

## General Characteristic of Clinical Observations of Laryngeal Catarrhal Gingivitis in Children with Disabilities

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### ABSTRACT

*From parodontic pathologies in children with disabilities, inflammatory diseases of the parodont – chronic catarrhal gingivitis is the most common. Chronic catarrhal gingivitis (SCG) is a specific inflammatory process that occurs due to the concomitant action of various EXO - and endogen factors in the parodontium.*

**KEYWORDS:** *Characteristic, Children, Disabilities.*

The results of many researchers testify to the extreme effects of chronic infection-inflammatory processes in the parodontic soft tissues of the oral cavity and the health of the whole organism, and parallel to the growth of risk factors that lead to the transition of catarrhal gingivitis to severe and difficult to return -oqakparodontitis.

The problem of treating parodontic diseases remains significant to this day. Despite certain achievements in the treatment of chronic gingivitis Komplex, the perfection of its profile, the high level of this pathology, undisturbed tendency to the growth of the disease can be attributed to the urgency of this problem.

A generally accepted clinical study was conducted, which included complaints, Anamnesis accumulation, visual and equipment evaluation of the condition of parodontic soft tissues in children with disabilities. Using clinical-functional tests, the state of the gum tissue was determined. The presence of inflammatory reactions was determined using the papillary-marginal index, the MQI gum bleeding index on Muhlerman-Cowell, the oral cavity gi index on Grin Vermelon. The diagnosis for children was made on the basis of data from Anamnesis, complaints, clinical symptoms, as well as additional examination techniques.

Gum disease-gingivitis, has symptoms that depend on the type of defect and its form. Common to all forms, the main symptoms are: swelling of the gums, hypertrophy, bleeding. Basically, chronic catarrhal gingivitis (SGG) in children of the studied age is observed with threeraydi and the following symptoms: unpleasant sensations, itching and irritation in the gums, bleeding and soreness from the gums, especially when taking a hard meal, a violation of taste, an unpleasant odor from the mouth.

In the clinical examination, the tooth formula, the state of the tooth, the tumor, bleeding from the gums and hyperemia were studied (the state of soft tissues in the parodontium). It was established that there are a large number of tooth decay. On the first visit to the reception of the pediatrician-dentist, knowledge and skills in hygienic care of children and their parents in the oral cavity were determined. What tools and techniques were used by school children and their parents when individual hygiene was carried out in the oral cavity.

The severity of hypertrophic gingivitis (SGG) in children with disabilities was determined by the size

of the gum growth. E.V. According to the classification of Udoviskaya and others (1985), hypertrophy differs by 3 levels: 1 degree – tooth abscesses have a circular shape; 2 degree – tooth abscesses cover half the height of the tooth abscess; 3 degree – overgrown gums block the tooth equator and can reach them to the surface of the occlusion[1.3.5.7].

Gum hypertrophy develops during the period of hormonal imbalance of the body and occurs when the state of hygiene in the oral cavity is low [2.4.6.8].

When the gums are examined, its color is Pink, the palpation is dense, there is no bleeding. When necessary, a simple and kengaygan gingivostomy of the gums was performed using a magnifying glass (5-6 times larger) after staining with a mixture of 2% of the lyugol.

The results of visualization in parodontic soft tissues in children with disabilities do not always lead to an accurate assessment of the condition of the gum mucosa, due to which a simple and expanded gingivostomy was performed (mainly in 61% of cases). This method was used when the boundaries of the areas where the inflammatory processes were not clear and it was difficult to assess the degree of loss of epithelial covering, the prevalence of inflammatory processes in the gums, marginal and alveolar gums[9.10.11.12.13.14]. At the same time, 3 levels of hyperemia were observed: 1-sluggish-expressed; 2-medium-expressed; 3-brightly expressed, and 2 staining levels, 1 and 2.

All children examined were divided into 2 treatment groups:

1-treatment group – children 7-10 years old;

2-treatment group – school-age children aged 11-14 years.

Control group (ng) – 20 school-age children of similar age.

The oral cavity was examined under natural and artificial light using a set of dental equipment. When the oral cavity was examined, the depth of its entrance was studied, the length and the nature of the movement of the tongue joints, as well as the tightness of the upper and lower lip joints were determined, the level of hygiene in the oral cavity, the condition of the mucous membrane and parodont, the condition of the hard tissue of the Particular attention was paid to the fact that when the condition of the mucous membrane was studied, their color, low acidity of soft tissues and the presence of edema, pain when pressing on the edge of the gums, bleeding from the gums when pressing and when eating hard food, the presence of an unpleasant odor from the mouth. Any pathological changes detected in the oral cavity of children were included in the outpatient card and in the developed special examination card, where both in the first examination and during treatment and in the post-treatment period, pathological silences in the area of each tooth and parodontic tissue were registered[15.16.17.18.19.20].

We used the generally accepted parodontal index (PMA) in Parma modification in our study to evaluate the condition of parodontal tissue in children with disabilities. The condition of the gums after staining with a mixture of Pisarev-Shiller, it was previously protected with vata Valik, dried and evaluated on each tooth. Inflamed areas of the gums are painted brown with glycogen, which is formed in the tissues as a result of the predominance of anaerobic processes of metabolism in the tissues. After the study, the index was calculated using the score evaluation criteria[21.22.23.24.25.26].

0 points – no inflammation;

1 points - inflammation of the tooth abscess;

2 points-marginal gum inflammation;

3 points – alveolar gum inflammation.

The PMA index was calculated according to the formula:

$RMA = (\text{the amount of indicators before each tooth} \times 100\%) / (3 \times \text{number of teeth})$

The criteria for assessing the index are as follows:

Less than 30% – a slight degree of gingivitis;

31-60% - medium weight level;

61% and above – a heavy level.

### **Modified index of blood flow from the gums according to Mulbman, number (1971) in children with disabilities**

The method detects a lot of bleeding in a healthy parodontist in 40-50% of cases according to his very impressive appearance, which allows him to use the sample for early detection of primary inflammatory changes. Buttonhole nay yardimidaramordordax [25.27.28]research of gum condition in the field of teeth. The tip of the tube is placed without pressure on the wall of the arc and gently moved to the distal side by the medial of the tooth. The results of the study will be evaluated on the following scale:

0-no bleeding;

Level I-point bleeding;

Level II-to be spotty;

III degree-filled with intermediate blood between teeth;

IV degree-strong bleeding, fills the gums with blood thinning.

Hygienic index (gi), which allows to assess the degree of inflammation of the gums (Loe Silness, 1967).

The examination is performed on 4, vestibular, oral, medial and distal surfaces in the area of each tooth or group of teeth. Evaluation criteria:

1-normative milk;

2-slight inflammation, imperceptibly hyperemia and swelling, no bleeding when touched;

3-moderate inflammation, gums swollen, hyperemirated, bleeding when touched;

4-severe inflammation, expressed hyperemia and swelling, injury, a tendency to sharp bleeding.

The index is equal to the average arithmetic sum of all the studied teeth and surfaces. Index price:

0,1-1 – a slight degree of gingivitis;

1,1-2-gingivitis of the middle level;

2,1 and more – gingivitis in severe degree.

Interdentally hygiene index (HYG) 13 is based on the visual detection of plaque on the side surfaces of the teeth after staining. This index is the most impressive, because with its help it is possible to determine even the most inconspicuous carp on the proximal surfaces, the most complex of care. Method of calculation of the index: divide the number of free proximal surfaces from the Karash by the number of all the checked teeth and multiply by 100%.

The simplest criterion for assessing hygiene in the oral cavity is the surfaces of the teeth covered with dental caries, expressed in figures. Forthis, theGrin-Vermilonmethodwasused.

G. Green and I.R. Wermillon (1964) OGI-S (Oral Hygiene Indices-Simplified) proposed a simplified index of oral hygiene. To determine OHI-C, the following surfaces of the teeth are studied: face, tongue and (6/6)/(6/6)lab1|1.

On all surfaces, first tooth caries is determined. The amount of caries on the surfaces of the teeth is determined as follows: with a mixture with iodine, the surface of six permanent teeth is painted – the lab surfaces of the upper central incisors, the surface of the Upper first permanent large root teeth, the tongue surfaces of the lower first permanent large root teeth [27.28].

The following system of dental caries evaluation is used:

0-absence of tooth stains (no staining);

1-tooth karashi covers more than 1/3 area of tooth surface;

2-tooth karashi covers more than 1/3 of the tooth surface, but less than 2/3 of the area;

3-dental caries covers more than 2/3 area of tooth surface.

In each tooth, the amount of points is added to the total amount and divided into six (the number of teeth).

According to the amount of caries detected on the surface of the teeth, it is possible to distinguish three levels of hygiene in the oral cavity: good, satisfactory and bad.

As a good case, it is possible to assess the condition in which the stained karashis detected on the necks of individual teeth (0-1 points). Satisfactory condition-caries covers the surface of the tooth crown 1/3 and slightly more than 1/3 of individual teeth (1-2 points). Bad-karash covers almost the entire surface of the crown, that is, more than 2/3 of all the checked teeth (2-3 points). This index makes it possible to draw conclusions about the hygienic state of the oral cavity during the period of tooth exchange in children.

In the absence of the first permanent teeth, in order to assess the hygienic state of the oral cavity, we use Yu.A. Fedorov and V.V. We used the Fedorov-Volodkina index proposed by Volodkina (1971), which is determined by painting the surface of six lower frontal teeth with a mixture of iodine (iodine-potassium mixture).

Quantitative assessment is conducted in a five-point system:

1. The entire surface of the crown of the tooth is painted – 5 points
2. ¾ Surface staining of the tooth crown - 4 points
3. Painting ½ surface of the tooth crown - 3 points
4. Painting ¼ surface of the tooth crown - 2 points
5. No coloring - 1 point

$$K_{sr} = (\sum k_p) / n$$

Here KSR – the general hygienic index, KP - the hygiene index when cleaning a tooth, n-the number of teeth under study (in the norm gi should not exceed 1).

In the studied groups, hygiene classes were conducted in the oral cavity, which included a course of training on hygiene skills. At the time of the lesson, children were explained the rules for cleaning teeth in the standard method in mollages.

PLI karash index (nnex, Loe H., 1964) allows the researcher to examine all teeth or only some of them at his discretion. With the help of visual or flossing without staining, it is studied the presence

of soft tooth decay on the four surfaces of the tooth (vestibular, oral, distal and medial). The amount of caries on the surface of the tooth is assessed on a scale: 0 points – there is no in the area where the carious Gum took; 1 points – a thin film of caries is determined using only flute in the area where the gum took; 2 points – caries appear in the area where the gum ditches and neck took; 3 points – caries occupies

Tishpli is calculated according to the following formula:

$$PLI = \left( \frac{\sum \text{four Surface points}}{4} \right)$$

In the oral cavity, the PLI is determined as an average size from the PLI on all the checked teeth.

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