AJPMHS GLOBAL RESEARCH NETWORK

AMERICAN Journal of Pediatric Medicine and Health Sciences
Volume 01, Issue 01, 2023 ISSN (E): XXX-XXX

Indications for the Occurrence of Acute Purulent Periostitis Depending on the Causative Tooth and Age at the Age of Children

Tolibova Munira Izzatulloevna
Bukhara State Medical Institute

Abstract: Inflammatory diseases of the teeth and jaws still occupies the main place among other dental diseases. Among children with acute odontogenic inflammatory processes of the maxillofacial region, a significant proportion are patients with periostitis. There is no consensus in the literature regarding the frequency of the disease depending on age and causative teeth. This article presents the results of studying the role of individual teeth in the development of acute purulent periostitis of the jaws in children.

Keywords: Abcesses and phlegmons, periostitis, odontogenic diseases, microbes, pathogen, body sensitization, osteomyelitis.

Introduction

In children, periostitis of the jaw is usually a complication of acute or aggravated chronic periodontitis (apical or marginal). It may also be the result of suppuration of a root or follicular cyst, a wound after tooth extraction, in adults, an abscessing form of periodontitis may be associated with the above-mentioned causes of periostitis, a complication of difficult eruption of a wisdom tooth, or, finally, a concomitant phenomenon in acute odontogenic osteomyelitis [1]. However, most often according to Biberman Ya.M. (1963) - 78.2%, according to Shulovich O.O. (1969) - in 75% of cases, acute periostitis of the jaw is a consequence of exacerbation of chronic periodontitis [2.3]. Cooling, overwork, malnutrition are factors predisposing to the development of acute purulent periostitis, in addition, the causes of infection can be: injuries to teeth, jaws and purulent processes in the soft tissues adjacent to the jaws [4.6.9].

Long-term foci of infection contribute to the development of chronic odontogenic periostitis. Usually, chronic periostitis develops as a result of irrational therapy of periodontitis of temporary teeth, which are "dormant" foci of infection. Such a focus, in addition to sensitizing the body, gives rise to a local sluggish inflammatory process [4,5.9.11.13.15.17.19.21].

Objective: To study the frequency of acute purulent periostitis in children, depending on age and the “causal tooth”.

Material and methods of research: The frequency of teeth involvement in the development of acute purulent periostitis was studied from the case histories of 551 sick children aged 2 to 13 years treated in the department of maxillofacial surgery of the multidisciplinary medical center of Bukhara and in the Department of Pediatric Dentistry. To take into account anamnestic, clinical and laboratory studies of the course of the disease, we have developed a map of the examination of a patient with acute purulent periostitis, in which anamnestic information, general and local signs of the disease, laboratory data were entered. All qualitative signs were translated into quantitative expression (points). On the day of admission, complaints were carefully studied when collecting anamnesis, local signs of the inflammatory process, the general

reaction of the body, transferred and concomitant diseases, previous treatment were taken into account.

Results and discussions: The study showed that the incidence of jaw damage in different age periods in children is different. As the results showed, periostitis in children under 2 years of age inclusive is not uncommon. Of the 40 children hospitalized in the clinic with periostitis, 37 developed the process on the upper jaw, the ratio relative to the lower was 12:1, i.e. the process on the upper jaw is almost 12 times more frequent than on the lower [8.10.12.14.16.18.20].

In 3-year-old children, the incidence of the upper jaw remains high (60%) than the lower (40%), the ratio is 3:2. However, in 3-year-old children, the frequency of periostitis of the lower jaw has sharply increased. This seems to be due to the growth of caries at this age. The highest incidence of jaw damage with periostitis was noted in children aged 4 years - 113 (21%). The incidence of upper jaw periostitis continues to grow, but less than the lower jaw. At this age, periostitis increased almost twice in the lower jaw and turned out to be higher than in the upper jaw.

From the age of 5, the incidence of periostitis tends to decrease due to a decrease in the incidence of the lower jaw.

In 6-year-old children, with a decrease in the overall incidence of periostitis, the incidence of the jaws is leveled. By the age of 7, this ratio remains in principle, but almost twice becomes less periostitis than in children of 6 years.

In 8-year-olds, the incidence of damage to the upper jaw is more frequent than the lower one. In subsequent years, the frequency of periostitis decreases with an increase in the incidence of the lower jaw.

Conclusion: The frequency of periostitis increases with age. By the age of 5, it reaches the highest rates, both on the upper and lower jaw. In 6-year-old children, although the incidence of periostitis remains high, nevertheless, it was 17.4% less than in 5-year-old children. In subsequent years, there was a tendency to a gradual decrease in the frequency of periostitis. In general, periostitis was equally common in children on both the upper and lower jaw.

Comparing the role of individual teeth in children aged 2 and 3 years, it can be noted that in two-year-olds, the high incidence of periostitis of the upper jaw is due to the high incidence of temporary incisors. In three-year-olds, the cause of periostitis is complications of caries, both incisors and molars, but the most common cause is the first temporary molar. The cause of periostitis of the lower jaw at this age, as a rule, were temporary molars.

LITERATURES:

1. Агапов В.С., Смирнов С. Н., Шулаков В. В., Царев В. И. Комплексная озонотерапия ограниченного вялотекущего гнойного воспаления мягких тканей челюстно-лицевой области //Стоматология. -2001. -Т.80, №3. -С.23-27.
2. Азимов М.И. Клиника, диагностика и лечение одонтогенного периостита и остеомиелита челюстей у детей. //ТашГосМИ, Ин-т Кибернетики с ВЦ АН УзССР.-Т.,1988.- 14 с.
3. Бернадский Ю.И. Острый одонтогенный периостит челюстей. Гл.Х1-я.// Основы челюстно-лицевой хирургии и хирургической стоматологии.-М. :2003.-С.93-98.
4. Губин М. А., Харитонов Ю. М., Гирко Е.И., Чевардов Н.И. Диагностика и лечение осложнений острой одонтогенной инфекции //Стоматология: Спец. выпуск.— 1996.— С. 39.
5. Даулбаева **А.А., Байзакова** Г.Т. Влияние озона на чувствительность микроорганизмов к антибиотикам //Стоматология.-2003.-№2.-С.39-44.
6. Дмитриева Н. А. Гнойно-воспалительные осложнения челюстно-

7. лицевой области, структура их возбудителей и возможные пути профилактики: Дис. ... канд. мед. наук.— М., 1993.— 111 с.
8. Камалова Ф.Р. Первичная профилактика стоматологических заболеваний у детей// Новый день в медицине. - 2020. - №2 (30/2). - С. 383.
9. Камалова Ф.Р. Показатели распространенности и интенсивности кариеса зубов у детей Бухарской области// Новый день в медицине. - 2019. - № 2(26). – С. 183-185.
10. Раджабов А.А., Раджабов А.Б., Темирова Н.Р., Камалова Ш.М. Оценка результатов первичной хейлопластики у детей с врожденной двусторонней расщелиной верхней губы и нёба// Электронный научный журнал «Биология и интегративная медицина». - 2017. - № 5. - С. 36-46.
11. Axtamovich R. A. Improvement of Treatment and Prevention of Fluorosis in Children of School Age //Middle European Scientific Bulletin. – 2022. – Т. 22. – С. 170-172.
12. Axtamovich R. A. Evaluation of the Results of Primary Cheiloplasty in Children with Congenital Bilateral Cleft Lip and Palate //Middle European Scientific Bulletin. – 2022. – Т. 22. – С. 173-177.
13. Axtamovich R. A. et al. Features of Surgical Methods for the Elimination of Congenital Bilateral Cleft Lip and Palate //INTERNATIONAL JOURNAL OF HEALTH SYSTEMS AND MEDICAL SCIENCES. – 2022. – Т. 1. – №. 4. – С. 127-129.
14. Axtamovich R. A. et al. To Study and Assess the Condition of the Mouth in Children with Congenital Cliffs of the Lip and Palate //Central Asian Journal of Medical and Natural Science. – 2022. – Т. 3. – №. 5. – С. 378-380.
15. Rajabov A. A. INDICATIONS FOR THE DISEASE OF INFLAMMATORY DISEASES OF THE DENTAL SYSTEM IN CHILDREN WITH EXAMINED CEREBRAL PALSY //EUROPEAN JOURNAL OF MODERN MEDICINE AND PRACTICE. – 2022. – Т. 2. – №. 3. – С. 56-60.
16. Rahmatillaevna K. F., Umarovich S. S. Consequences Of Early Extraction of Deciduous Teeth in Children //Eurasian Medical Research Periodical. – 2021. – Т. 1. – №. 1. – С. 51-54.
17. Rahmatilloyevna K. F. et al. Improving the Methods of Treatment and Prevention of Complications of Odontogenic Diseases of the Jaws in Children //Eurasian Medical Research Periodical. – 2022. – Т. 6. – С. 168-171.
18. Rahmatilloyevna K. F. et al. Comparative Characteristics of Surgical Methods for Fixing Bone Fragments of the Zygomatic Bone and Arch //Eurasian Journal of Humanities and Social Sciences. – 2022. – Т. 6. – С. 46-48.
19. Rahmatilloyevna K. F. et al. Comparative Characteristics of Surgical Methods for Fixing Bone Fragments of the Zygomatic Bone and Arch //Eurasian Journal of Humanities and Social Sciences. – 2022. – Т. 6. – С. 46-48.
20. Kamalova F. R., Xamitova F. A., Safarova M. S. APPLICATION OF AUTHEMOTOMBOCYTE MASS IN SURGICAL DENTISTRY //湖南大学学报 (自然科学版). – 2021. – Т. 48. – №. 7.
21. Kamalova F. R., Safarova M. S. ARTIFICIAL FEEDING AND DENTAL HEALTH //湖南大学学报 (自然科学版). – 2021. – Т. 48. – №. 7.
22. Feruza R. KAMALOVA, Malika T. SATTAROVA. PREVENTION OF MISTAKES AND COMPLICATIONS IN ENDODONTIC TREATMENT IN CHILDREN// Journal of Natural Remedies Vol. 22, No. 1(1), (2021) – P. 45-48.