



MAXILLOFACIAL AREA AND SOFT TISSUES OF ODONTOGENIC INFLAMMATORY DISEASES IN FREQUENTLY ILL CHILDREN

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Abstract

In the structure of this pathology, a special place is occupied by odontogenic inflammatory diseases and their complications against the background of reduced immunity due to recurrent respiratory infections in children (Zuev V. P. 1994; Kazimirsky V. A. ssoavt, 1996, Henderson, 1995; Henderson, Wilson, 1995, 1996, etc.).

The course of odontogenic infection in children has a number of features due to the relative immaturity of the child's organs and tissues, imperfection of immunity, abundance of lymphatic tissue, the presence of anatomical and physiological features of the structure of teeth and jaws, ease of damage and increased permeability to microbes of natural protective barriers, etc.

Studies show that on average, every child suffers from 3 to 5 episodes of acute respiratory viral infectious diseases (ARVI) per year. The greatest incidence of acute respiratory infections is observed in young children, preschoolers and primary school children. Children of the first 3 years of life get SARS within a year 2-2. 5 times more often than children aged 10 years and older. Recurrent respiratory infections lead to violations of the functional state of the body, can cause a breakdown of adaptation and cause the development of chronic pathology [Klyuchnikov S. O. from savt., 2017].

Repeated infections are most often caused by viruses (mainly respiratory syncytial, influenza and parainfluenza, adenoviruses), pathogens of the family Chlamydia and Mycoplasma (especially Chlamydia pneumoniae and Mycoplasma pneumoniae), bacteria Haemophilus influenzae (most often type b), Streptococcus pneumoniae, S. pyogenes, Staphylococcus aureus, Moraxella (Branhamella) catarrhalis, etc. [Klyuchnikov S. O. with savt., 2017].

The main bacterial agents are beta-hemolytic streptococcus group A(BGSA), staphylococcus aureus (S. aureus), which are capable of forming mixed infections with respiratory viruses [Lopatin A. S., 2001].

This demonstrates the urgency of the problem in maxillofacial surgery. The course of surgical diseases in children with recurrent respiratory infections is



determined by complex immune mechanisms and their interaction with hormones of the pancreas, pituitary gland, thyroid gland and adrenal glands. Suppression of the immune system, metabolic disorders, decreased pain sensitivity change the clinical picture and the course of many surgical diseases, which can lead to serious diagnostic errors and negatively affect the outcome of surgical pathology. (Galimov O. V., et al., 2018; Zaitseva E. L., 2018, Piaggiesietal., 2018).

Odontogenic inflammatory diseases and their complications in often ill children have certain features that are characterized by pronounced microcirculatory disorders, the presence of microthrombs, dystrophic and necrotic processes, the predominance of the inflammatory component over the reparative one, inhibition of cell proliferation, inhibition of phagocytic activity of leukocytes, incomplete phagocytosis, a high degree of microbial contamination of wound tissues, a decrease in general and local immunological reactivity (N. I. Kamzalakova, 2000, A. Yu. Tokmakova, 2003, D. S. Schade, 1988, E. S. Bullenetal., 1995).

Objective

To study the course and improve the results of complex treatment of patients with odontogenic inflammatory diseases of the maxillofacial region and their complications by local treatment.

Material and Methods

The analysis of the literature data of recent years shows that there are few studies devoted to the study of the improvement of treatment methods for frequently ill children with odontogenic inflammatory diseases of the maxillofacial region and their complications against the background of reduced immunity, devoted to the study of the features of the course and treatment of purulent surgical pathology of CHLO.

The Object and Subject of the Study

The results of surgical correction of odontogenic diseases in 44 sick children with recurrent respiratory infections hospitalized in the department of maxillofacial surgery of the Bukhara Regional Children's Multidisciplinary Medical Center (BODMPMC) will be studied.

When studying the indicators of local immunity in the saliva of frequently ill children, a decrease in the content of secretory immunoglobulin A was noted in



comparison with rarely ill children, the level and activity of lysozyme in the nasal secretions were slightly reduced. The level of secretory immunoglobulin A and its fixation on the mucous membranes are considered the most important factor providing resistance to infections. Lysozyme has an antibacterial effect in combination with immunoglobulin A and complement. A decrease in the synthesis of immunoglobulin A and lysozyme indicates an immunodeficiency in the local immunity system in this category of children.

In often ill children, violations of enzyme systems are noted (a decrease in the activity of myeloperoxidase in cells and an increase in the activity of alkaline phosphatase). There are reports of a decrease in the functional activity of neutrophil leukocytes in children with frequent respiratory pathology. With concomitant ENT pathology, an increase in the level of serum immunoglobulin M and a decrease in the absolute number of B-lymphocytes are often detected (Klyuchnikov S. O. with savt., 2017)

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The value of the tissue index of neutrophil granulocytes (TING), reflecting the integral biological activity of the tissue pool of neutrophil granulocytes of neutrophil granulocytes (NG), can serve as a predictor of the early postoperative course, in particular, when planning the total volume of the surgical protocol of bone and plastic operations (Tsymbalov O. V., Yevglevsky A. A. 2013).

It is known that the ecological system of the oral cavity balances between the immune response and tolerance to bacterial antigens [Eriksen H., 2006]. The high pro-inflammatory potential is reflected in the increased secretion of cytokines, and this process is permanent, since the oral cavity is not sterile [Martynova E. A., Makeeva I. M., Rozhnova E. V., 2008]. However, the secretion of pro-inflammatory cytokines cannot be uncontrolled, since excessive concentrations of interleukins are pathogenic and can initiate a local inflammatory process [Lyanova D. K., Kosyreva T. F., Drozdova G. A., 2009].



It was found that the level of autoantibodies of the sIgA class to IL-8 increases in the gingival fluid of patients with odontogenic abscesses compared to their content in healthy patients. By IL-10, the concentration of autoantibodies decreases in patients compared to the level of healthy ones. The increase in the content of aAt to IL-8 probably reflects the level of increased concentrations of antigenic epitopes of this cytokine. The decrease in the concentration of aAt to IL-10 is probably due to their "consumption" as a result of the "antigen - antibody" reaction [Ignatov M. Yu. et al., 2010].

1. To conduct a retrospective analysis of the results of traditional treatment of frequently ill children with inflammatory diseases of the CHLO and their complications over the past 5 years.
2. To determine the relationship between the indicators of the immunological and microbiological status of frequently ill children with odontogenic inflammatory diseases, depending on the clinical picture.
3. To evaluate the effectiveness of topical application of the drug staphylococcal bacteriophage liquid "MediPhag" in the complex treatment of odontogenic diseases in children with recurrent respiratory infections.
4. To compare the results of traditional treatment of inflammatory diseases of the CHLO and their complications in frequently ill children with the local use of the drug staphylococcal bacteriophage liquid "MediPhag".
5. To develop an algorithm for the complex treatment of frequently ill children with inflammatory diseases of the CHLO in children.

Conclusion

1. The high frequency of inflammatory diseases and their complications in frequently ill children was determined.
2. Will be reviewed for features and treatment outcome of inflammatory diseases and their complications in frequently ill children.
3. First we have developed a modified method of treatment inflammatory diseases of the oral and maxillofacial region in frequently ill children local
4. the use of the drug staphylococcal bacteriophage liquid "MediPhag"
5. Will be developed prognostic criteria of severity
6. inflammatory diseases of the oral and maxillofacial region in children with recurrent respiratory infections.



7. As a result of a comparative assessment of the surgical treatment of inflammatory diseases in children with recurrent respiratory infections, a comprehensive treatment program will be developed.

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