

STUDY OF THE MICROFLORA OF THE ORAL CAVITY IN PATIENTS USING DENTAL BRIDGES WITH DENTAL IMPLANTS FOR PERI-IMPLANTITIS.

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Keywords: peri-implantitis, dental implants, microbiological status, oral biocenosis, microflora.

Analysis of literature data shows that the cause of unsuccessful prosthetics with implant support in most cases is an inflammatory complication in the peri-implant tissues. Peri-implantitis, a pathological process (traumatic, resorptive, inflammatory, ulcerative) in the area of the implant, is a frequent complication of prosthetics with fixed bridges based on dental implants. This complication can occur both early and late after implantation and prosthetics. The most likely reason for the development of perimplantitis may be the penetration of an infection of the oral cavity into the zone of contact between the implant and the bone.

When studying the microbiological status of the examined subjects, a definite relationship between changes in the microflora of the oral cavity and the clinical form of perimplantitis was found. Thus, the microflora of the oral cavity in mild forms of peri-implantitis included all taxonomic groups of microorganisms determined in healthy individuals. The frequency of their detection almost did not differ from the norm, minor changes were not of a regular nature (aerobic and anaerobic gram-positive and gram-negative microbes). Similar results were obtained in a quantitative study of the contents of the oral cavity, although in relation to certain groups of bacteria, a difference was revealed, manifested in a decrease in CFU / ml for streptococci "salivarius" (from 7.4 to 5.4), peptococci with (7, 0 to 5.5) and, on the contrary, an increase in the concentration of fusobacteria from 2.8 to 5.7 and "odontogenic" bacteroids from 3 to 4.8 ($p < 0.05$).

With moderate severity of perimplantitis, the number of most species and groups that make up the normal flora of the oral cavity was reduced: green streptococci from 100.0 to 68.5% ($p < 0.01$), staphylococci from 90.0 to 45.7% ($p < 0.01$), diphtheroids from 55.0 to 5.7% ($p < 0.01$), Neisseria from 90.0 to 37.1% ($p < 0.01$). Less significantly ($p > 0.05$) decreased the number of pneumococci (25.0 to 14.3%), lactobacilli (from 90.0 to 68.5%).

With a slight decrease in the total number of bacteroids to 83.3%, their species composition changed markedly: if in healthy people and in patients with mild peri-implantitis, *Pr. melaninogenicus*, then with moderate severity, the frequency of their excretion sharply decreased, and the number of odontogenic anaerobes increased from 10.0 to 83.3% ($p < 0.05$). An increase in the frequency of sowing of fungi of the genus *Candida* from 25.0 to 50.0% ($p > 0.05$) was also noted.

Patients with severe peri-implantitis did not have hemophilia, pneumococci, and other cocci; many times lower was the seeding rate of non-greening streptococci, staphylococci, diphtheroids, neisseria, veillonella ($p < 0.05$ and $p < 0.01$). At the same

time, the frequency of detection of fungi of the genus *Candida* increased (from 15 to 50.0%) and odontogenic bacteroids (from 10.0 to 83.3%). The number of green streptococci was 2.3 times less than in healthy ones, staphylococci - 4.3 times, *Neisseria* - 3.6 times, lactobacilli - 2.6 times, *Veillonella* - 2 times. At the same time, the concentration of fusobacteria increased 2 times, and actinomycetes - 3.2 times. The total number of bacteroids increased 1.6 times, of which odontogenic - 1.7 times. In 5 (16.6%) patients, the study revealed *Trichomonas*, spirochetes and spirillae (the latter - only in 6.6%).

Thus, microbiological studies have shown that in patients with peri-implantitis, the biocenosis of the oral environment is significantly disturbed. The most pronounced microflora disorders, which are in the nature of dysbiosis, are observed in patients with a severe degree of the disease. The results of clinical and microbiological studies of patients indicate that the degree of disorders of the oral cavity biocenosis is interrelated with the clinical form of perimplantitis. At the same time, it was found that dysbiotic shifts worsen the clinical picture of the disease.

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