



МИНИСТЕРСТВО ЗДРАВООХРАНЕНИЯ РЕСПУБЛИКИ УЗБЕКИСТАН



МИНИСТЕРСТВО ВЫСШЕГО ОБРАЗОВАНИЯ, НАУКИ И ИННОВАЦИЙ РУЗ



ТАШКЕНТСКИЙ ГОСУДАРСТВЕННЫЙ СТОМАТОЛОГИЧЕСКИЙ ИНСТИТУТ

VI МЕЖДУНАРОДНЫЙ КОНГРЕСС СТОМАТОЛОГОВ

«АКТУАЛЬНЫЕ ПРОБЛЕМЫ СТОМАТОЛОГИИ
И ЧЕЛЮСТНО-ЛИЦЕВОЙ ХИРУРГИИ»



СБОРНИК ТЕЗИСОВ

дексов пародонта ПИ, пробы Шиллера-Писарева, глубины патологических карманов, параметрами кровоточивости десен по Мюлеману, показателями кровотока альвеолярной части десневой ткани. У пациенток с хроническим генерализованным пародонтитом в постменопаузальном периоде в соответствии с увеличением содержания в плазме крови интерлейкина-6, С-реактивного белка, эндотелина-1 выявляются нарушения в составе ротовой жидкости, которые проявляются повышением содержания общего кальция, фосфатов и ионизированного калия.

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STUDY OF CHANGES IN PERIODONTAL DISEASES IN POSTMENOPAUSAL WOMEN

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Annotation. During menopause, irreversible changes in the hormonal function of the ovaries occur, the concentration of estrogens decreases. It is during this period

that a progressive increase in various diseases is noted. The study of the dental status in menopausal women has proven the existence of a relationship between a decrease in estrogen concentration and a sharp increase in dental diseases. Because the oral mucosa and salivary glands contain estrogen receptors, changes in hormonal levels can be seen directly in the mouth. **The purpose of the study:** to study the clinical and microbiological manifestations and mechanisms of development of dental diseases in postmenopausal women. **Material and methods:** we examined 40 postmenopausal women with various diseases of the oral cavity. The control group of patients were women who are not in the postmenopausal period with dental diseases. **Results and discussions:** All participants of the study underwent a comprehensive examination: hygienic and periodontal indices (OHI-S hygiene index, PI periodontal index), pH of mixed saliva was measured, sialometry was performed according to the method of M.M. Pozharitskaya, studied the microflora of the oral cavity by PCR (polymerase chain reaction). When collecting anamnesis, it was revealed that most often women of group I complained of bleeding gums (13.3%) and bad breath (6.7%). Group II patients complained of bleeding gums (66%), bad breath (43.9%), exposure of the roots of the teeth (15.3%), tooth mobility (16.1%), and 40% of women had complaints of dry mouth. While 26.7% of postmenopausal women taking HRT complained of bleeding gums, 18.1% complained of dry mouth and bad breath. **Conclusion.** Thus, the greater sensitivity of the above indices is associated with the peculiarities of the pathogenesis of menopause, namely with estrogen deficiency. The content of estrogen receptors on the oral mucosa plays a direct role in the development of dental diseases. During menopause, the angioprotective effect of estrogens weakens, followed by damage to the structures of the hemomicrocirculatory bed. Also during this period, the production of osteoclasts increases, the production of osteoblasts decreases, the absorption of calcium in the intestine decreases, the lack of vitamin D, which leads to increased bone resorption. Due to estrogen deficiency, there is a decrease in intestinal absorption of calcium in the body, which in turn leads to disturbances in the regulation of calcium-phosphate metabolism and increased calcium release not only into the blood serum, but also into saliva.

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SURUNKALI GAYMORITNI JARROHLIK YO'LI BILAN DAVOLASHDA ENDOSKOPDAN FOYDALANISH

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Kirish. Har yili surunkali odontogen gaymorit bilan og'rig'an bemorlar soni ortib bormoqda. Klinik ko'rinishlarga va bemor shikoyatlariga ko'ra, odontogen va rinogen gaymoritlar bir biriga o'xshaydi, ammo ularning sabablari va davolash usullari bir biridan farq qiladi. Odontogen gaymoritning sababi tishlarni endodontik davolash paytida gaymor bo'shlig'iga plomba moddasi kiritilishi hisoblanadi. Yana bir sababi tishlarni olish paytida pnevmatik gaymor bo'shlig'i tubining perforatsiyasi hisoblanadi. Bu holatlarni davolashda hozirgi paytda endoskopik gaymorotomiyadan foydalanish mumkin [1]. Kirish usuliga qarab, quyidagilar mavjud: yuqori jag'ning old devori orqali kirish, endonazal kirish (o'rta burun yo'li orqali), oroantral kirish.

Maqsad. Odontogen gaymoritni davolashda endoskopning afzaliklarini aniqlash.

Material va uslublar. EMU klinikasida 2022-2023 yilar davomida ushbu bemorlar davolandi: odontogen surunkali gaymorit - 15 bemorlar (37,5%), rinogen surunkali gaymorit - 25 bemorlar (62,5%). Operatsiyalar davomida «M.I One Endoscope Camera System» (Xitoy) endoskopidan foydalanildi. Hamma bemorlarda yuz sohasi kompyuter tomografiya (KT) tekshiruvlaridan o'tkazildi.