

CORRECT DIAGNOSIS OF PERIODONTAL DISEASES AND DETERMINING THE COMPETENCE OF DENTISTS IN PERIODONTAL DISEASES

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Abstract. Polyetiology of periodontal diseases introduces certain difficulties in the issues of diagnostics and adequate selection of treatment methods and dictates the conditions under which complexity and individual approach are the main condition for successful treatment.

Therefore, timely diagnostics and correct determination of the disease prognosis are very important, which directly depends on the level of professional knowledge of dentists. The purpose of the study was to analyze the level of competence of dentists on the methods of diagnostics and classification of periodontal tissue diseases in patients.

Key words: periodontitis, classification, diagnostics, questionnaire, competence.

ПРАВИЛЬНАЯ ДИАГНОСТИКА ЗАБОЛЕВАНИЙ ПАРОДОНТА И ОПРЕДЕЛЕНИЕ КОМПЕТЕНТНОСТИ ВРАЧЕЙ-СТОМАТОЛОГОВ В ОБЛАСТИ ЗАБОЛЕВАНИЙ ПАРОДОНТА

Аннотация. Полиэтиологичность заболеваний пародонта вносит определенные трудности в вопросы диагностики и адекватного выбора методов лечения и диктует условия, при которых комплексность и индивидуальный подход являются главным условием успешного лечения. Поэтому своевременная диагностика и правильное определение прогноза заболевания имеют большое значение, что напрямую зависит от уровня профессиональных знаний врачей-стоматологов. Целью исследования стал анализ уровня компетентности врачей-стоматологов в вопросах методов диагностики и классификации заболеваний тканей пародонта у пациентов.

Ключевые слова: пародонтит, классификация, диагностика, анкетирование, компетентность.

Periodontal diseases are a pressing issue in modern dentistry and continue to be one of the most important causes of tooth loss. Studies have shown that periodontal diseases are most common in rural populations, with localized forms more common in children and adolescents, and generalized forms in adults. The polyetiology of periodontal diseases creates certain difficulties in diagnostics and adequate selection of treatment methods and dictates conditions under which complexity and an individual approach are the main condition for successful treatment.

The clinical picture of chronic catarrhal gingivitis and chronic generalized periodontitis in the early stages is characterized by a low-manifest and latent course, which complicates modern diagnostics and, consequently, delays the onset of adequate treatment measures. Therefore, timely diagnostics and correct determination of the prognosis of the disease are very important, which directly depends on the level of professional knowledge of dentists. Thus, it is obvious that conducting a study aimed at studying the competence of dentists in the methods of diagnosing inflammatory diseases of periodontal tissues is relevant, since the quality of medical services provided directly depends on the level of knowledge of doctors of this pathology. The purpose of the study was to analyze the level of competence of dentists in the methods of diagnosing and classifying periodontal tissue diseases in patients.

An assessment of the level of awareness of dentists about the prevalence of inflammatory periodontal diseases and, in particular, periodontitis showed that 95.4% of respondents noted that periodontal diseases affect almost the entire adult population in all countries of the world, and that they are the main cause of tooth loss. Also, in 100% of cases, respondents indicated that periodontitis is an inflammation of periodontal tissues, characterized by progressive destruction of periodontal tissues and alveolar bone of the jaws. An assessment of dentists' knowledge of the classification of periodontal diseases revealed that only 34.5% (30/87) of respondents have an idea of the modern classification of periodontal diseases. Currently, in the CIS countries, a classification of periodontal diseases is used, built on the nosological principle, approved by WHO experts, in comparison with which this study was conducted. In 65.5% (57/87) of cases, respondents indicated an incomplete or incorrect classification of periodontal diseases. Thus, 43.7% (38/87) of respondents indicated that periodontal diseases include gingivitis, periodontitis and periodontosis, 9.2% (8/87) of respondents indicated gingivitis, periodontitis, periodontosis and periodontitis, 4.6% (4/87) of respondents indicated gingivitis and periodontitis or periodontitis and periodontosis, 3.4% (3/87) of respondents indicated gingivitis, periodontitis and stomatitis.

Analysis of knowledge of the classification of periodontal diseases by dentists of private and public dental clinics showed that respondents of private dental clinics more often indicated a complete classification of periodontal diseases, in comparison with respondents of public dental clinics. Thus, 53.3% (16/30) of respondents from private dental clinics and 24.6% (14/57) of respondents from public dental clinics correctly indicated that periodontal diseases include: gingivitis, periodontitis, periodontosis, idiopathic periodontal diseases and periodontomas.

Currently, about a hundred periodontal indices have been described. However, in clinical practice, as a rule, they are limited to their minimum number, allowing an objective assessment of the dynamics of the pathological process and the effectiveness of the treatment.

Thus, to assess the inflammatory process in the gum tissues, dentists, as a rule, use two of the most significant indices - the papillary-marginal-alveolar index (PMA) and the periodontal index (PI) Rassel, as well as the Schiller-Pisarev test. As the results of our study showed, none of the respondents had a clear idea of the assessment indices characterizing the inflammation of the gum tissues. Thus, all respondents gave 12 different answer options, which listed various indices characterizing both inflammatory changes in the gum tissues and characterizing the state of oral hygiene, the state of the periodontium, the resistance of capillaries and the volume of necessary periodontal treatment.

To assess bone destruction of the alveolar bone, respondents from municipal dental clinics used the PI somewhat less often (1.2 times) compared to respondents from private dental clinics.

At the same time, dentists from private dental clinics used the PMA index more often (1.2 times) and determined the depth of periodontal pockets and tooth mobility. Also, respondents from private dental clinics did not use the GI and CPITN indices for this purpose. Analysis of the use of laboratory research methods in the process of diagnosis and treatment of periodontal diseases showed that 40.2% (35/87) of respondents did not use laboratory research methods at all in their practice. In 20.7% (18/87) of cases, respondents indicated that they use radiological and laboratory research methods: complete blood count (CBC), complete urine analysis (CUA), determination of blood sugar levels, immunological and microbiological studies.

Only radiological (panoramic and/or targeted radiographic images) or biochemical (complete blood count, general urine analysis, determination of blood sugar levels, immunological studies) research methods were used by 13.8% (12/87) and 16.1% (14/87) of respondents, respectively. 4.6% (4/87) of respondents from municipal and private dental clinics each indicated the use of cytological research methods or additional examination of patients with periodontitis by a gastroenterologist and/or allergist.

At the same time, in 40.4% of cases, respondents from municipal dental clinics and 40.0% from private ones did not use laboratory research methods in the process of diagnosis and treatment of periodontal diseases.

Conclusions:

1. The survey results revealed low competence in issues of diagnosing periodontal diseases: 34.5% of respondents are well informed on classification issues; adequate assessment indices for assessing the hygienic condition of the oral cavity and inflammatory changes in gum tissue are used in only 20.7% and 77.0% of cases, respectively; laboratory and diagnostic research methods are used by only 59.8%;

2. The use of a large number of diagnostic and prognostic indices in periodontology allows for objective monitoring of the dynamics of the disease, assessment of the depth and prevalence of the pathological process, mathematical processing of the results obtained, and comparison of the effectiveness of various methods of treating periodontitis.

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