

KEY POINTS IN THE TREATMENT OF RAPIDLY PROGRESSING PERIODONTITIS

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Abstract. Modern dentists, when treating periodontitis, due to long-term results and some negative aspects, choose surgical treatment instead of conservative treatment; removal followed by implantology. There is sufficient information on the manifestation of the progressive course of periodontal disease. Rapidly progressive periodontitis is an increasing, gradually intensifying lightning process of various forms of periodontitis, leading to rapid tooth loss. Recently, researchers have proposed many alternative treatment methods, but there is no single view on the sequence of necessary therapeutic measures. Treatment of patients with rapidly progressive periodontitis involves an individualized comprehensive approach to therapeutic measures. Modern periodontology has a large arsenal of treatment methods that are equally applicable to this course of periodontitis. modern methods of treating patients with rapidly progressive periodontitis in comparison with our own research. Analysis of literature and experience of treatment for 30 years with rapidly progressing periodontitis made it possible to identify the stages of treatment: 1) cooperation of the patient with the doctor; 2) cooperation of the dentist-therapist with the dental surgeons at the stages of treatment; 3) implementation of individual and professional hygienic measures with control of plaque growth; 4) surgical treatment; 5) drug therapy (including antiviral therapy according to indications) and physiotherapy; 6) maintenance therapy.

Key words: exacerbation of chronic periodontitis, rapidly progressing periodontitis, periodontitis, treatment, medicinal preparations for sealing.

КЛЮЧЕВЫЕ МОМЕНТЫ В ЛЕЧЕНИИ БЫСТРОПРОГРЕССИРУЮЩЕГО ПАРОДОНТИТА

Аннотация. Современные стоматологи при лечении пародонтита из-за отдаленных результатов и некоторых негативных моментов выбирают хирургическое лечение вместо консервативного; удаление с последующей имплантацией. Имеется достаточно информации о проявлении прогрессирующего течения пародонтита. Быстропрогрессирующий пародонтит — это нарастающий, постепенно усиливающийся молниеносный процесс различных форм пародонтита, приводящий к быстрой потере зубов. В последнее время исследователями предложено много альтернативных методов лечения, но единого взгляда на последовательность необходимых лечебных мероприятий

нет. Лечение больных быстропрогрессирующим пародонтизом предполагает индивидуализированный комплексный подход к лечебным мероприятиям. Современная пародонтология располагает большим арсеналом методов лечения, которые в равной степени применимы к данному течению пародонтита. современные методы лечения больных быстропрогрессирующим пародонтизом в сравнении с собственными исследованиями. Анализ литературы и опыта лечения за 30 лет при быстропрогрессирующем пародонтизе позволил выделить этапы лечения: 1) сотрудничество пациента с врачом; 2) сотрудничество стоматолога-терапевта со стоматологами-хирургами на этапах лечения; 3) проведение индивидуальных и профессиональных гигиенических мероприятий с контролем роста зубного налета; 4) хирургическое лечение; 5) медикаментозная терапия (в том числе противовирусная терапия по показаниям) и физиотерапия; 6) поддерживающая терапия.

Ключевые слова: обострение хронического пародонтита, быстропрогрессирующий пародонит, пародонит, лечение, лекарственные препараты для пломбирования.

The processes occurring in the initial and early stages have been studied (S.P. Rubnikovich, 2011). There is sufficient information on the manifestation of the progressive course of periodontal disease. Thus, among all forms of periodontitis, rapidly progressive periodontitis deserves special attention due to its special clinical manifestations: lightning-fast and difficult to control destruction of bone tissue against the background of a relative absence of local causal factors. The discrepancy between the actual severity of periodontal tissue damage and visible clinical manifestations distinguishes rapidly progressive periodontitis from other manifestations of periodontal diseases.

An unfavorable outcome is tooth loss over a relatively short period of time. It is important to note that, unlike chronic periodontitis, the prevalence of which increases in older age groups, rapidly progressing.

When treating any form of periodontitis, the main attention should be paid to the mechanical and drug treatment of the root canal - locally and general drug treatment of the whole body). Due to the presence of obvious anatomical and functional disorders of the maxillofacial apparatus as an outcome of rapidly progressing periodontitis (including changes in occlusal relationships, disruption of chewing function, aesthetics; dysfunction of the temporomandibular joint (TMJ)), treatment of patients with rapidly progressing periodontitis in the early stages of the disease, and, consequently, early diagnostics, are relevant areas at present. The earlier rapidly progressing periodontitis is diagnosed, the greater the likelihood of a positive outcome of treatment and achieving a stable result.

Knowledge of the risk factors of this periodontal pathology is mandatory for early diagnostics and individualized treatment. Among the risk factors of rapidly progressive periodontitis are the following: (increased number of microorganisms per unit area - more than 10^4 / unit area, the presence of *A. actinomycetemcomitans* and *P. gingivalis*, the presence of herpes virus, changes in phagocytosis, the emergence of a hypersensitive macrophage phenotype, genetic factors) and bad habits, alcohol, (smoking, occlusal trauma, emotional stress syndrome, occupational hazards, nutritional characteristics, loss of the level of gingival attachment due to tooth migration after the removal of wisdom teeth. (L.N. Dedova et al., 2013) . At the same time, the opinions of scientists are contradictory in matters of diagnosis and treatment of this category of pathological process in periodontal tissues. In this regard, it became necessary to summarize the material on the treatment of patients with rapidly progressive periodontitis in comparison with the data of our own studies. Treatment of rapidly progressive periodontitis is a set of measures aimed at the mechanism of development of the pathological process, which requires an individualized approach and has certain features: cooperation of the dentist with periodontological centers during the treatment; cooperation of the dentist with internists at the stages of treatment; implementation of individual and professional hygienic measures with control of plaque growth; surgical treatment; drug therapy and physiotherapy; supportive therapy.

Additional research methods: determination of the periodontal microcirculation state (laser-optical diagnostics, vacuum test to determine capillary pressure); bone remodeling process (determination of bone formation and bone resorption markers - osteocalcin, β -Cross Laps, C-telopeptide of type I collagen; densitometry); biochemical blood test (determination of elastase-inhibitory activity of blood serum); study of local inflammatory response (determination of the functional activity of blood serum neutrophils using the HCT test); morphological methods for examining the contents of periodontal pockets; study of the state of the immune barrier (determination of lymphocyte subpopulations by CD markers,

Cooperation of a dentist with doctors of other fields (endocrinologists, hematologists, oncologists, infectious disease specialists, etc.) at the stages of treatment plays a significant role.

Cooperation with internists is due to the fact that a rapidly progressive course often occurs against the background of a general somatic disease.

It is known that symptomatic periodontitis is a group of periodontal diseases in which pathological changes in periodontal tissues are a symptom or result of systemic diseases (diabetes mellitus, leukemia, anemia, agranulocytosis, HIV infection, collagenoses, osteoporosis, liver diseases, etc.). The level of development of systemic pathology largely determines the prognosis of periodontal diseases. The presence of a systemic disease that provokes the development of symptomatic periodontitis undoubtedly worsens the prognosis of the disease and requires targeted

comprehensive treatment, which involves an endocrinologist, hematologist, gynecologist, immunologist, pediatrician, rheumatologist, infectious disease specialist or other internist. In this case, it is difficult to achieve success only through the efforts of a periodontist, since the effect of periodontal treatment depends on the state of the general somatic disease. Therefore, the treatment of a patient with rapidly progressing periodontitis requires cooperation between a periodontist and an interdisciplinary internist. In addition, cooperation with an internist will help to avoid irrational and incorrect prescription of both systemic and local drugs to the patient. In addition, cooperation between a periodontist and an orthodontist is fundamental, as the orthodontist will determine the stress-strain state of the dentoalveolar system and, depending on it, adjust the frequency and volume of treatment procedures. It is known that when planning treatment for patients with rapidly progressing periodontitis, special attention should be paid to normalizing occlusal relationships that have changed due to tooth migration, the occurrence of supracontacts, rotation of teeth along the axis, labiolingual or mesiodistal inclination of individual teeth. This will prevent further loss of bone tissue of the alveolar processes, teeth and TMJ dysfunction.

Carrying out individual and professional hygiene measures with control over dental plaque growth. A conclusion about the extent to which clinical manifestations of periodontitis and general somatic disease are related can be made only after complete elimination of local unfavorable factors that caused the development of inflammatory and destructive changes in periodontal tissues. In this regard, an important condition for effective treatment is determining access to the affected tissues, smoothing the root surface with motivating patients on oral hygiene, and mandatory re-evaluation of the condition after 2-3 weeks. At this stage, it is important for the patient and the dentist to control the growth of dental plaque. The role of the dentist is to convey to the patient all the information about the controlled risk factors in an accessible form: a conversation about the risk factors of periodontal diseases; correction of hygiene skills - a demonstration of alternative methods of brushing teeth to the patient (the modified Bass method for patients without gingival recession, as well as the Stillman method for patients with recession, deserve attention); application of additional hygiene products – interdental stimulators and irrigators, mouthwashes; correction of hygiene skills. The goal of this stage is to destroy the bacterial film, reduce the number of bacteria, slow down recolonization by pathogenic microorganisms, replace pathogenic microflora with one compatible with healthy periodontal tissues. *A. Actinomycetemcomitans* and *P. Gingivalis*, putative periodontopathogenic bacteria, have the ability to produce a large number of biologically active substances that can directly affect the cells of the host organism and disrupt their integrity. The difficulties that arise at the stages of treating rapidly progressing periodontitis using only hygienic measures are explained by the fact that the association of *A. Actinomycetemcomitans* and *P. Gingivalis* (these microorganisms are

preferred over others in the development of rapidly progressing periodontitis) is characterized by the ability to penetrate into the periodontal tissues. In addition, the species *A. actinomycetemcomitans* is known for its ability to form an extremely sticky biofilm. Biofilm complicates the treatment of periodontitis by isolating microorganisms from local anti-inflammatory and immune responses, reducing the effectiveness of antibacterial drugs, and ensuring the diffuse spread of planktonic cells to hard-to-reach places, which can subsequently lead to reinfection. Mechanical removal of dental plaque and elimination of local irritants, smoothing the root surface are the quintessence of any periodontal therapy.

Removal of dental plaque can be carried out at one time or in stages, it is necessary to smooth the surface of the roots of one quadrant of the teeth in one visit. In addition, the method of antimicrobial treatment of the oral cavity deserves attention, first scraping and smoothing the surface of the root of all teeth (at one time), and then treating the tongue with a 1% chlorhexidine solution for 1 minute, rinsing the mouth with solutions of medicinal herbs (chamomile, sage, oak bark, green tea), biodent, 0.2% chlorhexidine for 2 minutes, irrigation of the periodontal pockets with a 1% chlorhexidine solution. Complex treatment of periodontitis in almost 90% of cases gives positive results in the treatment of any form of rapidly progressing periodontitis.

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