches and lips, the skin around them. The cheeks and tongue are swollen, and the soft tissues become dome-shaped. Wound-necrotic changes, trophic lesions may occur in OCD. In this case, against the background of the general condition (sneezing, weakness, swelling) appear apricots in the mouth, and it interferes with eating. Occasionally, single lesions with uneven edges appear in the OB and are covered with a necrotic look on top. Occasionally, necrotic foci appear in the form of foci that do not rise and darken in the fall. The peculiarity of a trophic ulcer is that there is inflammation around it. The smell comes when the saliva burns and laughs in the mouth.

In the presence of persistent decompensation, changes in OB may develop and spread to nearby bone tissue, causing local osteomyelitis and sequestration there. Severe bleeding may be observed as a result of necrotic degeneration of tissues.

Trophic ulcers can be caused by damage to the mucous membrane with teeth, dentures, drugs.

Histopathological examination of a trophic ulcer reveals a chronic inflammatory process, growth of interstitial tissue, changes in blood and nerve vessels. Cytological examination of the wound bed reveals a decrease in the number of differentiated neutrophils, OB microflora histiocytic cells and inflammatory element (reactive transition).

Unlike a traumatic wound, wounds in circulatory failure do not heal even when the damaging factor is removed.

In addition to the traumatic wound, it is necessary to distinguish trophic ulcer from Vincent ulcer-necrotic stomatitis and wounds of the oral mucosa in blood diseases.

In cardiovascular failure, catarrhal gingivitis and stomatitis are observed, which can often progress to a wound-necrotic state. Aphthous stomatitis has a specific course in patients with cardiovascular disease. As a result of tissue inactivity in aphthae, aphthae often develop into wound-necrotic elements. They begin in the form of small-hearted ischemia, in which on a pale-cyanotic background appear flowing foci, which turn into aphthae in the following days. Its appearance is reminiscent of a small oven aphthae. Inflammation and infiltration of surrounding tissues are not observed. The surface of the aphthae is covered with a white-gray coating. As a result of aggravation of the underlying disease, aphthous ulcers can develop into lesions and merge in the retromolar areas, forming large foci of necrosis.

The tongue epithelium may also change in cardiovascular iron deficiency. This is followed by desquamation of the fibrous suckers in the body of the tongue. The surface of the tongue remains smooth and shiny (polished tongue). The patient complains of tongue irritation as a result of thinning of the lingual epithelium and atrophy of the fibrous suckers.

Treatment: It is treated with a 1% solution of hydrogen peroxide or 1% iodinol, 0.2% chlorhexidine. The mouth can be rinsed with a solution of warm furatsilin or rivanol. Then apply with syntomycin emulsion, aloe liniment, anesthetic and usninate sodium, 2-5% solution of propolis in lanolis.

In myocardial infarction in the first days of the disease are observed changes in the language - desquamative glossitis, cleft palate, sometimes hyperplasia of fibrous and fungal suckers. Capillaryroscopy reveals that the shape of the capillaries is diurnal, longitudinal, or ball-shaped. There may be stasis in the capillaries. In the advanced period of infarction can be observed simultaneously with swelling of the tongue and cracks, erosions, wounds in it. It is important to be able to compare the changes observed in the tongue in myocardial infarction with changes in the gastrointestinal tract and infectious diseases (especially tongue tumors).

Capillary microscopic examination of a single "raspberry-colored" tongue reveals a blood clot between the nipples and the nipples. This condition is often observed in severe myocardial disease, which leads to impaired hemodynamics. As the patient's condition improves, the capillary arthroscopic appearance improves.

Keratoplastic drugs, anesthetic applications, surgical procedures are prohibited when the lesion is damaged as a result of trophic disorders. Tooth extraction and treatment is carried out only in the period of disease relief, guaranteed by medication.

Thus, changes in OB are due to hypoxia and microcirculatory disorders in cardiovascular disease. Subjective: patients complain of soreness in the mouth, swelling and discomfort in the OB, neuralgic pain around the teeth. This pathology is characterized by gingivitis, stomatitis, desquamative glossitis, OB candidiasis, ischemic necrosis and mucosal paresthesia. When peripheral blood circulation is severely impaired, bone tissue can also become necrotic. Cardiovascular disease can trigger some dental diseases. For example, pneumonia and atherosclerosis are etiological factors of periodontitis

Taste disorder (dysgeusia).

Taste disorders (dysgeusia) may be partial, complete, or altered. Dysgeusia occurs in injuries of the oral mucosa, avitaminosis, gastrointestinal diseases, diseases of the peripheral or central nervous system, neuroses, injuries of the facial nerve.

The taste buds are located in the mucous layer of the tongue.

Due to changes in the mucous membrane of the tongue, the ability to taste is impaired or reduced. In these cases, the ability to taste is restored with the restoration of the sliders of the tongue.

Taste disturbances in the anterior two parts of the tongue indicate damage to the peripheral nerves. indicates damage.

In organic disorders of the central nervous system, kuprok changes bilaterally, less unilaterally.

Treatment. After determining the cause of the disease, treatment measures are carried out in conjunction with a dentist, neurologist and therapist.

Disorders of salivary secretion

There are two types of salivary disorders:

- 1) hypersalivation.
- 2) hyposalivation.

Hypersalivation patients do not notice the condition, because there are no changes in the mucous membrane of the oral cavity.

The main cause of hypersalivation is often an acute inflammatory process, which leads to a reflex increase in saliva secretion, which indicates the protection of the organism from various effects.

In some cases, false hypersalivation is observed, in which patients complain of excessive salivation, but on objective examination no changes are observed. Such a picture is observed in neurosis, when swallowing is impaired, and when there are organic changes in the central nervous system.

Treatment. There is no need to treat hypersalivation caused by acute inflammation in the oral cavity, because the secretion of saliva is one of the protective functions of the body. Atropine can be used to temporarily reduce salivation.

Hyposalivation patients complain of dry mouth, difficulty in eating and talking, and pain when consuming bitter, salty, and hard foods.

Objective: The mucous layer of the oral cavity is slightly blurred and dry, saliva is low or load, caries occurs in many teeth.

Hyposalivation in collagenosis, diabetes, radiation, vitamin A, B, E deficiency, after removal of the large salivary glands, bilateral chronic shock, hyposiderosis (Plummer-Vinson syndrome), Shegren's syndrome, the elderly, hypothyroidism, neurotic conditions, menopause, menopause, Oral edema may be observed when consuming atropine.

Treatment.

1. The cause of decreased salivation should be eliminated.
2. Rehabilitation of the oral cavity.
3. Vitamins A, B, C, E are prescribed.
4. Galvanizing large salivary glands gives good results
5. 0.5-1% galantamine hydrobromide is prescribed subcutaneously, orally, or by electrophoresis as a sympathetic agent.

In local treatment are used anti-inflammatory and drugs that enhance the protection of the oral mucosa (glycerin, lysozyme, peach and pistachio oils).

Practical lesson 18

Examination of periodontal pathologies and interpretation of clinical and laboratory signs in mining diseases (hypoinmunoglobulinomy), comparative diagnosis and determination of the initial diagnosis, treatment plan and clinical history

Educational technology (practical training)

<i>Time: 270 minutes</i>	<i>Number of students: 8-10</i>
<i>Form and type of training</i>	Practical training
<i>The structure of the training</i>	<ol style="list-style-type: none"> 1. Introduction .. 2. Theoretical part 3. Analytical section: <ul style="list-style-type: none"> -organizer creation (Classification table, Fish skeleton) -Tests and situational issues 4. Practical part
<i>The purpose of training:</i>	To study the changes in the diseases of the mining and mining organs, their clinic and diagnosis, to acquaint students with the histological changes of the mucous membrane, the affected lesion. acquaintance with, deepening of knowledge and skills
<i>The student should know:</i>	<ul style="list-style-type: none"> -clinical features in diseases of mining and mining-producing organs. - Histological changes in diseases of the limbs and mining organs. - Treatment of diseases of mining and mining-producing organs.
<i>The student should be able to:</i>	<ul style="list-style-type: none"> - Characterization of the affected element in diseases of mining and mining-producing organs. - Distinguish and list the main clinical signs in diseases of mining and mining-producing organs. - Conversational diagnosis of diseases of mining and mining-producing organs.
<i>Pedagogical tasks:</i> Blood and blood-forming organs in diseases OBSHQ introduction to change; Blood and blood-forming organs in diseases methods of basic and additional examination of patients acquaintance with; Formation of responsibility to the patient, interest in expanding the scope of knowledge and	<i>Learning Outcomes:</i> Blood and blood-forming organs in diseases change they tell ; Blood and blood-forming organs in diseases conduct basic examination methods of patients ; Blood and blood-forming organs in diseases can analyze additional screening methods of patients ; to develop students' mental thinking, correct diagnosis and comparative diagnostics, to correctly imagine the sequence of events, to form critical thinking;

acquiring practical skills;	
<i>Teaching methods</i>	Lecture, brainstorming, storytelling, demonstration, video, practical work method, book work, conversation, educational game, pinboard, organizer.
<i>Form of education</i>	Teamwork, group work ("Reading together", "Think-Work in pairs-Share ideas"), individual
<i>Educational tools</i>	Board, flipchart, videos, blackboard, model, models, graphics, diagrams, sketches, diagrams, notes, checklist, texts, control questions, tests, situational issues, topic patients
<i>Teaching conditions</i>	Equipped with special equipment, rooms for group work (dental cabinet, phantom cabinet, dummies, phantoms, goggles, rubber gloves, disposable masks, dental instruments)
<i>Monitoring and evaluation</i>	Oral question: quick-question, written question: test

Technological map of training

Stages and timing of work (321 minutes)	Activity	
	educator	learners
Step 1. 10 minutes 15 minutes 45 minutes 5 minutes 15 minutes	1.1. Check notebooks and attendance 1.2 Topic name, purpose and expected delivers results. Introduces the lesson plan. 1.3. Basic concepts on the topic; tells a list of references for independent work (Appendix №8) 1.4. Break 1.5. Introduces the criteria for evaluating academic work in the classroom (Appendix 6)	They listen and write they get. They find out they ask questions Get acquainted with the evaluation criteria
Phase 2. 15 minutes 20 minutes 15 minutes 60 minutes 5 minutes 20 minutes 45 minutes	2.1. Quick-question / question-answer / mental activates knowledge through attack. 2.2. To the plan and structure of practical training describes the sequence of actions for the organization of the appropriate educational process ("Round table business house") (Appendix №3) 2.3.Tanaffus 2.4. The categorical table and Venn diagram explain how the organizer works and divide students into groups (Appendix №4) 2.4.Tanaffus 2.6. To provide students with visual aids (tests and situational questions, models, drugs, computer programs, phantoms), instructions and explanations on their use.(Appendix 4) 2.7.Tanaffus	They answer they write. In groups they work Groups do Groups do, make a presentation

Step 3. 60 minutes 5 minutes 30 minutes 15 minutes 25 minutes 6 minutes	3.1. Implementation of practical skills (Appendix 5) 3.2. Tanaffus 3.3. Concludes on the topic, analyzes the work done and draws students' attention to the importance of its importance in future professional activities. 3.4 Break 3.5. The groups evaluate the work, analyze the level of achievement of the training goal. Analysis of control questions (Appendix №7) 3.6. Gives assignments for independent work and reveals its evaluation criteria	They perform practical skills Self, mutual evaluation they spend. They ask questions They write the assignment
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Topic questions:

1. Periodontal changes in diseases of the limbs and mining organs, their clinic and diagnosis,
2. Changes in the periodontium in diseases of the body and mining organs, clinic and diagnosis,
3. Introduction to the histological changes of the periodontal changes in diseases of the limbs and mining organs, the affected lesion. clinical features in diseases of mining and mining-producing organs.
4. Histological changes in diseases of the limbs and limbs.

Erythremia(polycythemia, Vakez disease). The disease most often occurs in people aged 40-60 years. According to hematologists, erythremia is a myeloproliferative disease, close to leukemia.

In erythremia, the volume and weight of erythrocytes in the circulating blood increases, blood transfusion and blood circulation slows down. Platelets increase, headache is observed, in 95% of patients at the onset of the disease changes the color of the skin and mucous membranes, soft palate bruising, hard pale white color (Cooperman's symptom). Patients have itchy skin, paresthesia planes in the oral mucosa.

1/3 of patients may have bone pain. The number of erythrocytes in the peripheral blood increases ($6-8 \cdot 10^{12} / g$), hemoglobin increases ($160-240 g / l$), ECG decreases ($1-2 mm / s$). Patients are treated by a hematologist.

Agranulocytosis. An allergic-anaphylactic type of reaction of the blood-forming apparatus under the influence of various factors in a sensitized organism.

There are 4 types of agranulocytosis: infectious, toxic, radiation-induced, and systemic changes that occur in the organs of blood production. At the onset of the disease there is an increase in body temperature, pain when swallowing, ulcers in the ankles, ulcerative-necrotic process in the lips, cheeks, gums. There will be no inflammatory reaction in the atrophy of the necrotic lesion.

The analysis of blood reveals a decrease in the number of leukocytes ($0.5-1.0 \cdot 10^9 / l$). The wound-necrotic process can spread not only to the mucous membrane of the mouth, but also to the bone.

Diagnostic anamnestic data are based on the results of bone tissue puncture, peripheral blood test. A comparative diagnosis of agranulocytosis is made with Vincent's wound-necrotic stomatitis and blood diseases.

Treatment. For the general treatment of agranulocytosis are used pentoxyl, sodium nucleinate, vitamins, blood transfusions. For local treatment are used analgesics, antiseptic treatment, agents that stimulate regeneration.

Addison-Birmer anemia. It develops in vitamin V12 deficiency or as a result of deficiency of this vitamin, an internal factor - gastromucoprotein.

Due to this, erythropoiesis of the megablastic type occurs. It is known that vitamin V12 is a major component of the coenzyme, which converts the active form of folic acid to folic acid. Folic acid, on the other hand, is involved in normal blood production.

The disease most often occurs in women aged 50-60 years. The main symptoms of the disease are manifested at the expense of damage to the nervous system (eating disorders and anemia).

Clinical signs - weakness, paresthesia, numbness of the hands and feet, deep sensory disturbances (funicular myelosis) occur in 50% of patients. Patients complain of tongue irritation. The surface of the tongue is smooth, and atrophy of the fibrous and fungal ridges is observed. The epithelial layer of the tongue is thinned and the muscles are atrophied (Fig. 47). This clinical manifestation of the tongue is called Genter glossitis or Meller glossitis. Taste function is impaired when atrophy spreads to the mammary glands. In the analysis of blood there is a high color index, megalocyte, megablastic microanisocytosis, poikilocytosis. Leukopenia, neutropenia are detected. Hyperchromic features of nervous and gastrointestinal system changes, megalocytosis and anemia are of great importance in making a diagnosis. When diagnosis is difficult, a sternal puncture is obtained.

Diagnosis is made with symptomatic pernicious anemia, long-lasting enterocolitis, cases that develop during pregnancy.

Treatment. Vitamin V12 100-500 mcg folic acid (0.001 g) and vitamin C are injected together. Iron supplements, blood transfusions are prescribed. Topical treatment is symptomatic with rinsing with painkillers and oral sanitation.

Hypochromic iron deficiency anemia. Anacid gastritis develops as a result of iron deficiency as a result of late chlorosis. At the same time, the natural luster of the teeth is lost, the teeth become brittle and erode quickly, and the number of carious teeth increases. Patients complain of irritation and pain in the tongue, dry mouth.

On objective examination, the mucous layer of the oral cavity is pale pink, the tongue is swollen, enlarged, the nipples at the tip of the tongue are atrophied. The upper part of the tongue is red, there are cuts in the corners of the lips. In evening chlorosis, a taste disorder develops. Nail fractures, trophic changes in the skin are symptoms of hypochromic anemia.

Collection of detailed anamnesis, clinical and laboratory examination methods are important for diagnosis.

Treatment. General treatment is carried out by a hematologist (blood transfusion is used, iron supplements are prescribed and the amount of iron in the blood is determined).

Local treatment is carried out symptomatically.

Idiopathic thrombocytopenia (Werlhof's disease). In this disease, the number of platelets decreases. Clinical signs include bleeding from the mouth, nasal cavity, bleeding into the skin and mucous membranes.

In the diagnosis, the patient's anamnesis, clinical appearance and the results of laboratory tests are of great importance. In the analysis of blood, the number of platelets decreased, and in their place there were pathologically altered giant platelets. The number of erythrocytes, hemoglobin and leukocytes does not change.

Werlhof's disease should be distinguished from other hemorrhagic diatheses - hemorrhagic vasculitis, hemophilia, scurvy.

Treatment. It is recommended to transfuse blood, plasma, platelet mass. Corticosteroid drugs are prescribed.

Posthemorrhagic anemias

A permanent symptom is the loss of tooth marks due to a violation of the tension of the OSC in the area of molar adhesions. OBSHQ is a clear, sometimes bruised, pathological element clearly distinguishable from the surrounding tissue.

In treatment: elimination of blood loss, hemotransfusion to stimulate erythropoiesis, the use of iron supplements and vitamin V12 are effective.

Iron deficiency anemia

Juvenile chlorosis. Taste disturbances paresthesia, loss of appetite, nausea, constipation. Discoloration of the abdomen: whitening, grayish-green color, especially in the distal areas.

Paraesthesia, atrophic and inflammatory changes in the late chlorosis (Essential iron deficiency anemia). The appearance of hairy red spots on the lateral surface and tip of the tongue is accompanied by irritation and pain from mechanical shocks. Another sign of the disease - changes in the salivary and mucous glands. Dryness of the oral cavity, itching in the corner of the mouth, bleeding gums, atrophy of the epithelial lining. OBSHQ is pale or light pink in color. Changes in the tongue are atrophy of the tongue suckers and epithelial lining. The patient has an increase in the intensity of dental caries.

Symptomatic treatment is given for changes in the OCD. For analgesia, a solution of 2% anesthetic in peach oil, 0.2% diphenhydramine solution is used for analgesia. Kepatoplastics (Aloe meniment, calendula oil, shipovnik oil, etc.) are used.

Fali deficiency anemia

Addisson-Birmer dangerous anemia. The disease is initially accompanied by pain and irritation of the tongue. A typical clinical symptom - Hunter glossitis - is characterized by the appearance of painful, hairy red areas of inflammation on the surface of the tongue. Inflammation spreads to the sides and tips of the tongue, completely covering the tongue. There will be weeks on the tongue. Then the inflammation decreases, the scars atrophy, the tongue becomes shiny and smooth. ("Lacquered" language). The tongue is loose on palpation, the surface is covered with deep cracks, the edges are rough, there is a lump, the tongue is on the tip of the tongue and near it there are many erosions. A characteristic feature of the absence of a look on the surface of the tongue is characteristic of pernicious anemia. In most cases, flowering caries is detected.

Treatment.In symptomatic treatment, analgesia of paraesthesia, acceleration and normalization of reparative processes are important. Oral baths with 0.1% diphenhydramine solution for analgesia, 3% anesthetic oil solution, 2g. novocaine and 5g. Urotropin 200 ml. dist. Applying the mixture in water gives results. To reduce irritation and enhance epithelialization, vit. A mixture of V12, sunflower oil and carotene (2: 1), usnitat sodium and anesthetic, oblepixa and shipovnik oil are used in the application.

Leukemias

In acute leukemia, the presence of soft necrotic processes on the surface and tip of the tongue is a characteristic feature of wound necrotic processes in the OCD. The absence of inflammatory leukocyte genefiltration is characteristic of the presence of isolated destructive changes in the OCD. The presence of cellular infiltrates, thin or swollen area of healthy PC, signs of hyperplasia of the lymphatic apparatus of the tongue and soft palate are detected.

Some types of leukemia appear to have a specific infiltration in the gums. The infiltrates are not very deep, the PC on them is red, bruised, and sometimes sequestered in the alveolar ridge due to the strength. In leukemia, changes in the tongue are characterized by epithelial thinning, edema, hyperplastic processes. There are "leukemic" cuts in the corner of the mouth. When chronic aphthous stomatitis and acute leukemia are combined, a neurotic aphthous rash is detected during the recurrence of the disease.

In chronic leukemia, the changes in the OCD are less different from the acute type. Necrotic changes are rare.

Chronic misloleukemia is characterized by the presence of erosive and ulcerative processes, necrotic changes in the acute phase of the disease. Candidiasis develops in the terminal period.

Treatment. Hemotraisfusion, the use of cytostatics reduces the proliferation of young cells. Sometimes hormonal drugs are used.

Stopping postextraction bleeding is important in dental care. Oral sanitation is performed during remission of the disease. Rinsing with weak antiseptics and wrinkles gives good results.

It is advisable to apply the keratoplasty by slowly treating the wound-necrotic processes. 1% pyromecaine, anesthetic is used for analgesia. Antibiotics, vitamins, chemotherapy, coccidosteroids, cytostatics are used in hyperplastic processes. Influencing factors (tooth fibers, filling edges) are eliminated to eliminate such processes. Applying hormone-holding pastes gives good results.

Agranulocytosis

OBSHQ, soft palate, palate arches, lip vestibular surface reddened and swollen. Against this background are many gray-looking erosions and aphthae. Erosions can accumulate and overlap with necrotic views. Hemorrhagic surfaces open when necrotic views are removed. The gums are swollen. This condition is manifested in leukemia, as well as in banal ulcerative necrotic stomatitis. This is because the inflammation is complicated by an anaerobic infection. The decisive factor is a blood test.

Symptomatic therapy is carried out against the background of pathogenetic treatment. Warm oral 0.02% furatsilin, 0.1% ethacridine lactate, 3% hydrogen peroxide 1 g. It is recommended to rinse with a solution of 1 cup water in a spoon, tincture of herbs. Anesthesia before meals is performed with a solution of 1-2% pyromycin, 5% anesthetic oil.

At the beginning of the disease when pathological rashes appear antiviral ointments: oxolin, tebprofen bonafton. It is convenient to use aerosol drugs: gengalipt, oxycort, trimetazole in the presence of destructive changes in the OCD. The range of action of these drugs is much wider.

Practical lesson 19

Examination of periodontal pathologies and interpretation of clinical and laboratory signs in syndromic diseases (Papion-Lefevra, X -histocytosis), comparative diagnosis and initial diagnosis, treatment plan and clinical history

1.1. Model of educational technology.

Training time -3 hours	Number of students: 11-22
Form of training	Practical training
Practical training plan:	<ol style="list-style-type: none"> 1. Idiopathic diseases of the periodontium. 2. Common causes in the origin of idiopathic diseases. 3. Changes in periodontal tissue in Papion Lefebvre syndrome.

The purpose of the training:	Ideopathic and edematous diseases of the paradox to students. (Pappion Lefebvre Syndrome, Hand Schuller - Kristchend, Literer-Sivi) The role of the dentist in treatment. Prevention of periodontal disease. Dispensary of patients with periodontal disease explanation
Teaching methods	Multimedia, interactive methods.
Forms of teaching	Mass, collective
Teaching aids	Curriculum development, electronic textbooks and computers.
Teaching conditions	Methodologically equipped auditorium.
Monitoring and evaluation.	Oral control: question and answer.

Technological map of practical training.

Stages and timing of work.	Educator	Learners
Preparatory phase	<ol style="list-style-type: none"> 1. Controls the cleanliness of the audience 2. Checks the readiness of students for training 3. Controls attendance 	They listen
1. Introductory stage of training (10 minutes)	<ol style="list-style-type: none"> 1. Determining the level of basic knowledge related to the topic. 2. Explain the essence of the interactive method. 3. Topic analysis in an interactive way. 	They write and listen to the topic
2nd main stage (135 minutes)	<ol style="list-style-type: none"> 1. Divide students into small groups and ask questions on the topic. 2. Uses slides, multimedia a) Ideopathic and edematous diseases of the paradox. (Pappion Lefebvre Syndrome, Hand Schuller - Kristchend, Literer-Sivi) The role of the dentist in treatment. .3. Solve tests and situational problems. 	They watch and record.
Stage 3	<ol style="list-style-type: none"> 1. Performing practical skills. 2. Use of dummies and phantoms. 3. Conducts treatment 4. Summarizes and summarizes the information provided on the basis of topics, 	They solve. They write.

<p>final stage (35 minutes)</p>	<p>1. The finalist draws a conclusion, the active participant encourages the students and gives an overall assessment</p> <p>2. Supervises, evaluates independent work and assigns an independent task to the next lesson</p> <p>3. Gives homework</p> <p>A) Write an abstract on the topic</p> <p>C) Prepare questions on the topic</p> <p>1. Changes in periodontal tissue in Papion Lefebvre syndrome.</p> <p>2. Changes in periodontal tissue in diabetes.</p> <p>3. What are the therapeutic measures in idiopathic diseases?</p>	<p>He listens</p> <p>Takes notes</p> <p>Takes notes</p> <p>Takes notes</p>
<p>References</p>	<p style="text-align: center;">Basic literature</p> <p>1. Borovskiy E.V. "Therapeutic dentistry" M., 2006</p> <p>2. Borovskiy E.V. etc. "Terapevticheskaya dentology" .- M., 2004</p> <p>3. Kamilov X.P., Mamedova F.M. "Treatment dentistry" recipe directory.- 1995.</p> <p>4. Borovskiy E.V., Barisheva Yu.D., Maksimovskiy Yu.M. "Therapeutic dentistry" .- M.: Medicine, 1998.</p> <p style="text-align: center;">Additional literature</p> <p>1. Osnovy terapevticheskoy stomatologii. / Klaus. M. Lemanin 1999.</p> <p>2. Lukinyx M.L. Caries tooth.- N. Novgorod, 1996.</p> <p>3. Ivanov V.S. Inflammation of the pulp of the tooth. - M., 1990.</p> <p>4. Stepanov A.E. Kosmeticheskoe vosstanovlenie koronok zubov. - M., 1999.</p> <p>5. Dmitrieva L.N. and dr. «Therapeutic dentistry». - M., 2004</p> <p>6. Dunyazina T.M. and dr. «Modern methods of diagnostics of periodontal disease» - S.Pet.2001.- 48p.</p>	<p>Takes notes</p>

Topic questions:

1. Idiopathic diseases of the periodontium.
2. Common causes in the origin of idiopathic diseases.
3. Changes in periodontal tissue in Papion Lefebvre syndrome.

Subject description:

IDIOPATHIC DISEASES

Among periodontal diseases, the peculiarity of these diseases is the rapid development of clinical signs.

In Papion-Lefebvre syndrome, the alveolar bone seems to melt, a pathological process that ends with tooth extraction. The reason for the origin is unclear. The clinical picture is similar to the severity of periodontitis. The disease begins with milk teeth. After the extraction of one tooth after another, they are removed one after the other, as the pathological process continues in the periodontal tissue before the permanent teeth are extracted. If the teeth are not removed, the rapid absorption of the alveolar bone will cause the tooth to fall out. An additional symptom that is always present in the patient is a skin rash on the soles of the feet and gray palms, ie hyperkeratosis, and peeling of the upper part of it.

Desmodontosis. In this disease, desmodont is understood as the circumference of the tooth neck and the surrounding periodontal fibers. In desmodontosis, pathological changes occur in these tissues. The cause of the disease is unknown. Some scientists have concluded that enzymopathy is the result of scientific research on the disease.

The pathological process in periodontal tissue takes place in three stages:

7. Degeneration occurs in periodontal fibers and bone tissue, with non-inflammatory epithelial pro-life in the gums and capillary walls.

8. The polyphenous epithelium grows along the tooth root. The connective tissue is slightly infiltrated with plasma and polyblast cells.

9. Under the influence of secondary microbes, inflammation is exacerbated, shchyulified epithelium is separated from the root, and pathological gum-tooth pocket is formed.

Desmodontosis has a unique clinical appearance. The pathological process begins in a symmetrical position, often with incisions and chewing teeth on the first floor. There are no tartar, tooth-gum pockets are deep, teeth grind, pus separates from pathological pockets, enamel has a non-carious disease, ie hypoplasia.

On X-ray imaging of bone tissue, the most common type of osteoporosis is acute and has bone pockets.

Histological examination revealed thickening of the capillary walls, thickening of collagen fibers, hyaline sclerosis. Il-knee cement was absorbed, swelling was observed in the remaining periodontal tissue, os-teolysis in the bone, thinning of its dense part was observed.

Eozshyufilsh granulema occurs in children and cats. The clinical X-ray image is similar to that of acute gingivitis and periodontitis. The pathological process may be limited or diffuse. Pathological changes in the bone tissue are not only in the alveolar process, but also in the body of the jawbone, so it is possible that the lower jawbone may break spontaneously.

Pathomorphological studies have shown that reticular cells, a collection of eosinophils, lymphomacrophage infiltrate are observed in the tissue.

Leterer - The pathological change in the periodontium in Sive disease occurs as a diffuse acute manifestation of periodontitis. Therefore, the patient's condition becomes severe, body temperature rises, appetite decreases, he loses weight, may suddenly fall.

The pathological changes that occur in periodontal tissue in Hend-Schuller-Krischen disease are also similar to the diffuse acute course of periodontitis. Common additional symptoms are diabetes mellitus, basedov's disease (i.e., puffiness of the eyeballs), the appearance of tissue such as a tumor in the bone, and the back of the growth when the patient is young.

In the local treatment of periodontal disease with histocytosis "X" drugs are selected based on its symptoms, and hematologists, oncologists and endocrinologists are involved in the treatment. Often hormonal drugs, protein anabolizers, antibiotics, sensitizing drugs, fluoride and other medications are prescribed.

Types of idiopathic diseases include changes in periodontal tissue in severe diabetes.

diabetes is a chronic disease. Because of its clinical course and signs of complications, the patient seeks dental care too late. Changes in periodontal tissue are as follows: gums swollen, red, bleeding a little, Pathological tooth-gum pockets are deep, pus is more often separated from it. The teeth would grind, and the bone elements in the alveolar process would be quickly absorbed.

Periodontal cyst. It is also a type of tumor in which, as a result of chronic inflammation in the periodontal tissue, the gum epithelium grows into the pathological tooth-gum pocket and separates the bone marrow from the bone. At first it does not bother the patient. Later, swelling develops in the gums around the tip of the tooth root. The reason for the absence of pain is that the waste products formed during the pathological process are always excreted through the pocket. X-rays show a clear border, with bone absorption reaching the root tip of the tissue. The shape is noxious, i.e. the bottom is wider (Fig. 20 a, b). Electroodon-todiagnosics of the tooth involved in the pathological process reveals a significant decrease in pulp sensitivity, sometimes no response at all. So, in the latter case, the tooth pulp was destroyed.

It is treated surgically. The tooth involved in the pathological lesion is of course removed. The bottom of the wound is well penetrated. Diathermocoagulation can also be performed at the site of injury to prevent recurrence of the disease. The injury is secondary. Therefore, it is necessary to pay special attention to the state of the oral cavity

Desmodontosis(juvenile periodontal disease). Periodontal disease is a pathological condition of periodontal disease characterized by progressive lysis of periodontal tissue, in which certain diseases of the body, syndromes of unknown etiology are of great importance. General features of periodontolysis: sustainable development of all periodontal tissue destruction processes; rapid formation of periodontal pockets, which determines the separation of pus, tooth mobility, displacement and disruption; Bone pockets appear in a relatively short time, vertical type destruction predominates, then lacuna is formed, osteolysis processes lead to complete resorption of periodontal bone tissue and tooth loss in 2-3 years . The etiology of the disease is unknown, the value of hereditary factors or enzymopathies is accepted. During adolescence, adolescents and young women often

become ill. This process is observed in children with severe uncompensated diseases and genetic causes: uncompensated diabetes, blood diseases, Papillon-Lefebvre syndrome, histiocytosis X and others.

Clinical appearance. There are two stages of the disease:

- The first stage of desmodontosis is characterized by the absence of signs of inflammation. Early symptoms are deformation of this part of the tooth; in particular, the fan-shaped separation of the teeth. The result is diastema, trematism. The symmetry of the lesion is characteristic (central incision and molars on both sides of the jaw). The border of the gums does not change, but bleeding is observed. Tooth debris is low or absent. In terms of performance, IG is within normal limits, with an RMA of 0%. Narrow and deep periodontal pockets were noted in the area of the movable teeth. Radiography shows resorption of vertical type bone tissue with a deep bone pocket;

the second stage of desmodontosis - increased pathological tooth mobility, inflammation is added, there is pain in the gums, swelling, bleeding. On examination, periodontal pockets with purulent discharge are detected at different depths, the intensification of the process and the formation of abscesses are noted. Pathological mobility varies from high levels to complete stability, and vice versa. Secondary traumatic occlusion occurs, the electroencephalography of the moving tooth pulp decreases, diffuse bone loss is detected on radiography, bone tissue in the first molar and incision zone, bone resorption in the form of a bowl.

Clinical signs of periodontal disease in children are detected at the age of 1.5-2 years. After a year or two, the baby loses its pearls first and then the other baby teeth. The same thing happens with permanent teeth: bone lysis occurs, which leads to the appearance of deep periodontal pockets, followed by displacement, mobility and loss of incisors first, then first molars, then other teeth .

Histologically: no structural changes in the epithelium, hypervascularization, thickening of the walls of capillaries, lymphoplasmic infiltration, thickening of collagen fibers, hyaline sclerosis do not occur in the submucosal layer. In the periodontium edema, disorganization, hyalinosis of collagen fibers are observed, cement is restored. Thin plate thinning, osteolysis in the bone is detected. In this case, there is no osteoclastic reaction. Significant reductions in the bone tissue of the interdental septum, including in areas where inflammation of the eye is not detected or poorly expressed, are detected on radiographs.

Differential diagnosis. Periodontolysis should be distinguished from diabetes. In the case of diabetes, changes in periodontal disease corresponding to the concept of "periodontal disease" are observed in children, during adolescence, especially in diseases diagnosed in a timely manner or in its uncompensated course. Patients complain of dryness of the oral cavity, severe bleeding of the gums, pathological mobility of the teeth, changes in their condition, the appearance of pus, halitosis, and tooth loss.

On examination, a severe picture of periodontitis, hyperemia of the gums, swelling, infiltration, and proliferation of granulation tissue is usually observed, which is the same picture as a violation of the configuration of the gums. Usually periodontal pockets, the pathological mobility of the teeth usually varies in depth, from insignificant in some sections to II-III degree in others. In the case of a dental arch and traumatic occlusion, the change of teeth is always pronounced. On radiography, significant disruption of bone tissue is detected by lacunar, puffy resorption.

On examination, a severe picture of periodontitis, hyperemia of the gums, swelling, infiltration, and proliferation of granulation tissue is usually observed, which is the same picture as a violation of the configuration of the gums. Usually periodontal pockets, the pathological mobility of the teeth usually varies in depth, from insignificant in some sections to II-III degree in others. In the case of a dental arch and traumatic occlusion, the change of teeth is always pronounced. On radiography, significant disruption of bone tissue is detected by lacunar, puffy resorption.

Localized histiocytosis X (eosinophilic granuloma, Taratinov's disease) is a localized reticular cystitis. It most often affects children and young people (20-25 years). During the disease there is a prodromal period and a definite stage.

In the prodromal period, there are single foci of deformation that appear in the skeletal area with slight pain, itching, and swelling. The process is often localized in the flat bones, affecting the skull, lower jaw (alveolar part and branch). Swelling and cyanosis of the gingival papillae are observed in the oral cavity (usually in the premolar and molar areas), followed by papillary hypertrophy, pathological mobility of one or two molars, bleeding, ulceration of the gingival border, periodontal cho 'ntaklar may appear. In the blood - an increase in the number of neutrophils, accelerated ESR. Often the process is two-sided in nature. The course is fast - 1.5–2 months.

Histiocytosis X Treatment is carried out in conjunction with oncologists and hematologists. Tooth extraction with topical therapy, removal of the tooth cavity using analgesics, curettage of the periodontal pocket, high level of pathological mobility and orthopedic treatment.

Papillon-Lefebvre syndrome -hereditary keratoderma (autosomal recessive inherited type). Changes in periodontal disease are characterized by a clearly progressive disruptive-dystrophic process. They are combined with the appearance of obvious hyperkeratosis, cracks in the palms, soles and wrists

Diseases are susceptible to young children. Swollen, hyperemic, deep periodontal pockets with gum serous-purulent exudate were noted around the deciduous teeth. The formation of cysts in the bone tissue, the funnel-shaped resorption of the bone, significant disruptive changes that lead to the loss of milk and the subsequent appearance of permanent teeth. The destruction and lysis of the alveolar ridge (part) continues even after the tooth is lost, until the final resorption of the bone.

Itenko-Kushing periodontal syndrome in the disease is characterized by multiple lesions of the endocrine glands and damage to the gonads, adrenal glands and pancreas.

Patients have obesity, skin bleeding, gonadal dysfunction, diabetes, mental illness, and more.

They have acute hyperemia, swelling of the gums, and bleeding; tooth mobility and displacement, interdental papilla enlargement, periodontal pockets with purulent discharge

X-rays of the jaw revealed foci of spontaneous osteoporosis and disruption of the alveolar process. The process, of course, does not begin in the upper parts of the interalveolar septum. It can be localized at the base of the lower jaw or in the body, in its alveolar part. Osteoporosis can also be detected in other bones of the human skeleton

Practical lesson 20

Examination of periodontal pathologies and interpretation of clinical and laboratory signs in syndromic diseases (Osler, Itsenko-Cushing), comparative diagnosis and diagnosis of the initial diagnosis, treatment plan and clinical history

1.1. Model of educational technology.

Training time -3 hours	Number of students: 11-22
Form of training	Practical training

Practical training plan:	<ol style="list-style-type: none"> 1. Idiopathic diseases of the periodontium. 2. Common causes in the origin of idiopathic diseases. 3. Changes in periodontal tissue in Pappion Lefebvre syndrome.
The purpose of the training:	Ideopathic and edematous diseases of the paradox to students. (Pappion Lefebvre Syndrome, Hand Schuller - Kristchend, Literer-Sivi) The role of the dentist in treatment. Prevention of periodontal disease. Dispensary of patients with periodontal disease explanation
Teaching methods	Multimedia, interactive methods.
Forms of teaching	Mass, collective
Teaching aids	Curriculum development, electronic textbooks and computers.
Teaching conditions	Methodologically equipped auditorium.
Monitoring and evaluation.	Oral control: question and answer.

Technological map of practical training.

Stages and timing of work.	Educator	Learners
Preparatory phase	<ol style="list-style-type: none"> 1. Controls the cleanliness of the audience 2. Checks the readiness of students for training 3. Controls attendance 	They listen
1. Introductory stage of training (10 minutes)	<ol style="list-style-type: none"> 1. Determining the level of basic knowledge related to the topic. 2. Explain the essence of the interactive method. 3. Topic analysis in an interactive way. 	They write and listen to the topic
2nd main stage (135 minutes)	<ol style="list-style-type: none"> 1. Divide students into small groups and ask questions on the topic. 2. Uses slides, multimedia a) Ideopathic and edematous diseases of the paradox. (Pappion Lefebvre Syndrome, Hand Schuller - Kristchend, Literer-Sivi) The role of the dentist in treatment. .3. Solve tests and situational problems. 	They watch and record.
Stage 3	<ol style="list-style-type: none"> 1. Performing practical skills. 2. Use of dummies and phantoms. 3. Conducts treatment 4. Summarizes and summarizes the information provided on the basis of topics, 	They solve. They write.

<p>final stage (35 minutes)</p>	<ol style="list-style-type: none"> 1. The finalist draws a conclusion, the active participant encourages the students and gives an overall assessment 2. Supervises, evaluates independent work and assigns an independent task to the next lesson 3. Gives homework <ol style="list-style-type: none"> A) Write an abstract on the topic C) Prepare questions on the topic <ol style="list-style-type: none"> 1. Changes in periodontal tissue in Papion Lefebvre syndrome. 2. Changes in periodontal tissue in diabetes. 3. What are the therapeutic measures in idiopathic diseases? 	<p>He listens Takes notes</p> <p>Takes notes</p> <p>Takes notes</p>
<p>References</p>	<p style="text-align: center;">Basic literature</p> <ol style="list-style-type: none"> 1. Borovskiy E.V. "Therapeutic dentistry" M., 2006 2. Borovskiy E.V. etc. "Terapevticheskaya dentology" .- M., 2004 3. Kamilov X.P., Mamedova F.M. "Treatment dentistry" recipe directory.- 1995. 4. Borovskiy E.V., Barisheva Yu.D., Maksimovskiy Yu.M. "Therapeutic dentistry" .- M.: Medicine, 1998. <p style="text-align: center;">Additional literature</p> <ol style="list-style-type: none"> 1. Osnovy terapevticheskoy stomatologii. / Klaus. M. Lemanin 1999. 2. Lukinyx M.L. Caries tooth.- N. Novgorod, 1996. 3. Ivanov V.S. Inflammation of the pulp of the tooth. - M., 1990. 4. Stepanov A.E. Kosmeticheskoe vosstanovlenie koronok zubov. - M., 1999. 5. Dmitrieva L.N. and dr. «Therapeutic dentistry». - M., 2004 6. Dunyazina T.M. and dr. «Modern methods of diagnostics of periodontal disease» - S.Pet.2001.- 48p. 	<p>Takes notes</p>

Topic questions:

Itenko-Kushing periodontal syndrome in the disease is characterized by multiple lesions of the endocrine glands and damage to the gonads, adrenal glands and pancreas. Patients have obesity, skin bleeding, gonadal dysfunction, diabetes, mental illness, and more. They have acute hyperemia, swelling of the gums, and bleeding; tooth mobility and displacement, interdental papilla enlargement, periodontal pockets with purulent discharge

X-rays of the jaw revealed foci of spontaneous osteoporosis and disruption of the alveolar process. The process, of course, does not begin in the upper parts of the interalveolar septum. It can be localized at the base of the lower jaw or in the body, in its alveolar part. Osteoporosis can also be detected in other bones of the human skeleton

Periodontal syndrome with hemorrhagic angiomatosis (Osler syndrome) *Randezvoz disease* - Osler (Randu - Osler - Viber), Osler syndrome, familial hemorrhagic telangiectasia - is an inherited disease based on a deficiency of the vascular endothelium, resulting in a large part of the skin and mucous membranes of the lips, mouth and internal organs curtains are formed. angioma and telangiectasia (types of vascular anomalies) with possible bleeding. The disease is named in honor of doctors who described it in the late XIX - early XX centuries. Randu-Osler disease is transmitted in an autosomal dominant manner; Found in one in 5,000 people - This is a hereditary hereditary disease of small blood vessels (venules and capillaries), manifested by bleeding. Its etiology is not well understood. The clinical picture is often characterized by profuse bleeding that is not related to external causes (nose, internal organs, oral mucosa, etc.). The disease can be diagnosed at any age, but at the age of 40-50 it often manifests itself against the background of hypochromic anemia.

Depending on the duration of the disease, clinical and radiological examination of periodontal tissue is complicated by the inflammatory process with total destruction of bone tissue of the alveolar process p In the oral cavity (usually in the premolar and molar zone) gums swelling and cyanosis of the papillae are observed, they soon become hypertrophic, the teeth loosen and relocate. Abscesses, swelling of soft tissues, and sometimes ulcers, develop rapidly as ulcerative stomatitis. Periodontal pockets appear in the deep bone, from which pus comes out, bad breath. On alveolar ridge radiography, the vertical nature of the edges of the bone tissue is determined by clearly contoured oval or round bladder defects. eriodontal disease

Tooth extraction does not stop the pathological process. In addition to the jaws, other bones, such as the skull, can also be affected, causing constant headaches.

Histological examination reveals an area of reticular cells, among which are numerous eosinophils.

In the peripheral blood - an increase in eosinophils, an acceleration of ESR.

A characteristic feature of periodontal syndrome is ulcerative gingivitis, respiratory disorders, exposure of the roots and mobility of the teeth, deep periodontal pockets filled with granulation. On radiographs - a type of lacunar destruction in various parts of the alveolar process (part), jaws, branches, etc. (see Fig. 139). General damage to other bones of the skeleton has also been reported.

With form 4 of the disease, not only common lesions of the bone, lymphatic systems, and many internal organs grow rapidly, but also periodontal syndrome develops.

Practical lesson 21

Examination of periodontal pathologies and interpretation of clinical and laboratory signs in diabetes mellitus, comparative diagnosis and determination of the initial diagnosis, development of a treatment plan and a history of clinical disease

Educational technology (practical training)

<i>Time: 321 minutes</i>	<i>Number of students: 8-10</i>
<i>Form and type of training</i>	Practical training

<i>The structure of the training</i>	1.Introduction .. 2. Theoretical part 3. Analytical section: - "Fish skeleton", the formation of cluster organizers -Tests 4. Practical part
<i>The purpose of training:</i>	Changes in OCD in diabetes mellitus, clinical diagnosis and diagnosis of the disease, teaching students affected mucosal areas and histological changes.
<i>The student should know:</i>	- A specific clinic in OCD in diabetes mellitus - Histological changes in the mucous membrane in diabetes - Specific treatment methods
<i>The student should be able to:</i>	- Characterization of the elements of damage in diabetes - Histological changes in diabetes - Distinguish clinical changes in diabetes - Diagnosis
<i>Pedagogical tasks:</i> Changes in the endocrine system. Changes in the endocrine diseases. Endocrine diseases. Changes in the endocrine system.The sequence of stages of local treatment Changes in OCD in diabetes mellitusprevention training	<i>Learning Outcomes:</i> Changes in OCD in endocrine diseases. Local treatment of changes in OCD in diabetes..show; Classify drugs used in treatment; To develop students' mental thinking, correct diagnosis, and comparative diagnostic activities to form a critical understanding of the sequence of events; students explain the prevention of endocrine diseases
<i>Teaching methods</i>	Lecture, brainstorming, storytelling, instruction, demonstration, video method, practical work method, work with book, conversation, educational game, pinboard, organizer.
<i>Form of education</i>	Teamwork, group work ("Reading together", "Think-Pair-Share"), individual
<i>Educational tools</i>	Blackboard, flipchart, videos, blackboard, model, models, diagram, notes, checklist, texts
<i>Teaching conditions</i>	Equipped with special equipment, rooms designed to work in groups
<i>Monitoring and evaluation</i>	Oral question: quick-question, written question: test

Technological map of training

Stages and timing of work (321 minutes)	Activity	
	educator	learners
Step 1. 10 minutes 15 minutes 45 minutes 5 minutes	1.1. Check notebooks and attendance 1.2 Topic name, purpose and expected delivers results. Introduces the lesson plan. 1.3. Basic concepts on the topic; tells a list of references for independent work (Appendix №.8) 1.4. Break	They listen and write they get. They find out they ask questions Get acquainted with

15 minutes	1.5. Introduces the criteria for evaluating academic work in the classroom (Appendix 6)	the evaluation criteria
Phase 2. 15 minutes 20 minutes 15 minutes 60 minutes 5 minutes 20 minutes 45 minutes	2.1. Quick-question / question-answer / mental activates knowledge through attack. 2.2. To the plan and structure of practical training describes the sequence of actions for the organization of the appropriate educational process ("Round table business house") (Appendix №3) 2.3.Tanaffus 2.4. The categorical table and Venn diagram explain how the organizer works and divide students into groups (Appendix №4) 2.4.Tanaffus 2.6. To provide students with visual aids (tests and situational questions, models, drugs, computer programs, phantoms), instructions and explanations on their use.(Appendix 4) 2.7.Tanaffus	They answer they write. In groups they work Groups do Groups do, make a presentation
Step 3. 60 minutes 5 minutes 30 minutes 15 minutes 25 minutes 6 minutes	3.1. Implementation of practical skills (Appendix 5) 3.2.Tanaffus 3.3.Concludes on the topic, analyzes the work done and draws students' attention to the importance of its importance in future professional activities. 3.4 Break 3.5. The groups evaluate the work, analyze the level of achievement of the training goal. Analysis of control questions (Appendix №7) 3.6. Gives assignments for independent work and reveals its evaluation criteria	They perform practical skills Self, mutual evaluation they spend. They ask questions They write the assignment

Subject text:

In diabetes The body's carbohydrate metabolism is disrupted. Blood sugar levels rise and are detected in the urine. Symptoms of diabetes are dry mouth and thirst. on examination he developed a dry, reddish, catarrhal stomatitis, and the OBSQ was quickly injured. Decreased immunity of the general organism changes the oral environment due to the inability of the OCD to cope with external adverse effects and the end of the oxidative process in the metabolism - the predominance of acidic environment leads to the development of fungal disease. The tongue, cheeks, and mucous membranes of the palate are white, resembling rotten milk. Mucosal hyperemia is observed. These are formed as a result of pathological proliferation of white fungi, irritation in the mucous membranes, pain like a needle sting, as well as itching of the skin. Taste perception is impaired. If diabetes is severe and lasts a long time,

Diabetes mellitus is caused by a variety of factors: physical injuries, severe nervous breakdowns, convulsions, infectious diseases, inflammatory processes, poisoning, irrational eating, especially excessive consumption of carbohydrate foods.

Diabetes mellitus is caused by a lack of insulin in the body:

a) low insulin production in pancreatic diseases, b) increased need for insulin in pituitary, adrenal insufficiency, c) rapid breakdown of the insulin enzyme insulinase.

Diabetes is a family disease that can be observed for several generations. Therefore, such family members must be screened for latent diabetes. Special attention should be paid to pregnant women with diabetes.

If not treated in time, various complications can occur (changes in organs such as blood vessels, heart, brain, kidneys, decreased vision, diabetic polyneuritis, neuralgia, gallbladder inflammation, cholecystitis-hepatitis).

According to various authors, 10-40.7% of patients with diabetes mellitus develop catarrhal gingivitis. Gingivitis is observed in diabetes mellitus without hemorrhagic treatment. The patient develops swelling and hyperemia on the tongue. T. T. As a result of school research, 2/3 of patients with diabetes mellitus have diffuse catarrhal stomatitis, hyperemia of the oral mucosa and hyposalivation. .

In Itsenko-Cushing's disease is mainly a disorder of fat metabolism and, consequently, other metabolic disorders. Among the changes in the OSC: glossitis, frostbite of the upper part of the tongue, in fungal diseases, the inner surface of the lips and the mucous membranes of the cheeks turn white-brown.

Symptoms of thyrotoxicosis include vegetative-neurotic disorders of the oral cavity: irritation of the oral mucosa, taste disturbances, cracking of the mucous membrane at the junction of the teeth of the cheek. can be observed in the corridor. The shape of the desquamation furnace is oval or round, the edge is white with a flange, the size is 0.1 to 1 cm.

Diagnosis of desquamative foci in thyrotoxicosis is made with exudative-hyperemic form of red flat iron, papular syphilis.

Acromegaly occurs due to excessive secretion of somatotropic hormone. The organs, including the jaw bones, tongue, and lips, are enlarged. OBSHQ thickens. The excretory ducts of the salivary glands become enlarged and swollen.

Addison's disease is a decrease in the production of corticotropin by the adrenal glands. Symptoms of the disease in the oral cavity - the appearance of brown, bluish-red color in the mucous membranes of the gums, cheeks, palate and tongue.

New pedagogical technologies used in the lessons:

1. Conducting a business game "Round table"
2. Creating Organizers (Fish Skeleton, Cluster)

The method of conducting a work game "Round table".

Needed for work:

1. Questions and situational issues printed on a separate sheet.
2. Numbers for Jrebi.
3. Clean paper, pen.

Direction of work:

1. The group students are divided into three small groups.
2. Each small group of students sits at a separate table and receives a sheet of paper and a pen.
3. The name, surname, small group number, faculty, name of the workplace are written on the sheet.
4. One student from each small group receives a task option from an envelope.
5. Students write the task on a piece of paper.
6. This sheet rotates in a circle.
7. In the round, all students write their answers on a piece of paper and pass it on to someone else.
8. Allocate 3 minutes for the answer.
9. At the end of the time the answers are handed over to the teacher.

10. All participants discuss the answers and choose the most accurate, the maximum score is given to it.
11. The discussion lasts 15 minutes.
12. The rating points for the work house are taken into account when scoring the lesson.
13. Scores for the answer are separated from the rating of the theoretical part of the lesson.
14. The head of the group burns to ashes a note indicating that the game is being held in the lower part of the training hall.

Topic questions: