



Immunological Aspects of the Pathogenesis of Gingivitis and Periodontitis

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Abstract: The participation of the immune system in the pathogenesis of inflammatory periodontal diseases is evidenced by numerous studies [36,38,106,118,151,155,158,168,178]. In patients with gingivitis and periodontitis, a violation of the immune status indicators was revealed - a change in the phagocytic activity of neutrophils, which is confirmed by a decrease in the phagocytic number to the phagocytic index [17,50,104,115]; an increase in the activity of enzymatic oxygen-radical reactions of neutrophils [56,100,106,143,167].

Key words: laboratory, immunological, Moreover, phagocytosis.

In addition, the number of leukocytes that carry markers of proliferative activity (SD 25) and apoptosis (SD 95) increases [91,117,130,134,179,182,194]. Much attention is paid to the study of the phagocytic activity of macrophages in inflammatory periodontal diseases. So, in the work of L.K. Loginova et al. (2005) established a connection between this phenomenon and the peculiarities of the pathogenesis of acute allergic inflammation, in which, in the process of long-term sensitization, the formation of a new type of receptors on macrophages, which have the ability to limit phagocytic activity, is induced [24]. A decrease in the intensity of phagocytosis is accompanied by an increase in chemotaxis processes in them, the intensity of which increases with the development of an inflammatory reaction and can be considered as a compensatory reaction that promotes phagocytosis processes under conditions of a decrease in the functional activity of macrophages. In addition, in the acute period, the content of reactive oxygen species in macrophages increases, which contribute to the processes of intracellular digestion, and in the chronic period it decreases [24]. Autoimmune mechanisms of inflammatory periodontal diseases have been proven by studies by L.Yu. Orekhova et al. The authors found an antigen in the oral fluid, which is a consequence of the destruction of periodontal tissues. This gave reason to believe that the autoimmune reaction to periodontal antigens plays a protective role, contributing to the elimination of components of damaged periodontal tissues [80,81]. state of immunogenesis. It is necessary to take into account the fact of the interdetermination of these phenomena, which, along with the sufficient inconsistency of the actual material, is the reason that the role of systemic factors in the occurrence and development of inflammatory periodontal diseases cannot be considered definitively established. In this regard, the modern level of dentistry determines the need to use a variety of microbiological, immunological, allergological, histochemical and other research methods, since with gingivitis and periodontitis there is a change in all parts of

immunity, both at the local and at the general level [116,164]. Petrov et al . (1997) proposed to assess the immune status in two stages. At the first of them, it is necessary to identify generalized characteristics of immunity, the presence of gross defects in the system of the cellular and humoral link. For this purpose, the authors recommend determining the absolute and relative number of lymphocytes in the blood, the concentration of serum immunoglobulins of the main classes, and the phagocytic activity of leukocytes.

At the second stage, an in-depth assessment of the immune status is carried out using modern methods [86]. However, this is possible only in a well-equipped immunological laboratory, while it is not possible to conduct such studies at a dental appointment. Moreover, a number of authors believe that the clinical assessment of indicators of the body's natural resistance is difficult. This is due to the large variability of individual indicators of the body's defenses, as well as the diversity and ambiguous influence of numerous endogenous and exogenous factors on the state of the general resistance of the body and its individual indicators [128]. armchair, therefore, general practitioners are forced to deal with the identification of its various violations and the prevention of possible consequences. In addition, it should be taken into account that changes in the periodontal complex are not a purely local process, therefore, in treatment, regardless of the age of the patient, a combination of not only local effects on the periodontium, but also the use of funds aimed at the patient's body as a whole is required [38,128] .

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