

OPTIMIZATION OF THERAPEUTIC AND PREVENTIVE MEASURES FOR PERIODONTAL DISEASES IN PREGNANT WOMEN WITH IRON DEFICIENCY ANEMIA

Sodikova Shoiram Amriddinovna

Samarkand State Medical University

Faculty of Dentistry

Assistant of the Department of Therapeutic Dentistry

O'roqboyev Mehridin Fazliddin o'g'li

Student of group 508

Abstract

This article talks about optimization of treatment and preventive measures of periodontal diseases in pregnant women with iron deficiency anemia.

Keywords: medicine, dentistry, iron deficiency, anemia, pregnant women, periodontal diseases, treatment.

The course of dental diseases in pregnant women is significantly affected by extragenital pathology recorded in 95% of pregnant women (Suleimanova I.G., 2008; Kiselnikova L.P., 2011) and 40% of non-pregnant women of reproductive age (Shmidt D.V., 2009; Isamulaeva A.Z., 2016). Iron deficiency anemia (IDA) of pregnant women is a syndrome of impaired hemoglobin synthesis due to iron deficiency ([^]50), the authors consider it as an organ pathology leading to functional and morphological changes in the organs and tissues of the body (Osadshaya V.N., 2009; Vinogradova M.A., Fedorova T.A., 2015).

The need for dental care in pregnant women with iron deficiency anemia increases to 78.7%, the prevalence of inflammatory periodontal diseases reaches 100% (Bakhmudov B.R., Bakhmudova Z.B., 2009; Arseenkova O.Y., 2012; Yanushevich O.O., Dmitrieva L.A., Revazova E.E., 2016). Gingivitis, being the initial stage of inflammatory periodontal diseases, often remains without due attention of dentists and the patients themselves, which leads to the progression of the disease (Shuster D. I., 2006; Orekhova L. Yu., Grudyanov A. I., 2009; Levina N. M., 2017; Uspenskaya O.A., Shevchenko E.A., 2018).

In modern conditions of improving the quality of medical care in the national health care system, the issues of studying awareness, compliance, socio-psychological motivation of pregnant women in the formation of dental health, risk factors for the occurrence and development of inflammatory periodontal diseases acquire special social significance (Firsova I.V., 2014; Popova N.M., Sokolovskaya T.A., 2016; Donika A.D., 2016).

Along with the existing publications on the study of antimicrobial protection of the oral cavity during pregnancy and the mechanisms of its regulation (Lomova A.S., 2016; Atrushkevich

V.G., Verchenko G.N., Orekhova L.Yu. et al., 2019; Zorina O.A., Abaev Z.M., et al., 2019), the literature does not provide enough information on the indicators of local immunity in pregnant women with iron deficiency anemia (IDA).

Medicines traditionally used in the treatment of inflammatory periodontal diseases (Dmitrieva L.A., 2014) are often contraindicated for pregnant women, having a negative effect and increasing the risk of perinatal complications (Smirnova A.M., 2010; Trigolos N.N. et al., 2010; Uspenskaya O. A., et al., 2018); the choice of safe drugs, methods of prevention and treatment in the early stages of the development of inflammatory periodontal diseases is important (Dubrovskaya M. V., Ivashchenko Y.Y., 2011; Kuksenko V. M. et al., 2012; Levina N. M., 2017) .

Thus, the study of the factors influencing the dental health of pregnant women with iron deficiency anemia against the background of a changing socio-demographic situation, indicators of local immunity of the oral cavity, in conjunction with the development of measures for the prevention and treatment of inflammatory periodontal diseases, in the dynamics of the gestational period, put forward the need for further research (Petrichenko N. V., Barkova E. N., 2015; Popova N.M., Sokolovskaya T. A., 2016).

It is known that pregnancy, being a physiological process, leads to a change in all types of body metabolism and blood parameters (Lomova A.S., 2016; Uspenskaya O.A., 2018; Zorina O.A., Abaev Z.M., et al., 2019; Atrushkevich V. G., Berchenko G.N., Orekhova L. Y., et al., 2019). The incidence of pregnant women negatively affects not only the health of the mother, her offspring and subsequent generations. In the general structure of diseases of pregnant women in the first place is the threat of abortion (55.0 - 77.44%, 2010 - 2015), in the second place are blood diseases (050-089). These parameters are manageable pathologies, which indicates the socio-demographic and psychophysical factors of the trouble of pregnant women with iron deficiency anemia.

According to WHO experts, the frequency of iron deficiency anemia (IDA) in pregnant women varies from 21.0 to 80.0% (Chernichenko E. E., 2001; Shekhtman M. M., 2004). In the Volgograd region (Denisenko L. N., 2010), the detection rates of iron deficiency anemia in pregnant women increased by 11% (minutes of the Meeting of the Association of AGPS, 2003) (Vinogradova M. A., Fedorova T. A., 2015; Popova N. M., Sokolovskaya T. A., 2016). The facts revealed by the authors of an increase in the frequency and severity of inflammatory periodontal diseases during the pathological course of pregnancy are beyond doubt (Tolmacheva S. M., Lukinykh L. M., 2005; Suleymanova I. G., 2008, Bulkina N. V., 2014). In this regard, the actual direction of scientific research is the study of the frequency of inflammatory periodontal diseases, taking into account the regional component, the development of methods of treatment and prevention in pregnant women with iron deficiency anemia.

Improving the effectiveness of prevention and treatment of inflammatory periodontal diseases in pregnant women with iron deficiency anemia.

1. To identify the incidence of iron deficiency anemia in pregnant women by retrospective analysis of medical records and assessment of dental status in the dynamics of the gestational period
2. To study the risk factors for the occurrence and development of inflammatory periodontal diseases in women with a physiological and pathological course pregnancy, iron deficiency anemia, living in Volgograd, taking into account socio-demographic, medical and biological characteristics and obstetric status (according to the questionnaire).
3. To study the clinical and clinical - laboratory parameters of gingival fluid in women with inflammatory periodontal diseases in the physiological and pathological (IDA) course of pregnancy.
4. Conduct a comparative analysis of the effectiveness of the treatment of inflammatory periodontal diseases in pregnant women using conventional methods and the immunomodulatory drug "Lizobakt".
5. To develop an algorithm for the treatment and prevention of inflammatory periodontal diseases in pregnant women with iron deficiency anemia.

For the first time, the incidence of iron deficiency anemia (IDA) was revealed and the dental status of pregnant women with IDA in Volgograd was studied by retrospective analysis of medical records and examination.

As a result of the study of risk factors for the occurrence and development of inflammatory periodontal diseases in women with physiological and pathological (IDA) pregnancy, a social portrait of a pregnant woman living in Volgograd was formed; identified risk groups for the development of periodontal diseases, taking into account socio-demographic, medical and biological characteristics and obstetric status (according to the questionnaire).

For the first time, the comparative effectiveness of clinical and laboratory indicators of inflammatory periodontal diseases in women with physiological and pathological (IDA) pregnancy was studied, with an assessment of the diagnostic information content of laboratory data (IgA, IgG; IL-8, IL-10), for early diagnostics, assessment of the dynamics of the disease and the effectiveness of the use of the immunomodulatory drug "Lizobakt" for topical use.

Relationships between indicators of local immunity of the oral cavity and inflammatory periodontal diseases in pregnant women with iron deficiency anemia (IDA) in the dynamics of the gestational period were established.

A set of informative indicators has been substantiated, allowing in pregnant women with IDA to form risk groups for the development of inflammatory periodontal diseases in the early stages, which is of practical importance for diagnosing and assessing the dynamics of the disease.

In pregnant women with IDA, based on a comparative study of clinical and laboratory parameters (immunoglobulins IgA, IgG, interleukins IL-8, IL-10), the diagnostic information content of laboratory data was assessed. Recommendations have been developed for the immunological study of gingival fluid and the identification of risk groups with an unfavorable course of inflammatory periodontal diseases.

The developed complex algorithm for the treatment and prevention of inflammatory periodontal diseases in the dynamics of obstetric status will make it possible to systematize and improve the structure of dental care for pregnant women with iron deficiency anemia (IDA).

The incidence of pregnant women has a negative impact not only on the health of the mother, but also on her offspring and subsequent generations. In the general structure of diseases of pregnant women (000-099), the first place is occupied by the threat of abortion (55.00-77.44%, 2010-2015), blood diseases are in second place (050-089). These parameters are manageable pathologies, which indicates the socio-demographic and psychophysical factors of the distress of pregnant women. The next most common diseases are diseases of the genitourinary system (N00-N99) - 12.10% (2010) and 13.37% (2015) (Vinogradova M.A., Fedorova T.A., 2015; Popova N. M., Sokolovskaya T. A., 2016).

In general, according to [source of information state reporting form (FSN) No. 32], the five leading pathologies (2010) of pregnant women were: anemia (34.74% per 100 completed childbirth); diseases of the genitourinary system (19.16%); the threat of termination of pregnancy up to 22 weeks (19.12%); edema, proteinuria and hypertensive disorders (18.06%) and pathological conditions of the fetus (15.92%). Similar processes were traced in 6 federal districts, while for the leading pathology - anemia - the all-Russian indicators exceeded the results for the North Caucasus (North Caucasian Federal District - 50.08%) and the Volga Federal District (VFD - 37.73%) (Popova N.M., Sokolovskaya T. A., 2016).

According to WHO experts, the frequency of IDA in pregnant women varies from 21 to 80% (Chernichenko E. E., 2001). Over the past 10 years, the frequency of cases of IDA, according to the survey of the Ministry of Health of the Russian Federation, has increased by 6.3 times (Shekhtman M. M., 2004). In the Volgograd region over the past five years, the detection rates of IDA in pregnant women increased by 11% (minutes of the Meeting of the AGPS Association, 2003), currently there is a downward trend - 29.9% (2014-2017).

Iron deficiency anemia still remains the leading pathology and is registered in 95.0% of pregnant women and 40.0% of women of reproductive age (Schmidt D.V., 2009; Isamulaeva A.Z., 2016).

The diagnosis of "iron deficiency anemia" is made by a general practitioner according to the data of clinical and laboratory studies, according to the WHO classification, at a concentration of hemoglobin (Hb) in the blood: 110-90 g / l - mild severity; 90-70 g/l - medium; less than 70

g/l - severe (Shaposhnik O. D., Rybalova L. F., 2002; Vinogradova M. A., Fedorova T. A., 2015).

Iron deficiency in the body of a pregnant woman causes the occurrence of placental insufficiency, contributing to spontaneous abortion, premature birth and the development of fetal pathology, which provokes hypoxic-ischemic injuries, intrauterine growth retardation, cognitive abnormalities (Petrichenko N.V., Barkova E.N., 2015 ; Ivanova M. A., Vorykhanov A. V., 2016).

With IDA, mineral and protein metabolisms are disturbed, which provide the most important functions of the body. As a result of the research, the authors (Burlev V.A., 2002; Klochkova - Abelyans S.A., 2005) propose to consider IDA as a systemic organ pathology that leads to functional and morphological changes in the organs and tissues of the body (Vinogradova M.A. , Fedorova T. A., 2015; Sokolovskaya T. A., Popova N. M., 2016, Lomova A. S., 2016). The statistics of recent years on the study of the dental health of pregnant women revealed a high need for dental care - from 50.0 to 78.7% (Bakhmudov B.R., Bakhmudova Z.B., 2000; Zhulev E.N., Lukinykh L.M. , Pokrovsky M. Yu., 2002; Bochkovskaya O. O., Solovieva A. M., 2006).

Studies conducted in our country and abroad have shown that there is a close relationship between dental pathology of the oral cavity and nature of the course of pregnancy. The revealed facts of an increase in the frequency and severity of periodontal tissue pathology, diseases of the oral mucosa during the pathological course of pregnancy (IDA) are beyond doubt (Pokrovsky M. Yu., 2002; Nosova V. F., 2003; William H. Bowen, 2002; Murashko A. V., 2004; Tolmacheva S. M., Lukinykh L. M., 2005; Alieva M. S., Omarov S.-M. A., 2005; Suleymanova I. G., 2008).

Many inflammatory periodontal diseases have regional features of development, course and treatment associated with the genetic characteristics of the population of the territory, with its iodine status, environmental, epidemiological situation and the organization of medical care (Bulkina N.V., 2014).

Diagnosis and treatment of inflammatory periodontal diseases is not only a dental, but also an important general medical, social problem (Karaeva A. Yu., 2007; Fabrikant E. G. et al., 2008; Arutyunov S. D. et al., 2009; Tarasova Yu. G., 2011; Williams R. C. et al., 2008, Somma F. et al., 2010). According to WHO, inflammatory periodontal diseases in different age groups are detected in 80-100% of the adult population (Bareer G. M., Lemetskaya T. I., 1996; Bezrukova A. P., 1999; Grudyanov A. I., Bezrukova I. V., 1999; Orekhova L. Yu., 1999; Dmitrieva L. A., 2001, 2012; Grigoryan A. S., 2004; Tsepov L. M., 2006; Yanushevich O. O. et al., 2010).

"Chronic catarrhal gingivitis" (K05.1) is the initial stage of destructive changes in the periodontium, in which the reserve forces, reparative capacity and adaptation of periodontal tissues are still quite high, which is often the key to successful treatment. At the same time,

this stage of periodontal disease does not have a pronounced clinical picture and subjective complaints, and therefore remains without due attention of dentists and patients themselves, which leads to the progression of pathological processes and aggravation of the severity of the manifestation of periodontal disease (Orekhova L. Yu., 2004; Frolova O. A., 2004; Shuster D. I., 2006; Levina N. M., 2017).

The main reason for the development of inflammation in periodontal tissues is plaque (microbial plaque), where microorganisms and their metabolic products are present, which cause local inflammation (Ivanov B. C., 2001; Barer G. M., Yanushevich O. O., 2002; Grudyanov A. I., 2004; Vavilova T. P. et al., 2006; Efanov O. I. et al., 2006; Dmitrieva L. A. et al., 2007). Numerous studies have shown that the pathogenesis of periodontal diseases is based on a complex interaction of pathogenic microflora and factors of human immune reactivity.

According to the literature, it is known about the relationship between obstetric pathologies and the nature of changes in the oral cavity of a pregnant woman (Kurbanova S. Kh., 2004; Denisenko L. N., 2006; Bakhmudov B. R., Bakhmudova Z. B., 2009). The studies of these authors show a high percentage of periodontal diseases. During pregnancy, the prevalence of gingivitis, mild and moderate periodontitis varies from 49.1 to 100%. It was found that in multiparous women gingivitis occurred in 57.5%, in primiparas in 45.9%, there is information about the development of periodontal pathology against the background of systemic diseases of the body: thyrotoxicosis, diabetes and others (Akhmedova A. R., 2008; Kirilova E. H., 2009; Gaffield M. L., Colley B. J., 2009).

Chronic catarrhal gingivitis is detected most often - up to 90% of cases, chronic hypertrophic gingivitis - from 5.2 to 41.5% (Kutusheva P.P., 2009; Levina N.M., 2017). The first clinical signs of catarrhal gingivitis are detected already from the 2nd month of pregnancy (Kirillova E. H., 2009).

However, in the initial period of pregnancy, from 3.1 to 15.1% of pregnant women turn to dentists for preventive purposes (Bochkovskaya O. O., Solovieva A. M., 2000; Gadzhiev R. S., Rasulov K. M., Bulgakov D. M., 2004, Leontiev V. K., Pakhomov G. N., 2006).

The clinical picture of inflammatory periodontal diseases in pregnant women is quite multifaceted, difficult to diagnose and has its own characteristics at the stages of treatment (Tolmacheva S. M., Lukinykh L. M., 2005, Orekhova N. S., 2007, 2009).

The most dangerous when carrying out dental treatment measures are the critical periods of embryogenesis: 1-3rd, 3-16th weeks, when taking medications can lead to fetal death and (or) the formation of multiple malformations (Rabinovich S. A., Zoryan E. V., 2005).

It has been established that inflammatory periodontal diseases in the mother are associated with a risk of preterm birth, and as they progress during pregnancy, the risk increases, but the reason for this relationship is unclear. It is suggested that the increased risk of preterm birth may be due to hematogenous spread of infection to the pelvic organs or, more likely, to the

general mechanisms of the inflammatory response to microorganisms in the oral cavity and genital tract. The association of “maternal periodontitis” with adverse pregnancy outcomes is important from a public health standpoint, given that gingivitis, periodontitis are preventable and treatable, and in combination, adverse pregnancy outcomes lead to a significant burden on health care and social security (Trigolos N. N., Makedonova Yu. A., Firsova I. V., 2018).

In this regard, the choice of effective, safe methods of treatment and prevention of gingivitis in pregnant women is of particular importance to reduce the risk of developing and exacerbating periodontal diseases (Orekhova N.S., 2007).

Treatment and prevention of gingivitis, periodontitis include early sanitation of foci of chronic infection, which is also important for the prevention of intrauterine infection of the fetus.

Despite the relevance of the problem, modern methods of oral care, prevention and treatment of gingivitis are not sufficiently adapted for pregnant women and do not allow timely arrest of the inflammatory process in the periodontium (Dmitrieva L.A., 2014). Thus, the search for new approaches to prevention and treatment of gingivitis in pregnant women, in the early stages of the development of the inflammatory process in the periodontium, remains one of the topical

tasks of dentistry and requires the formation of new approaches and directions. It is obvious that the implementation of preventive and adequate therapeutic measures, the expansion and implementation of the level of sanitary and hygienic knowledge can improve the dental level of health and the quality of life of a pregnant woman (Orekhova N. S., 2007; Dubrovskaya M. V., Ivashchenko Yu. Yu., 2011 ; Prohodnaya V.A., 2018).

The risk factors for the development of dental diseases, the authors refer to two groups: socio-economic and biomedical (Maslak E. E., Shkarin V. V. et al., 2010). Currently, in the context of improving the quality of medical care in the national health care system, the changing demographic situation, the development of national programs to support motherhood and childhood, the issues of studying risk factors for the occurrence and development of periodontal diseases are of particular social importance and require additional research (Firsova I. V., 2014; Sokolovskaya T. A., Popova N. M., 2016; Donika A. D., 2016; Uspenskaya O. A., Shevchenko E. A., 2018).

Pregnant women are allocated to high-risk groups for the formation and preservation of dental health (Mukhametova E. Sh., 2006). The authors identify the main factors that determine the growth of dental pathology and the need for specialized care: biomedical, environmental, social, which often cause different levels of patient motivation for treatment and prevention (Selpiev T. T., 2002; Donika A. D. , 2016; Firsova I. V., 2014).

References

- 1.Sodikova, S. (2021). Periodontitis in pregnant women. Збірник наукових праць ЛОГОΣ.
- 2.Zoyirov, T. E., Sodikova, S. A., & Elnazarov, A. T. (2021). THE STRUCTURE OF PERIODONTAL AND ORAL MUCOSA DISEASES IN PREGNANT WOMEN AGAINST THE BACKGROUND OF IRON DEFICIENCY ANEMIA (LITERATURE REVIEW). Вопросы науки и образования, (27 (152)), 33-45.