

## ULCERATIVE GINGIVITIS. CLINIC, COMPARATIVE DIAGNOSTICS, TREATMENT, PREVENTION. (WRITING A MEDICAL HISTORY)

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**Annotation:**The most common cause of gingivitis is poor personal oral hygiene. Violation of the rules may consist of inappropriate technique, irregular brushing of teeth, refusal to use dental floss and rinses after meals. As a result, food particles accumulate between the teeth, and a large amount of soft plaque forms on the surface of the teeth. This is a favorable environment for the proliferation of bacteria, which leads to the inflammatory process.

**Keywords:**Digestive organs disorders, gastritis, colitis, ulcer, pathology of the oral cavity, caries and it's complications, diseases of mucosa of the mouth, complex examination.

Ulcerative gingivitis is an inflammatory disease that affects the gums. It is characterized by the development of necrosis and pain. The pathology can lead to such serious consequences as stomatitis, periodontitis, osteomyelitis and tooth loss.

Oral diseases can affect not only teeth or bone tissue, but also gums. Acute ulcerative gingivitis leads to the development of an inflammatory process, which can cause the formation of erosions and a deep defect that turns into necrosis. This pathology manifests itself in the form of swelling and redness of the gums, bad odor from the mouth, increased bleeding when brushing teeth or eating solid foods. It is called "Vincent infection" and "necrotizing gingivitis." The disease is not very common. Only a small proportion of people (about 1% of the population) experience this situation, but the course of this disease and possible consequences are much more severe than other types of gingivitis[3].

Ulcerative gingivitis is included in the ICD-10 group of diseases. It is divided into localized and generalized forms. The first type affects part of the gum, while the second type affects the entire surface. According to the intensity of manifestation, the disease is divided into mild, moderate and severe stages. The disease can affect people of all ages. In children, ulcerative gingivitis develops from catarrhal gingivitis. The child develops bleeding ulcers of a grayish color. These wounds indicate the onset of necrosis.

Most often, ulcerative gingivitis is observed in patients who have a decrease in general immunity and a violation of the natural barrier of periodontal tissue. The reasons due to which ulcerative-necrotic lesions of the gums form:

- decreased immunity against the background of common bacterial or viral diseases - influenza, acute respiratory infections, sore throat;
- insufficient oral hygiene: the presence of plaque and tartar, the development of caries;
- improper use of dental floss;
- nutritional deficiency, insufficient supply of vitamins, micro- and macroelements;
- the presence of chronic injuries to the oral cavity - for example, decayed teeth or defective fillings;
- smoking;

- violation of teething – especially molars;
- poisoning with toxic substances (for example, salts of heavy metals), receiving excessive radiation exposure;
- transfer of mononucleosis;
- immunodeficiency conditions - HIV, blood diseases.

Irrational treatment or lack thereof contributes to the transition of the acute course of necrotizing ulcerative stomatitis to chronic and the occurrence of relapses. The latter is observed mainly in ulcerative gingivitis. Poor oral hygiene contributes to the development of acute and chronic necrotizing ulcerative gingivitis.

Often there are adult patients with ulcerative-necrotizing gingivitis of a toxic-allergic nature (gasoline fumes) against the background of poor oral hygiene. An unpleasant, pungent odor from the mouth and sore gums when eating are the main reasons for young people - truck drivers - to visit the dentist. Often, when filling a car tank from a canister, they suck out the gasoline with their mouth through the tube. No health problems were noted. Upon examination, a pronounced coating was detected on the tongue, which was easily removed without damaging the mucous membrane [3]. The gums are swollen, hyperemic, interdental papillae are shortened over most of the dentition. The ulcerated gums and a significant part of the tooth crowns are covered with a grayish-yellow coating. Severe pain makes it difficult to remove necrotic masses. After pain relief, they are easily removed, revealing a bleeding, uneven, as if pitted surface. When muscle fibers are involved in the inflammatory process, trismus may develop. Damage to the bone causes exposure of the roots, osteomyelitis. We supervised a patient with ulcerative-necrotic lesions of the alveolar process of the upper jaw against the background of a sharp decrease in the body's resistance. A lonely woman was kept at home for several days without food or any treatment. She was taken to the clinic by ambulance with a diagnosis of a disintegrating tumor. The patient is sharply weakened, the pulse rate and blood pressure are reduced, mouth opening is limited, and there is an unpleasant putrid odor from the mouth. Upon examination, abundant necrotic plaque covering the area of the upper jaw on the left does not allow for a more detailed visual assessment. Premolars and molars at the affected area are mobile. Under general anesthesia, necrotic masses were removed, after which the bone structures of the alveoli and hard palate were exposed. High tooth mobility and bone sequestration required surgical intervention followed by conservative treatment.

As the disease progresses, the necks of the teeth may become exposed, which leads to increased sensitivity of the teeth - it becomes difficult to accept hot and cold drinks and foods. The pain also increases over time, and severe difficulty chewing food may occur [3]. In addition to general symptoms, there are also specific ones characteristic of a particular type of gingivitis. The consequences of gum inflammation can be very serious: the pathological process often spreads to the ligamentous apparatus of the tooth, and periodontitis occurs. This condition is dangerous due to the mobility of teeth and the high probability of their loss. A chronic focus of inflammation in the mouth is a risk factor for the development of diseases of the ENT organs.

**Gingivitis can be acute or chronic.** In the first case, noticeable symptoms occur. Chronic forms are characterized by mild symptoms, pain is absent or minimal. Periodic slight bleeding of the gums during brushing and halitosis may occur. It is important to understand that sluggish gingivitis is characterized by periodic exacerbations. Inflammation of the gums is classified not only by its form, but also by the nature of its course.

Gingivitis can be recognized visually — sometimes one examination by a doctor is enough. But you should make sure that there are no more serious pathologies, so diagnosis may include not only a visual assessment of the condition of the oral cavity, but also other measures:

- collecting anamnesis, assessing the condition of structures in the oral cavity;
- probing of periodontal pockets if present;
- determination of tooth mobility;
- electroodontodiagnosis to determine the condition of the dental pulp;
- panoramic x-ray or targeted x-ray - to exclude periodontitis, periostitis and other pathologies of deep structures, jaw bone tissue, etc.

It is important to take into account the presence of chronic diseases and medications. Only with complete information can a doctor make an accurate diagnosis and develop an effective treatment regimen.

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