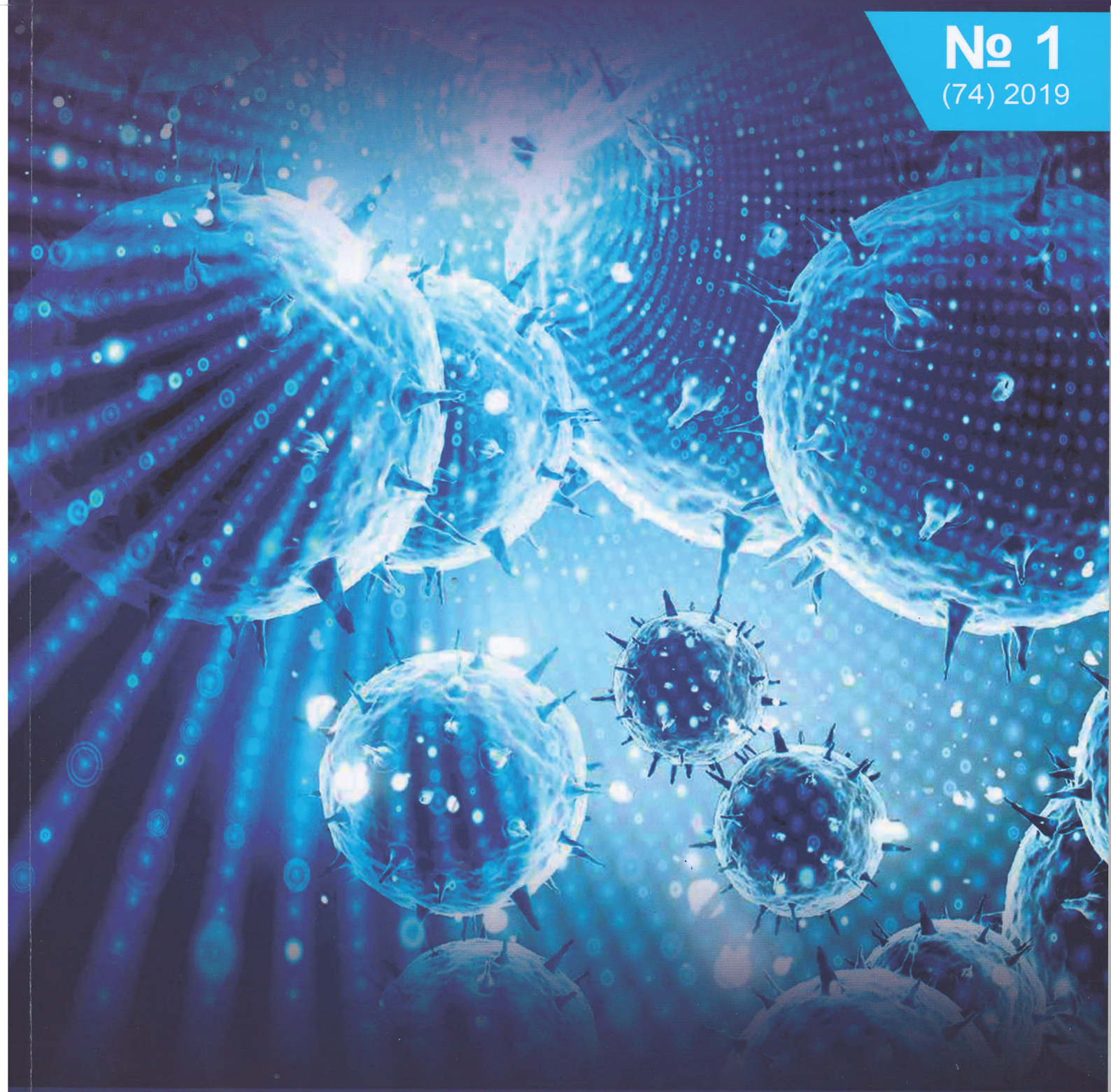


STOMATOLOGIYA

НАУЧНО-ПРАКТИЧЕСКИЙ ЖУРНАЛ

ISSN 2091-5845

№ 1
(74) 2019



К диагностике
и лечению
кератокист
челюстных
костей

The role of studying
local immunity
in children with
congenital cleft
lip and palate

Балогат ёшидаги
қизларда сурункали
тонзиллитни
комплекс даволашни
такомиллаштириш

ОБЗОРНЫЕ СТАТЬИ
Современные представления о комплексном лечении детей с врождёнными расщелинами верхней губы и неба после уранопластики <i>Икрамов Г.А., Кулдашев А.А.</i>
Альвеолопластика при врожденной расщелине губы и неба <i>Юлдашев А.А., Назарова Н.А.</i>
The role of studying local immunity in children with congenital cleft lip and palate <i>Amanullaev R.A., Ikramov G.A., Shomurodov E.T.</i>
Современные подходы к лечению эксфолиативного хейлита <i>Астанакулова М.М., Бекжанова О.Е.</i>
Современное состояние профилактики стоматологической заболеваемости <i>Нармахматов Б.Т., Жилонов А.А., Исаков Э.З.</i>
Болаларда тиш-жағ тизими нуқсонлари ва соматик касалликлар орасида боғлиқликнинг илмий асослари <i>Олимов С.Ш., Гаффаров С.А.</i>
Паркинсонизм: таснифи, клиникаси ва медикаментоз даволаш асослари <i>Ризаев Ж.А., Раимова М.М., Бобоев Қ.К., Абдуллаева М.Б.</i>
Рентгенодиагностика как современный метод диагностики в стоматологии <i>Ризаев Ж.А., Васильев А.Ю., Гайбуллаев Э.А.</i>
ПРОБЛЕМЫ СМЕЖНЫХ СПЕЦИАЛЬНОСТЕЙ
Балогат ёшидаги қизларда сурункали тонзиллитни комплекс даволашни такомиллаштириш <i>Карабаев Х.Э., Алимжонова К.Х.</i>
Оценка эффективности местного аэрозольного антибиотика при лечении обострения хронического гайморита <i>Шамсиев Д.Ф., Исмоилов И.И., Чакканова М.Б., Каримов О.М., Соатов С.М.</i>
Основные показатели заболеваемости злокачественными новообразованиями орорфарингеальной области в республике Узбекистан <i>Ганиев А.А., Абдикхакимов А.Н., Халматова М.А., Абдурахмонов С.З.</i>
Изучение антимикробной активности некоторых лекарственных препаратов и ультразвука <i>Махсумова И.Ш., Мухамедов И.М., Махсумова С.С.</i>
Течение стоматологических заболеваний у беременных женщин на фоне дефицитной анемии <i>Косимов М., Вохидов А.В., Бурхонов С.Б.</i>
ИНФОРМАЦИЯ
К СВЕДЕНИЮ АВТОРОВ

REVIEWS	
Modern ideas about the complex treatment of children with congenital clefts of the upper lip and palate after uranoplasty <i>Ikramov G.A., Kuldashiev A.A.</i>	40
Alveoloplasty with congenital cleft lip and palate <i>Yuldashev A.A., Nazarova N.A.</i>	44
The role of studying local immunity in children with congenital cleft lip and palate <i>Amanullaev R.A., Ikramov G.A., Shomurodov E.T.</i>	49
Current approaches to the treatment of exfoliative cheilitis <i>Astanakulova M.M., Bekzhanova O.E.</i>	52
The current state of the prevention of dental morbidity <i>Narmakhmatov B.T., Zhilonov A.A., Isakov E.Z.</i>	57
The scientific basis of the link between teeth-jaw disorders and somatic diseases in children <i>Olimov, S.Sh., Gafforov S.A.</i>	60
Parkinsonism: classification, clinic and basics of medical practice <i>Rizaev JA, Raimova M. M., Boboev Q.K., Abdullaeva M.B.</i>	64
Diagnostics and stomatology of radiodiagnostic method <i>Rizaev J.A., Vasilev A.Y., Gaybullaev E.A.</i>	67
PROBLEMS OF RELATED SPECIALTIES	
Improvement of complex treatment of chronic tonsillitis in girls of the Balogat age <i>Karabaev X.E., Alimjonova K.X.</i>	72
Evaluation of the effectiveness of local aerosol antibiotic in the treatment of exacerbation of chronic antritis <i>Shamsiev D.F., Ismoilov I.I., Chakkanova M.B., Karimov O.M., Soatov S.M.</i>	75
The main indicators of the incidence of malignant neoplasms of the oropharyngeal region in the Republic of Uzbekistan <i>Ganiev A.A., Abdikhakimov A.N., Khalmatova M.A., Abdurahmonov S.Z.</i>	78
Study of the antimicrobial activity of certain drugs and ultrasound <i>Makhsumova I.Sh., Mukhamedov I.M., Makhsumova S.S.</i>	82
The course of dental diseases in pregnant women against the background of deficiency anemia <i>Kosimov M., Vohidov A.V., Burkhonov S.B.</i>	84
INFORMATION	
INFORMATION OF AUTHORS	88

treatment of patients with cleft lip, alveolus and palate // J. Cranio-Maxillofac Surg. – 2006. – Vol. 34 (Suppl 2), – P. 22-26.

18. Koch H., Gbolahan O.O., Ogunmuyiwa S.A., Osinaike B.B. Randomized Controlled Trial comparing Dressing and No Dressing of Surgical Wound after Cleft Lip Repair // *J. Contemp. Dent. Pract.* – 2015. – Vol. 16, №7. – P. 554-558.
19. Stellmach W.J., Bos M., Hopman J. et al. Decolonisation of meticillin-resistant *Staphylococcus aureus* (MRSA) carriage in adopted children with cleft lip and palate // *J. Glob. Antimicrob. Resist.* – 2016. – Vol. 9, №7. – P. 28-33.
20. Vykylyuk M.V., Vasiliev A.Y. Ultrasound diagnosis of maxillofacial area vascular malformations // *Europ. Radiol.* – 2009. – Vol. 19. – P. 438.

УДК: 616. 315-007-0. 89. 844-053.2
<http://dx.doi.org/10.26739/2091-5845-2019-24>

THE ROLE OF STUDYING LOCAL IMMUNITY IN CHILDREN WITH CONGENITAL CLEFT LIP AND PALATE



**Amanullaev R.A., Ikramov G.A.,
Shomurodov E.T.**

Tashkent State Dental Institute

Annotation

Despite the large number of surgical methods for eliminating defects of the palate, the authors note the development of anatomical and functional disorders in the future. Surgical intervention on the tissues of the hard and soft palate leads to the disruption of the existing barrier - protective complex of the oral cavity. Saliva contains specific and non-specific defense factors. Immunoglobulins, T- and B-lymphocytes act as factors of specific protection. Factors of non-specific protection are represented by: interferons; lysozyme; lactoferrin; macrophages, neutrophils, etc. The oral cavity has a powerful system of humoral immunity, which contains secretory immunoglobulin A, which has a wide spectrum of protective action.

Аннотация

Несмотря на имеющееся большое количество хирургических методик по устранению дефектов неба, авторы отмечают развитие в дальнейшем анатомо-функциональных нарушений. Оперативное вмешательство на тканях твердого и мягкого неба приводит к нарушению сложившегося барьерно - защитного комплекса полости рта. Слюна содержит факторы специфической и неспецифической защиты. В качестве факторов специфической защиты выступают иммуноглобулины, Т- и В-лимфоциты. Факторы неспецифической защиты представлены: интерферонами; лизоцимом; лактоферрином; макрофагами, нейтрофилами и др. Ротовая полость имеет мощную систему гуморального иммунитета, которая содержит секреторный иммуноглобулин А, обладающий широким спектром защитного действия.

Ключевые слова: Врождённая расщелина верхней губы и небо, методы лечения, Местный иммунитет полости рта.

Congenital cleft of the upper lip and palate - a malformation that occurs as a result of impaired fetal morphogenesis. Treatment of Congenital cleft of the upper lip and palate is an urgent problem of pediatric maxillofacial surgery [2, 6, 12].

Despite the significant development of surgery for congenital cleft lip and palate, the outcome of surgical treatment is not always satisfactory. According to different authors, the number of persons with postoperative complications ranges from 16 to 52% [7,13]. A high percentage of postoperative complications undoubtedly indicates a lot of unresolved issues and the relevance of this problem. Great importance is given to the state of health, type of cleft, the method of operation, the technical readiness of the surgeon, the postoperative management of patients [2,7,14].

Rehabilitation of patients with secondary defects of the hard and soft palate is accompanied by special difficulties. Despite the large number of surgical methods for eliminating defects of the palate, the authors note the development of anatomical and functional disorders in the future. Surgical intervention on the tissues of the hard and soft palate leads to the disruption of the existing barrier - protective complex of the oral cavity [1,6].

In addition, the issue of preoperative preparation and postoperative care remains a controversial issue to this day. Improvement of existing and development of new methods of treatment, which would be highly effective and at the same time economically acceptable, is required.

Congenital cleft of the upper lip and palate is an anatomical defect that affects one of the important protective functions of the immune system, especially if the child is prone to diseases of otorinolaryngological organs and the upper respiratory tract [4,15]. Normal lymphopharyngeal ring from the moment of birth protects the child from respiratory viruses, bacteria, fungi. One of the first scientists who formulated and advanced the theory of the

importance of local immunity of the oral cavity in 1925 was A.M. Frequenty. He emphasized the independence of the mechanisms of local immunity from systemic and the importance of local immune mechanisms of the oral mucosa in the development of infectious diseases. Normally, oral cavity contains conditionally pathogenic (gram-positive and gram-negative) microorganisms, their number is of great importance. The oral cavity in a child performs a number of inalienable functions: sucking, swallowing, digestive, respiratory, salivary [1,10]. The main and necessary also includes maintaining the normal state of the oral mucosa. Saliva contains specific and non-specific defense factors. Immunoglobulins, T- and V-lymphocytes act as factors of specific protection. The barrier function of immunoglobulins is manifested by: ensuring the binding and neutralization of microorganisms on the surface of mucous membranes; inhibiting the adhesion of pathogens and reducing the risk of penetration into the body; binding of the complement and preventing the development of inflammation; the interaction of antigen-binding centers of antibodies with epitopes of antigens; potentiation of the activity of non-specific defense factors. Factors of nonspecific protection are represented by: interferons (increase antiviral protection of epithelial cells and activate natural killer cells and macrophages); lysozyme (has a bactericidal effect, eliminates pathogens, blocks viral particle transcriptase); lactoferrin (reduces the degree of colonization of siderophilic bacteria due to their binding to iron); macrophages, neutrophils, etc. The oral cavity has a powerful system of humoral immunity, which contains secretory immunoglobulin A, which has a wide spectrum of protective action (antimicrobial, antiviral, antitoxic). Specific cell protection is carried out by T-lymphocytes of the submucosa [2,5]. The species composition of the microflora of the oral cavity is quite stable, but the number of microorganisms varies significantly depending on the nature of the food, the condition of the oral cavity, tissues and the presence of somatic diseases, dental caries. In recent years, much attention has been paid to the study of immunity in children with respiratory pathology. Ciliated epithelium and mucociliary clearance contribute to the removal of foreign particles. Air is also heated in the nasal cavity. In the follicles of the tonsils form T and B lymphocytes, macrophages. The early age of children is characterized by the peculiarity of the function of the immune system, the high proliferative activity of lymphocytes, the predominance of the fraction of undifferentiated lymphocytes. At this age, there is a reorientation of the immune response to infectious antigens from the prevalence of the Th2 response, typical of newborns and children in the first months of life, to Th1, which is typical of adults. The anatomical defect of the lympho-pharyngeal ring contributes to the dysfunction of the microbiocenosis and local immunity of the mucous membranes of the oropharynx and nasopharynx [4, 7, 11]. Thus, in children with chronic adenoiditis in nasal secretions and saliva, the total amount of secretory immunoglobulin (slgA), lysozyme, and also serum IgA was significantly reduced. The deficit of secretory immunoglobulin A, dysfunction of

the normal microflora, contributes to the development of inflammatory diseases of the skin and mucous membranes of the upper respiratory tract. Children with cleft palate fall into the category of frequently ill children, as they begin to suffer from respiratory diseases almost from the first months of life. Diseases such as SARS, acute respiratory infections, rhinitis, bronchitis, starting from birth, occur in waves until the operation period. In frequently ill children, violations in the interferon production system (IFN) are also detected. In a study conducted by a group of authors, in frequently ill children, 80% of cases showed a 2-fold reduction in the ability of cells to synthesize gamma-IFN compared to infrequently ill children. Given the defect of local protection, it can be assumed that the presence of pathogenic microflora, especially Gram-negative, will be important in the development of frequent inflammatory diseases of the oropharynx and nasopharynx in this group of children.

In children with congenital isolated cleft lip and palate, microbiological studies of pharyngeal smears were performed to select a rational antibiotic therapy. It was revealed the predominance of gram-negative microflora in the oral cavity. To prevent the development of intercurrent diseases and postoperative complications, according to the results of the study, parenteral cephalosporins of the third and fourth generation should be used in the preoperative and postoperative periods, oral cefixime and protected aminopenicillins should be used [1,4].

The choice of drugs used to treat diseases of the oral mucosa is great, but not all of them meet the basic requirements - rapid, effective, painless healing of the oral mucosa. Therefore, it seems relevant to search and clinical approbation of emerging new drugs of local action, which by their pharmacological properties can be used in dental practice in the treatment of diseases of the oral cavity in children. Currently, probiotics are of increased interest among dentists. The bacterial flora of plaque is currently regarded as the primary factor causing periodontal lesions in gingivitis and periodontitis [3].

The main task in the development of treatment regimens for periodontal diseases is to address the issue of systemic or local use of antibacterial drugs. Different antimicrobial and antiseptic preparations used in dental practice totally affect all parts of the oral biocenosis. However, their bacteriostatic effect persists for a very short time, while often due to antibacterial treatment the biocenosis of the oral cavity changes and there is an increase in the resistance of pathogenic microflora to antibiotics. Inflammatory diseases of periodontal tissues, as a rule, are accompanied by oral dysbiosis, the severity of which corresponds to the degree of lesion.

At the same time, against the background of pronounced growth of pathogenic and conditionally pathogenic microorganisms, the concentration of representatives of normal microflora decreases. Therefore, the development and use in the course of treating inflammatory periodontal diseases of means that help restore the normal microflora

of the oral cavity and, in particular, periodontal tissues, is considered a necessary condition for increasing the effectiveness of treatment. One of the promising directions in this regard is the use of biologics, the active principle of which are representatives of the normal microflora of the oral cavity [4, 10].

The scientific novelty of the study is that for the first time in dental practice in the treatment of inflammatory periodontal diseases, a comparative evaluation of the effectiveness of various drugs from representatives of the symbiotic flora has been carried out. When used in the course of complex treatment of periodontitis of tableted forms of acylact eubiotics, bifidumbacterin and lactobacterin, no significant differences in the effectiveness of their use within one degree of periodontal lesion is not established [3, 11].

For the first time in the treatment of patients with chronic generalized periodontitis, the combined use of lacto- and bifidus-containing drugs was carried out. The simultaneous use of acylact and bifidumbacterin restores oral lactoflora more effectively than the use of each of the drugs separately [8, 16].

For the first time, tableted bacterial preparations were used in the treatment of inflammatory periodontal diseases. It has been established that acylact, bifidumbacterin or lactobacterin should be used in the form of resorption tablets for periodontitis of mild and moderate degrees, as well as for all degrees of periodontitis at the stage of maintenance therapy as a regulating bacteriocoenosis and immunotropic agent.

For the first time in the treatment of periodontitis, a scheme was proposed for the differentiated use of various bacterial preparations and their various dosage forms, depending on the degree of periodontal damage, as well as on indicators of local immunity of the oral cavity.

The effect of bacterial preparations on the restoration of oral microflora sensitivity to antibiotics during periodontitis was studied. When using acylact, bifidumbacterin and lactobacterin, antibiotic sensitivity is restored with mild periodontitis at 90%, with moderate periodontitis at 75%, and with severe periodontitis in 50% of cases [4, 11].

The tactics of the use of bacterial preparations in the treatment of inflammatory periodontal diseases is substantiated. According to clinical and microbiological indicators, it has been established that the use of lactobacterin at the stage of active treatment against the background of treatment of the underlying disease is more effective than when it is used only during the period of maintenance therapy. The greatest efficiency of using lactobacterin simultaneously with antibacterial therapy has been shown [10, 17].

It has been justified to conduct targeted bacterial therapy to correct the composition of the microflora of the oral cavity during periodontitis of various degrees of severity at different stages of treatment and rehabilitation in order to increase the effectiveness of complex treatment [6, 18].

A scheme for the differentiated use of bacterial preparations and their various dosage forms is proposed, depending on the severity of periodontal disease and on indicators of local immunity of the oral cavity.

The methods of using various dosage forms of bacterial preparations for inflammatory periodontal diseases have been substantiated. The optimal time parameters for the treatment of periodontitis were determined using tablet and ampullated forms of bacterial preparations [3, 17].

The necessity of supporting bacterial therapy after a set of active interventions in the treatment of periodontitis with the aim of significantly prolonging the period of remission is substantiated.

The article discusses the role of the probiotic product in strengthening the anti-infective defense of the body. As a result of the conducted research, the positive effect of the probiotic product Actimel on the parameters of the innate immune system has been established: non-specific stimulation of the local intestinal immunity; increased metabolic activity of phagocytes; increased production of IL-2 and IFN- γ .

For five decades, scientists argued about what exactly probiotics are. However, in 2002, finally, a consensus was found, thanks to which the World Health Organization was able to adopt the definition of probiotics. So, according to the WHO, probiotics are non-pathogenic for humans microorganisms that are able to restore the normal microflora of organs, as well as detrimental effects on pathogenic and conditionally pathogenic bacteria. In other words, probiotics are microbes, which normally make up the microflora of various human organs [4, 8, 12].

Thus, Comprehensive and phased treatment of young children about congenital non-through crevice of the upper lip and palate, including preoperative preparation, modified uranoplasty and remedial measures aimed at eliminating the effects of this pathology, optimizes conditions for the normal growth and development of the child's body.

References

1. Азимов А.М. Оптимизация заживления раны при пластике врожденных дефектов неба у детей бактериальными лизатами: Дис... д-ра мед. наук. — Ташкент, 2007. — С.56.
2. Амануллаев Р.А. Частота рождаемости детей с врожденной
3. расщелиной верхней губы и неба в крупных регионах Узбекистана и врожденная и наследственная патология головы, лица и шеи у детей / Р.А. Амануллаев // Актуальные вопросы комплексного лечения. — М., 2006. — С. 14-15.
4. Архипова Т.В., Коничев В.С., Стволинская Н.С. Руководство к практическим занятиям по цитологии // Москва, 2010г. - С. 26
5. Брызгалова И.А., Царев В.Н., Ульянов С.А. Микрофлора полости рта до и после уранопластики // Стоматология детского возраста и профилактика. -2007. - № 1. - С. 5-10.

6. Вологина М.В., Климова Т.Н., Крамарь В.О. и др. Микрофлора экосистемы полости рта при расщелинах неба // Актуальные вопросы экспериментальной, клинической и профилактической стоматологии: сборник научных трудов Волгоградского государственного медицинского университета.- Волгоград: ООО «Бланк», 2009.- С.432.
7. Дусмухамедов М.З. Комплексное лечение детей с врожденной расщелиной неба, прогнозирование и профилактика послеоперационных осложнений: Дис... д-ра мед. наук. — Ташкент, 2006. —С.26.
8. Икрамов Г.А. Применение актовегина у детей с врожденной расщелиной верхней губы и неба до и после уранопластики. Дис...мед. наук. — Ташкент, 2004. —С. 105.
9. Корсак А.К. Хирургическое лечение детей с врожденными расщелинами верхней губы и неба в раннем возрасте / А.К. Корсак, А.В. Любецкий, В.И. Лапковский // Современная стоматология.-[2007. - №4. - С. 40-43
10. Кузин М.И., Костюченко Б.М. Раны и раневая инфекция: руководство для врачей - Москва, 1990 г.- 170 с.
11. Лавриков В. Г. Этапность устранения зубочелюстных деформаций в комплексной терапии врожденных расщелин лица / Лавриков В. Г., Зернов А. В., Степина С. В. // Стоматология. 2004. №2. С. 44-45.
12. Муртазаев С.М., Юлдашев А.Ю., Азимов М.И., Заллялиева М.В. Применение бифидум-лактобактерина в дооперационном периоде у детей с врожденной расщелиной верхней губы и неба // Стоматология (М.).-2002.-№6.-С.53-56.
13. [Adeyemo WL, Adeyemi MO, Ogunsola FT, Ogunlewe MO, Ladeinde I AL, Mofikoya BO, Butali A. Prevalence and bacteriology of bacteremia 'associated with cleft lip and palate surgery. J Craniofac Surg. 2013 Jul;24(4): 1126-31. doi: 10.1097/SCS.0b01 3e3 1828016e8.
14. Antoszewska J, Kawala B, Minch L. Selected aspects of the oral environment in cleft palate patients—a problem evidently beyond dentists' scope. Postepy Hig Med Dosw (Online). 2010 Dec 27;64:659-64
15. JJelebiler O, Ersoy B, Numanoglu A. Anterior pillarplasty: a modification in cleft palate repair. J Craniofac Surg. 2011 Jul;22(4):1432-4. doi: 10.1097/SCS.0b01 3e3 1821 cc698.
16. Chuoh CB, Timmons MJ. The bacteriology of children before primary cleft I lip and palate surgery. Cleft Palate Craniofac J. 2005 May;42(3):272-6.
17. Cildir SK, Sandalli N, Nazli S, Alp F, Caglar E. A novel delivery system of probiotic drop and its effect on dental caries risk factors in cleft lip/palate children. Cleft Palate Craniofac J. 2012 May;49(3):369-72. doi: 10.1597/10-035.
18. Costa B, Gomide MR. Prevalence, cause, and location of palatal fistula in operated complete unilateral cleft lip and palate: retrospective study. Cleft PalateCraniofac J. 2014 Mar;51(2): 158-64. doi: 10.1597/11-190.
19. O.Ferdous KM, Salek AJ, Islam MK, Das BK, Khan AR, Karim MS. Repair of cleft lip and simultaneous repair of cleft hard palate with vomer flap in unilateral complete cleft lip and palate: a comparative study. Pediatr Surg Int. 2010 Oct;26(10):995-1000. doi: 10.1007/s00383-010-2643-0.

УДК: 616.317-002-08

<http://dx.doi.org/10.26739/2091-5845-2019-3>

СОВРЕМЕННЫЕ ПОДХОДЫ К ЛЕЧЕНИЮ ЭКСФОЛИАТИВНОГО ХЕЙЛИТА



Астанакулова М.М., Бекжанова О.Е.

Ташкентский государственный стоматологический институт

Аннотация

Для лечения эксфолиативного хейлита используются средства, воздействующие на этиологические факторы, патогенетические механизмы и симптомы заболевания. Медикаментозное воздействие включает лечение местных проявлений на слизистой красной каймы губ, а системное – комплекс мер, купирующих системные факторы развития заболевания: лечение фоновой соматической патологии, применение нейролептиков, кортикостероидов, метотрексата, детоксикационной терапии, а также нетрадиционных методов.

Ключевые слова: эксфолиативный хейлит, соматическая патология, медикаментозное воздействие, комплексное лечение.

Annotation

The treatment of eksfoliative cheilitis is in use of agents influencing on etiological factors, pathogenetic mechanisms and symptoms of diseases. Drug treatment includes the treatment of local manifestations on the mucosa of the red lip rim, and the systemic one - in a complex of measures that arrest the systemic factors of the disease development: treatment of background somatic pathology, the use of neuroleptics, corticosteroids, methotrexate, detoxification therapy, and non-traditional methods of treatment.

Лечение заболеваний слизистой оболочки рта, в частности эксфолиативного хейлита (ЭХ), является одной из актуальных проблем современной стомато-