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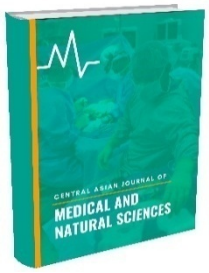

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The Prevalence of Odontogenic Inflammatory Diseases in Frequently ILL Children

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ABSTRACT: Many questions of etiology, pathogenesis, prevention and treatment of purulent-inflammatory processes of the maxillofacial region remain unresolved to this day, which explains the constant interest and attention of researchers to them (Roginsky V. V., Korinskaya N. N., 1996; Ushakov R. V. 1995; Kawai T. etal., 1998, etc.). Meanwhile, it is known that acute inflammatory processes of the maxillofacial region in children often develop with reduced immunological reactivity of the body, and the course of the disease and the likelihood of complications are largely determined by the initial indicators of immunity.

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.

The results of numerous epidemiological studies indicate 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. with savt., 2017].

The purpose of the work: 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 topical application.

Material and Methods. It is known that the diagnosis and treatment of inflammatory diseases of the maxillofacial region are one of the main problems of pediatric dentistry. According to a number of researchers, inflammatory diseases of the maxillofacial region account for up to 34% of all surgical and 66% of dental diseases in childhood. Unfortunately, the problem of odontogenic infection remains relevant to this day. Among them, acute osteomyelitis of the jaws and its complications still occupy the first place among other pathologies. The problem of odontogenic purulent infection in often ill children with reduced immunity is becoming increasingly important clinical and social significance. 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, and metabolic disorders and microcirculation worsen the course of the wound process. The success of treatment of odontogenic purulent infection and its complications in often ill children largely depends on local treatment. It is necessary to study the course and develop an optimal algorithm for the treatment of odontogenic purulent infection in frequently ill children.

In biological systems, such a dynamic equilibrium state is called homeostasis. In fact, homeostasis takes place in the presence of stable stationary states, when the conditions of self-regulation and the normal functioning of the system are provided with a changing external environment and random disturbances.

Results. The following philosophical and methodological functions of the system approach in medicine are distinguished – the human body and personality are a natural and social system that includes subsystems that are interconnected; - a system that determines the nature of human elements; – parts are known only as a single whole; – the study of the constituent elements of the system occurs in interrelation and interaction with each other; – thanks to the system approach, it is possible to overcome reductionism. The principle "It is necessary to treat the patient, not the disease", taking into account intelligent systems, was formulated as the creation. At the end of the last century, the first publications devoted to the experience of using a systematic approach in the clinic began to appear. This was followed by numerous studies in which a systematic approach was applied both in the scientific and practical activities of a doctor. "Integrative medicine is a promising model of a modern approach to the examination and treatment of a large contingent of patients who are in the sphere of responsibility and interaction of specialists in the psychosomatic direction and somatopsychiatry. At the same time, convincing data are accumulating in favor of the general mechanisms of development of a number of somatic diseases and mental disorders." Currently, a significant number of automated medical information technologies have been proposed, which is due to the complexity of the medical problem area. Within the framework of a systematic approach, a large number of integral scales are used to diagnose and assess the severity of patients ' condition – APACHE (Acute Physiology And Chronic Health Evaluation), SAPS (Simplified acute Physiology Score – a simplified system for assessing physiological response), MODS – Multiple Organ Dysfunction Syndrome-assessment of multiple organ dysfunction), SOFA (Sequential Organ Failure Assessment – assessment of organ failure in dynamics), etc. Criteria for assessing the severity of the condition of patients have been developed based on the assessment of individual criteria reflecting the indicators of the systemic inflammatory response syndrome – SIRS (systemic inflammatory response syndrome), conducted in 1992 at the conference of the American College of Thoracic Surgeons and the Society of Critical Care Medicine to indicate the general inflammatory reaction of the body in response to a severe lesion, regardless of the localization of the focus. Pathogenetically, two main variants of the development of a systemic inflammatory response (SVO) are determined: "pushing through" and "breakthrough". The

"pushing through" option is most typical for sepsis and some gradually developing traumatic processes, and the "breakthrough" is for critical traumatic injuries. There are 5 phases of systemic inflammation: phase 1 – the phase of development of systemic inflammation (marginal); phase 2-primary phlogogenic shock (hyperergic); phase 3-depressive (hypoergic); phase 4 – secondary phlogogenic shock; phase 5-resolution. Currently, the idea of SVO continues to be formed, the criteria for its assessment, features in various conditions and diseases of I. M. Ustyantsev et al. are being studied. (2010) in their study confirmed the importance of the number of signs of SVO for the prognosis of the development of infection, the outcome and duration of treatment. According to the authors, patients with 2 or more signs of SVO should be carefully checked for the presence of infection using additional specific tests. Thus, at present, a systematic approach is widely used in medicine, which involves the diagnosis and treatment of the entire body system, and not just the diseased organ. The actual tasks of system cognition are connected with the development of new research methods. In the emotional perception of the disease, he identifies a depressive or phobic component, and in the patient's awareness of the causes of the disease – a somatocentric and psychocentric component. According to modern concepts, " the internal picture of the disease is understood as the subjective attitude of the patient to his disease, consisting of painful sensations and external manifestations of the disease, assessment of the mechanisms of their occurrence, severity and significance for the future, as well as the types of response to the disease." The attitude to the patient not only as an object, but also as a subject of treatment, is an important condition for ensuring adequate medical care, including a system of psychological correction of the individual and implies a wider use in medicine of the ideas of humanistic psychology, emphasizing the active, creative beginning in a person, his transcendent needs, the value-semantic aspect of his existence. Thus, the internal picture of the disease affects the course, prognosis and outcome of the disease, which determines the relevance of its study in the framework of a systematic approach. However, there are few studies devoted to the internal picture of the disease in dental diseases. The role of individual psychological characteristics of the patient's personality in the pathogenesis and sanogenesis of dental diseases The dentist and the maxillofacial surgeon are in a special position among doctors, since they work with the main representative part of the personality, any manipulation in the facial area is significant for the patient.

These two circumstances, in practice, do not allow general practitioners and doctors who conduct specialized appointments to apply existing methods of assessing WKB and, as a result, to implement in practice the principle of a systematic approach to the study of the patient, the diagnosis of the disease and the development of an individually oriented treatment and rehabilitation program for him. 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].

With the development of an abscess, an increase in the level of pro-inflammatory (IL-1β, IL-6, IL-8) and a decrease in anti-inflammatory (IL-4, IL-10) cytokines in the oral and gingival fluids were revealed. At the same time, the content of autoantibodies of the sIgA class to IL-8 increased, to IL-10 – decreased [M.Yu Ignatov et al., 2019].

Conclusion. 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.

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