

## Assessment of the Prevalence and Clinical Course of Chronic Catarrhal Gingivitis in Children with Disabilities

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### ABSTRACT

*Among parodontic diseases in children with disabilities, chronic catarrhal gingivitis accounts for 35-85%. The greatest comparative weight corresponds to light and medium-weight gingivitis. Changes in parodontic tissues are observed in 7-8 30% of children with young disabilities, with age, the prevalence of gingivitis increases until the period of sexual maturity, children aged 12 to 70% have gingivitis. According to scientists, gingivitis often passes without pain and can remain without treatment for many years. The main cause of chronic gingivitis and parodontitis is an inflammatory infection process, which is considered to be non – specialized microorganisms in the oral cavity and their various manifestations (o.A.Sour Cream, L.N.Trip 2015).*

**KEYWORDS:** *Children, Clinical, Dark Tourism Chronic.*

**Purpose of the study:** it consists in the development of proposals and recommendations for the diagnosis, prevention and quality improvement of treatment of chronic catarrhal gingivitis in children with disabilities.

With the development of inflammation in the parodontus, gingivitis passes into another nosological form – parodontitis. Chronic catarrhal gingivitis is considered not only an inflammation of the parodont, but also the quality of the body's response to the aggressive action of microbes present in the teeth, as a result of which a non-specialized negative effect is formed on its character, which leads to the dysmetabolic damage of epitheliocytes and microtomirs [1.3.5.7.8].

A new principle on prevention of chronic catarrhal gingivitis, improvement of diagnostic and rehabilitation methods among children with disabilities on a global scaleillarni scientific-research work is carried out in a number of priority areas through clinical and morphogenetic reasoning. To consider the specificity of pathogenetics affecting the origin of endogen and exogen causes affecting catarrhal gingivitis in this regard; taking into account the peculiarities of chronic catarrhal gingivitis in its clinical manifestations, it is important to develop an optimal scheme of treatment, prophylaxis and rehabilitation; to create mexaniz preventive measures aimed at preventing the disease, to improve the modern methods of reducing and eliminating complications of the disease is of great importance[2.4.6.9.11.13].

Effective treatment of gingivitis in a child with limited abilities is an irreversible stimulant measure to prevent the recovery of parodontic soft tissue and, subsequently, at an older age, the development of an inflammatory-destructive process in the parodont, which in turn is considered an urgent problem of modern medical science and practice. In our country, a wide range of measures are being carried out to improve the system of health care, including the reduction of dental diseases and their complications, as well as providing qualified medical care to patients with this pathology, and such tasks as increasing the effectiveness, quality and popularity of medical care, healthy lifestyle and Prevention of diseases, including the formation of Due to this, the effective treatment, prevention and

timely diagnosis of complications of dental diseases, including chronic catarrhal gingivitis among the children's population, remains one of the urgent areas that require scientific research work [10.12.14.16.18.22].

**Results and analysis.** The incidence of gingivitis is shown to grow from the age of 5 years, to remain at this high point for the whole life, reaching the highest peak during the period of sexual maturity. In addition, the development of inflammatory processes is influenced by hormonal imbalances in the pubertal period, in which the gum tissue is more prone to the risk of developing parodontic diseases and responds to bacterial excitation with inflammation. In this section, we covered the peculiarities of the clinical course of chronic gingivitis in children of junior and middle school age. In 125 children of junior and high school age, SGG u was determined in  $63,7 \pm 13,2\%$ , SGG  $12,6 \pm 1,3\%$ , sag  $1,1 \pm 0,5\%$ , syg  $0,7 \pm 0,03\%$ . SKG at this age encountered 3 clinical forms in children of both groups: light, medium weight and heavy. In the 1st Group, which was in the period of taking pubertal, the mild form of SCG was determined in  $0,7 \pm 0,03\%$  of cases, at this time  $50,7 \pm 13,0\%$  in the 2nd Group, which was in the pubertal period, was determined in the child. The moderate-severe form was detected in  $13,5 \pm 0,5\%$  of cases in the 1-th group, in the 2 - TH Group- $16,0 \pm 1,4\%$  cases, the severe course was absent in the 1-th group, at this time in the 2-th group was  $2,3 \pm 0,7$ . As can be seen from the data from Table 1, the chronic form of gingivitis in children is observed more often in the 2-TH Group at the age of pubertal, the bun is mainly ranked first by the frequency of SCG and ucrash, SGG is 19,9% in the second place, the remaining forms of HAG and HYAG are threeraydi, respectively: Hag  $1,1 \pm 0,5\%$ ;  $0,7 \pm 0,03\%$ ;  $0,9 \pm 0,04\%$  [15.17.19.20.21.23.24.25].

72 patients were selected for in – depth study of the specifics of the clinical course of SCG, the investigated children were divided into 2 Groups: 1 – 25 children of junior secondary age (7-10 years); 2-27 children of senior school age (11-14 years). The control group was organized by 20 children of the same age. Analysis of Table 2 shows that the clinical tests studied in children with SCG in both groups have worsened, but significant indicators were expressed in the 2-TH Group. Thus, the PMA index, which characterizes inflammatory processes in parodont soft tissues, is reliably high in Group 2 compared with Group 1 and is equal to  $23,7 \pm 2,5\%$  against  $44,5 \pm 3,1\%$  (1,9 times higher) [26.28.29.30.32.34.36].

Soft tooth caries on the PLI indicators in children of school age 1-th group is 1,6 times lower than in children of 2-TH group with a high degree of confidence, while the presence of dental Stones is almost 2 times higher. A similar difference is observed in terms of other studied tests. In the first group, local seizures are often observed, while in the second group, the form of SCG is determined.

The leading component in the profile of dental diseases is the individual hygiene of the oral cavity. Dental cleaning of teeth, the extraction of soft tooth caries leads to physiologic, biochemical maturation of the enamel. When cleaning teeth with a brush, a constant massage of the gums leads to an increase in the activity of exchange processes, improvement of blood circulation in parodontic tissues [31.33.35.36].

Also, increasing the role of stimulation in school-age children to maintain individual hygiene in the oral cavity as an effective method of profiling parodontic diseases has been studied.

**Conclusion.** For each examined child, an individual hygiene scheme was drawn up in the oral cavity, using anti-inflammatory pastes, standard cleaning techniques of teeth were taught in soft toothbrushes. To ensure quality hygiene in the oral cavity, additional means were used: flutes, toothpicks, dental elixirs, mouthwash, gum. However, the constant use of certain methods of oral cavity care, using various means when there are good skills, does not solve a complex problem, as well as profilactics of dental diseases. Therefore, individual hygiene was accompanied by a competent hygiene of the oral cavity.

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