

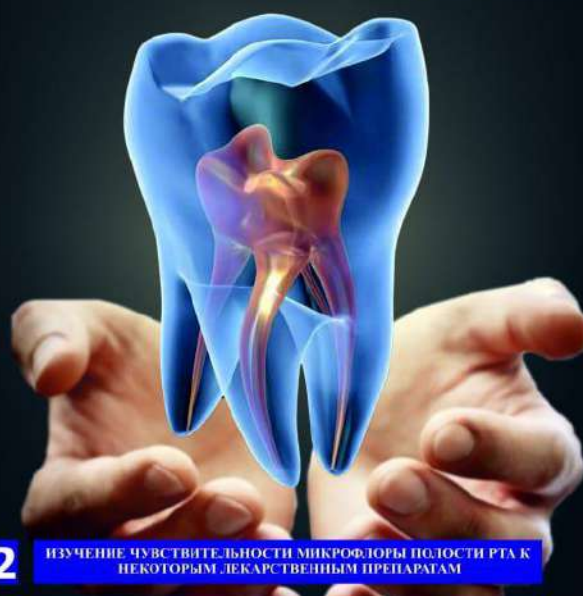
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ИЗУЧЕНИЕ ЧУВСТВИТЕЛЬНОСТИ МИКРОФЛОРЫ ПОЛОСТИ РТА К НЕКОТОРЫМ ЛЕКАРСТВЕННЫМ ПРЕПАРАТАМ

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3. Орехов Д.Ю. Клинико-биохимическое обоснование оказания стоматологической помощи пациентам, получающим гемодиализ: Автореф. дис. ... канд мед. наук. – М., 2009. – 28 с.

4. Усманова Ш.Р., Давлатова Д.Д. Дисфункция эндотелиоцитов у больных хроническим генерализованным пародонитом // Интернаука. – 2020. – №44. – С. 62-65.

5. Усманова Ш.Р., Хаджиметов А.А., Комилов Х.П. Оценка местного и гуморального иммунитета у больных с хроническим пиелонефритом // Стоматология: наука и практика, перспективы развития. Волгоград, 2021. – С. 221-222.

Цель: определение биомаркеров ренального поражения почек у больных хроническим генерализованным пародонитом.

Материал и методы: под наблюдением были 58 пациентов с хронической болезнью почек, а именно с тубулоинтерстициальным поражением почек, госпитализированных в нефрологическое отделение клиники ТГСИ в 2018-2019 гг. Контрольную группу составили 18 человек со здоровой полостью рта, не имеющих патологии почек.

Результаты: чувствительным маркером тубулоинтерстициального поражения почек является уровень в слюне, крови и моче активности лизоцима и липокалина-2.

Выводы: маркеры проксимальных канальцев почек у больных позволили предложить лечебно-профилактические мероприятия при тубулоинтерстициальном поражении почек, направленные на улучшение качества жизни.

Ключевые слова: хронический генерализованный пародонит, тубулоинтерстициальное поражение почек, лизоцим, гипероксалурия, уратурия.

Maqsad: surunkali generalize periodontit bilan og'rigan bemorlarda buyrak buyrak shikastlanishining

biomarkerlarini aniqlash.

Material va usullar: 2018-2019 yillarda TSSI klinikasining nefrologiya bo'limiga yotqizilgan surunkali buyrak kasalligi, ya'ni tubulointerstitial buyrak shikastlanishi bilan kasallangan 58 nafar bemor kuzatuvda olindi. Nazorat guruhi og'iz bo'shlig'i sog'lom va buyrak patologiyasi bo'lmagan 18 kishidan iborat edi.

Natijalar: tubulointerstitial buyrak shikastlanishining sezgir belgisi tupurik, qon va siydikdagi lizozim va lipokalin-2 faolligi darajasidir.

Xulosa: bemorlarda buyrak proksimal kanalchalarining markerlari hayot sifatini yaxshilashga qaratilgan tubulointerstitial buyrak shikastlanishi uchun terapevtik va profilaktika choralarini taklif qilish imkonini berdi.

Kalit so'zlar: surunkali generalize periodontit, tubulointerstitial buyrak kasalligi, lizozim, giperoksaluriya, uraturiya.

Objective: To determine the biomarkers of renal kidney damage in patients with chronic generalized periodontitis.

Material and methods: 58 patients with chronic kidney disease, namely, with tubulointerstitial kidney damage, hospitalized in the nephrology department of the TSSI clinic in 2018-2019, were under observation. The control group consisted of 18 people with a healthy oral cavity and no kidney pathology.

Results: A sensitive marker of tubulointerstitial kidney damage is the level of lysozyme and lipocalin-2 activity in saliva, blood and urine.

Conclusions: Markers of the proximal tubules of the kidneys in patients made it possible to propose therapeutic and preventive measures for tubulointerstitial kidney damage aimed at improving the quality of life.

Key words: chronic generalized periodontitis, tubulointerstitial kidney disease, lysozyme, hyperoxaluria, uraturia.

Хирургическая стоматология

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IMMUNOCORRECTION OF POST-TRAUMATIC INFLAMMATORY COMPLICATIONS IN PATIENTS WITH FRACTURES OF THE LOWER JAW



Rakhimov Z.K., Razzakov Q.R.
Bukhara State Medical Institute

Preparations containing bacterial lysates attract the interest of many specialists in various fields of medicine. A long study of the properties and mechanism of action confirms their immunotropic effect and indicates the absence of the formation of persistent protective immunity, which allows them to be attributed to immunostimulating drugs [2,3,9,15,17].

Lysates are fragments of destroyed bacterial cells that have lost their viability (and therefore cannot cause infectious diseases), but retained the ability to activate immunity [16].

Lysates stimulate both innate immunity (through an increase in the activity of dendritic cells, macrophages, natural killers, the synthesis of interferons, etc.) and acquired immunity (by increasing the activation of antibody production, increasing the activity of lymphocytes) [10,14].

In the 1970s, the first works were published proving the effectiveness of the use of bacterial lysates to reduce the frequency and severity of respiratory infections. In the same years, lysates of nonspecific action were developed, however, the first representatives of this group (pyrogenal and prodigiosan) had pronounced side effects [6,13]. Second-generation drugs have been more successful in terms of efficacy and safety. Among them are Broncho-Munal, Ismigen, Imudon. The use of the drug Imudon causes a number of cascading immune actions in the body [4,18].

In Peyer's intestinal plaques, dendritic cells are activated, which begin to capture and destroy any pathogens. In this case, dendritic cells represent antigens of pathogenic microorganisms to lymphocytes [11,12]. The production of interferons (IFN) α and β with virostatic activity occurs. The synthesis of antibodies involved in antibacterial protection is increasing.

Especially often, fractures of the lower jaw lead to (PTOLJ) in patients with improper reposition of fragments of the jaw, in the presence of bruxism, as well as in patients with various concomitant diseases - diabetes, tuberculosis, alcoholism, etc. All these diseases are accompanied by immunodeficiency, and this is very likely to become a trigger in development (PTOLJ) [1].

The purpose of the study. Study of the effect of local immunocorrective therapy on pathogenic microflora in patients with post-traumatic osteomyelitis (PTOLJ).

Materials and Research Methods

One of the main problems facing specialists in surgical dentistry in the field of treatment of fractures of the lower jaw (FLJ) is a comparative assessment

of the microbial landscape of acute and chronic osteomyelitis in the formation of (PTOLJ).

Studies conducted by Ergashev V.A. with 380 adults and 68 children diagnosed with acute and chronic osteomyelitis showed the following.

Adult patients 375 ($98.7 \pm 0.6\%$) received conservative treatment, and 179 of them ($47.2 \pm 2.6\%$) received both conservative and surgical treatment. A group of children (100.0% , $n = 68$) received conservative treatment after hospitalization, and 23 of them ($33.8 \pm 5.7\%$) underwent surgical treatment in addition to conservative treatment.

In this case, radiological signs were revealed that are characteristic of the pathogenesis of the formation and development of the disease in acute and chronic osteomyelitis. Age-related differences of these signs in patients have not been determined in practice.

In the acute form of the disease, the spectrum of pathogenic microorganisms (strains of 4 species) was significantly lower than in the chronic form (strains of 10 species), all positive bacteriological results isolated pathogens in the form of monoculture. The monoculture leader was *Staph. aureus*, followed by *Ps. aeruginosa* [8].

In various experimental studies, a causal relationship between the microbiological aspects of the formation of acute and chronic post-traumatic lower jaw osteomyelitis was determined. The leading causative agents of osteomyelitis were identified, and despite the presence of age-related differences, the microbial landscape was essentially an association of gram-positive cocci (*Staph. aureus* and *Staph. epidermidis*) in leading positions, which coincides with the literature on osteomyelitis and is consistent with the general trend in the occurrence of pathogens of osteomyelitis.

It was noted that the part of patients of different age groups taking immunocorrective drugs had a small number of various complications, including the transition of the phase of acute osteomyelitis to a chronic form.

Immunostimulants contribute to the neutrophilic and lymphocytic response of the body to antigens contained in the preparations. In acute inflammations and infections, a neutrophilic response always precedes a more specific lymphocytic one. In chronic inflammation and infections, the role of neutrophils is insignificant and the lymphocytic response predominates (infiltration of the focus of inflammation by lymphocytes).

Non-specific resistance indices (complement components C3 and ceruloplasmin) were evaluated by the immunochemical method, the level of circulating

immune complexes (CIC), average molecular peptides (AMP) in the blood, complement C3, phagocytic neutrophil activity, and ceruloplasmin concentration.

The Results of the Study

Complex treatment with the use of the local immunocorrecting drug Imudon allowed to reduce the concentration of average molecular peptides AMP (from 0.58 ± 0.06 conventional units to 0.28 ± 0.02 conventional units, $p < 0.05$), the level of circulating immune complexes CIC (with 78.1 ± 5.12 conventional units to 34.8 ± 3.12 conventional units, $p < 0.05$), ceruloplasmin concentration (from 39.6 ± 0.52 mg/dl to 25.2 ± 0.22 mg/dl). The level of complement C3 after treatment significantly increased compared to the initial one (from 68.8 ± 2.15 mg/dl - 101.6 ± 5.62 mg/dl, $p < 0.05$).

For 5 years, 93 patients with (FLJ) aged 17 to 62 years old, 67 men and 26 women, were hospitalized. Persons of a young age prevailed, only 8 men were over the age of 50. 57 patients had unilateral (FLJ), 36 had bilateral.

The control group consisted of 31 practically healthy people.

Among the observed patients, 68.3% of patients were admitted to the hospital on the first day of the disease, up to three days - 24.5%, the rest - later than 3 days. Due to the late immobilization of fragments of the lower jaw, a purulent-inflammatory

process developed in the fracture gap. The source of purulent infection was a tooth with necrotic pulp or a pathological process in the periapical tissues. In cases of rapid elimination of the focus of infection, adequate antimicrobial therapy and reliable fixation of fragments, the inflammatory process was stopped. With a delay in tooth extraction and the absence of reliable immobilization of bone fragments, the transition of acute traumatic osteomyelitis into a purulent-destructive process was noted.

Traditionally, orthopedic immobilization was carried out using various modifications, individually curved wire or standard tape tires with hook loops. Drug therapy included antibacterial (ceftriaxone, sulfa drugs), desensitizing, painkillers.

All patients were divided into 2 groups: group 1 - 42 patients who underwent traditional therapy, group 2 - 51 patients who were additionally given the immunocorrecting drug Imudon (before surgery).

Non-specific resistance indices (complement components C3 and ceruloplasmin) were evaluated by the immunochemical method, the level of circulating immune complexes (CIC), and average molecular peptides (AMP) in the blood according to the method of A. Gabrielyan (1981), phagocytic activity of neutrophils (FAN).

The results are presented in table.

Table

Dynamics of non-specific resistance indices in patients with (FLJ)

Index	Control	1 group		2 group	
		Initially	14 days	Initially	14 days
AMP (con. unit)	0.28 ± 0.06	$0.58 \pm 0.06 *$	$0.58 \pm 0.06 *$	$0.58 \pm 0.06 *$	$0.28 \pm 0.02 **$
CIC (con. unit)	39.2 ± 2.4	$78.1 \pm 5.11 *$	$8.1 \pm 5.12 *$	$78.1 \pm 5.12 *$	$34.8 \pm 3.12 **$
Complement C3, mg/dl	124.7 ± 8.9	$68.9 \pm 2.13 *$	$8.8 \pm 2.15 *$	$68.8 \pm 2.15 *$	$101.9 \pm 5.64 *$
Ceruloplasmin, mg/dl	24.6 ± 0.41	$39.6 \pm 0.51 *$	$39.6 \pm 0.52 *$	$39.6 \pm 0.52 *$	25.2 ± 0.22
FAN, %	27.7 ± 0.61	$38.4 \pm 1.38 *$	$38.6 \pm 1.37 *$	$38.6 \pm 1.37 *$	28.8 ± 0.5

* – significance of differences compared with control, $p < 0.05$; ** – significance of differences compared with the initial value in the same group, $p < 0.05$.

Initially, all the studied parameters in both groups significantly differed from the control. High values of the level of (AMP) in patients with (FLJ) indicated an unfavorable clinical course of the inflammatory process, since they have toxicity and thereby reduce local resistance. The phagocytic activity of neutrophils (FAN) in the observed patients was statistically significantly (1.4 times) higher than in healthy individuals and practically did not change in dynamics in the 1st group. The level of (CIC) was initially more than 2 times higher; under their influence, lysosomal

enzymes are released from neutrophils, this leads to the activation of mediator carrier cells, which in turn induces an acute inflammatory process.

There was a decrease in the level of complement C3 in patients with (FLJ) by almost 2 times compared with the control, which, apparently, was due to "increased consumption" of the (CIC) against a purulent-inflammatory process. Low values of complement C3, which is responsible for immune adhesion of the (CIC) and chemotaxis, contribute to exocytosis of neutrophil granules and secretion of

lysosomal hydrolases. Alteration of tissues with cell breakdown during inflammation leads to an increase in ceruloplasmin, which enhances the activation of the lysosomal neutrophil complex.

After a course of therapy for 14 days, the level of all the studied parameters in the 1st group did not change compared to the initial one and significantly exceeded the similar indicators in the control group.

In group 2, complex treatment with the use of the immunocorrecting drug Imudon significantly and significantly reduced the concentration of AMP (2 times), the level of the CIC – 2.3 times.

After the therapy, these indicators approached the values in the control group. The level of complement C3 increased after treatment, however, it remained below the control values (101.6 ± 5.62 mg/dl, in the control 124.7 ± 8.9 mg/dl ($p < 0.05$)).

The concentration of ceruloplasmin after treatment decreased by 64%. Both indicators – ceruloplasmin and FAN – after treatment in the 2nd group did not differ from the control.

We associated all the results with the immunostimulating effect of the drug Imudon, which contains a mixture of bacterial lysates. The multivalent antigenic complex of the drug Imudon corresponds to pathogens that most often cause inflammatory processes in the oral cavity.

Bacterial lysates have a number of specific properties at all stages of the immune response, due to which the effectiveness of their use is much higher. The mechanism of action consists in stimulating the processes of phagocytosis and antigen presentation, enhancing the production of anti-inflammatory cytokines (interleukin-4, interleukin-10, TGF), and the development of an adjuvant effect. Moreover, this mechanism is the most physiological, since bacterial lysates stimulate the body's own reactions to antigen exposure and do not cause unnecessary additional effects. Along with the production of specific antibodies to the pathogens included in the preparations, they also stimulate nonspecific immunity – the production of secretory IgA, interleukin-1 and α -interferon, cytokines, NK cells, macrophage-phagocytic system cells, etc. increase [5,7]

Conclusions

1. Taking the drug Imudon activates antibacterial immunity, helps to reduce the risk of bacterial complications, thereby reducing the need for antibiotics.

2. Imudon activates phagocytosis, increases the number of immunocompetent cells, increases the production of lysozyme and interferon, and IgA in

saliva. All this favors a sharp decrease in the incidence rate (PTOLJ) in patients with fractures of the lower jaw, or softens the course of post-traumatic osteomyelitis in patients with severe immunodeficiency.

3. However, despite the successes achieved with treatment (PTOLJ) and other bone injuries, it is often not possible to minimize the possibility of complications.

4. Currently, scientific studies have proved that most pathologies occur due to immunological disorders that contribute to the appearance of complications or the transition of the process to a chronic course.

References

1. Пулатова Ш.К., Рахимов З.К., Камбаров Ш.А., Хамитова Ф.А. Комплексное патогенетическое лечение больных с разлитыми флегмонами челюстно-лицевой области // Новый день в медицине. – 2019. – №2 (26). – С. 121-125.
2. Рахимов З.К., Махмудов Ж.К., Пулатова Ш.К. Современный подход в комплексном лечении острых одонтогенных воспалительных заболеваний челюстно-лицевой области // Биол. и интегративная мед. – 2019. – №3. – С. 79-89.
3. Рахимов З.К., Махмудов Ж.К., Пулатова Ш.К. Эффективность комплексного лечения острых одонтогенных воспалительных заболеваний челюстно-лицевой области // Биол. и интегративная мед. – 2019. – №3. – С. 105-115.
4. Рахимов З.К., Пулатова Ш.К. Отдалённые результаты комплексного лечения больных с травматическим остеомиелитом при переломах нижней челюсти // Stomatologiya. – 2018. – №4 (73). – С. 15-18.
5. Рахимов З.К., Пулатова Ш.К., Замонова Г.Ш. Совершенствование схемы патогенетической терапии переломов нижней челюсти с осложненным течением // Вестн. Совета мол. учёных и спец. – Челябинск, 2015. – №2 (9). – С. 77-83.
6. Рахимов З.К., Пулатова Ш.К., Камбаров Ш.А. Особенности эффективности лечения воспалительных осложнений переломов нижней челюсти и принципы терапии // Новый день в медицине. – 2015. – №1. – С. 61-65.
7. Рахимов З.К., Пулатова Ш.К., Сафарова М.С. Отдалённые результаты применения Вобэнзима в комплексном лечении гнойно-воспалительных осложнений при переломах нижней челюсти // Актуальные вопросы стоматологии: Сб. статей Всерос. науч.-практ. конф. – Уфа, 2015. – С. 183-186.
8. Рахимов З.К., Сулайманов С.Ф. Влияние Вобэнзима на местный иммунитет у больных с

переломами нижней челюсти // Стоматология. – 2015. – №3. – С. 42-45.

9. Agarkov N.M., Gontarev S.N., Zelensky V.A. et al. Mathematical prediction of the development of phlegmon in acute odontogenic osteomyelitis of the jaw in terms of blood and systemic immunity // Med. Bul. North Caucasus. – 2018. – Vol. 1. – P. 62-65.

10. Belovolova R.A., Novosyadlaya N.V., Novgorodsky S.V. Features of the immune status and the possibility of immunocorrection in post-traumatic inflammatory complications in patients with open fractures of the lower jaw // Immunology. – 2002. – Vol. 5S. – P. 287-293.

11. Hamraev S.J. Complex Treatment of Patients with Various Forms of Sialadenosis // Academic research in educational sciences. – 2021. – Т. 2, №9. – С. 858-863.

12. Hamrayev S.J., Rakhimov Z.K. Evaluation of the Functional State of Vascular Walls in Patients with Diseases of the Salivary Glands // New Day in Medicine. – 2021. – №3 (35). – P. 10-14.

13. Ivanushko T.P., Gankovskaya L.V., Shamanaev S.V. et al. A. Study of the content of defensins in patients with purulent – inflammatory diseases of the maxillofacial region // Dentistry. – 2014. – Vol. 93, №2. – P. 23-26.

14. Matrosov V.I. EHF-therapy in the complex treatment of acute purulent-inflammatory diseases of the maxillofacial region: Dis. ... cand. of med. Sci. – Vladivostok, 2002.

15. Nikitin A.A., Lapshin V.P., Kosyakov M.N., Stuchilov V.A., Malychenko N.V. Modern methods of diagnosis and treatment of odontogenic mediastinitis // Rus. Otorhinolaryngol. – 2004. – №5. – P. 15-18.

16. Pulatova Sh.K., Rakhimov Z.K. Estimation of clinical course in complex treatment of lower jaw fractures in patients with immuno correction // Wld J. Pharmac. Res. – 2020. – Vol. 9, Issue 9. – P. 93-104.

17. Rakhimov Z.K., Pulatova Sh.K., Kambayrova Sh.A., Kuldashova V.B. Some aspects in treatment of purulent inflammatory complications at the fractures of the bottom jaw with a preparation vobansim // Actual problems in the treatment and prophylaxis of dental diseases. – Bukhara, 2016. – P. 68-69.

18. Robustova T.G. New trends during odontogenic osteomyelitis of the jaw // Rus. Dent. J. – 2006. – №5. – P. 32-34.

Цель: изучение влияния местной иммунокорректирующей терапии на патогенную микрофлору у больных посттравматическим остеомиелитом.

Материал и методы: за 5 лет госпитализированы

93 пациента с **ФЛЖ** в возрасте от 17 до 62 лет, из них 67 мужчин и 26 женщин. Преобладали лица молодого возраста, только 8 мужчин были старше 50 лет. У 57 больных был односторонний (**ФЛС**), у 36 – двусторонний.

Результаты: имудон активизирует фагоцитоз, увеличивает количество иммунокомпетентных клеток, увеличивает продукцию лизоцима и интерферона, а также IgA в слюне. Все это способствует резкому снижению заболеваемости у больных с переломами нижней челюсти или смягчает течение посттравматического остеомиелита у больных с выраженным иммунодефицитом.

Выводы: в настоящее время доказано, что большинство патологий является следствием иммунологических нарушений, способствующих возникновению осложнений или переходу процесса в хроническое течение.

Ключевые слова: посттравматический остеомиелит нижней челюсти, одонтогенный очаг, патогенная микрофлора, Staph. aureus, иммуностимуляторы, неспецифическая резистентность организма, бактериальные лизаты, фагоцитоз, иммунокомпетентные клетки, репаративный остеогенез.

Objective: To study the effect of local immunocorrective therapy on pathogenic microflora in patients with post-traumatic osteomyelitis.

Material and methods: 93 patients with LVH aged 17 to 62 years were hospitalized over 5 years, including 67 men and 26 women. Young people predominated, only 8 men were over 50 years old. In 57 patients it was unilateral (FLS), in 36 it was bilateral.

Results: Imudon activates phagocytosis, increases the number of immunocompetent cells, increases the production of lysozyme and interferon, as well as IgA in saliva. All this contributes to a sharp decrease in morbidity in patients with fractures of the lower jaw or softens the course of post-traumatic osteomyelitis in patients with severe immunodeficiency.

Conclusions: At present, it has been proven that most pathologies are the result of immunological disorders that contribute to the occurrence of complications or the transition of the process to a chronic course.

Key words: post-traumatic osteomyelitis of the mandible, odontogenic focus, pathogenic microflora, Staph. aureus, immunostimulants, nonspecific resistance of the organism, bacterial lysates, phagocytosis, immunocompetent cells, reparative osteogenesis.

Maqsad: travmadan keyingi osteomielitli bemorlarda mahalliy immunokorrektiv terapiyaning patogen mikrofloraga ta'sirini o'rganish.

Material va usullar: 17 yoshdan 62 yoshgacha bo'lgan LVH bilan kasallangan 93 nafar bemor 5 yil davomida kasalxonaga yotqizilgan, shu jumladan 67 erkak va 26 ayol. Yoshlar ustunlik qildi, atigi 8 nafari 50 yoshdan oshgan erkaklar edi. 57 bemorda bir tomonlama, 36 bemorda ikki tomonlama edi.

Natijalar: imudon fagotsitozni faollashtiradi, immunokompetent hujayralar sonini oshiradi, lizozim va interferon, shuningdek, tupurikda IgA ishlab chiqarishni oshiradi. Bularning barchasi pastki

jag'ning sinishi bo'lgan bemorlarda kasallanishning keskin kamayishiga yordam beradi yoki og'ir immunitet tanqisligi bo'lgan bemorlarda travmadan keyingi osteomielit kursini yumshatadi.

Xulosa: hozirgi vaqtda ko'pchilik patologiyalar asoratlarning paydo bo'lishiga yoki jarayonning surunkali kursga o'tishiga yordam beradigan immunologik kasalliklar natijasi ekanligi isbotlangan.

Kalit so'zlar: pastki jag'ning travmadan keyingi osteomielitlari, odontogen fokus, patogen mikroflora, Staph. aureus, immunostimulyatorlar, organizmning nospesifik qarshiligi, bakterial lizatlar, fagotsitoz, immunokompetent hujayralar, reparativ osteogenez.

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«KOLLAPAN» MATERIALLARIDAN FOYDALANGAN HOLDA SURUNKALI PERIODONTITLARNI JARROHLIK USULI BILAN DAVOLASH



Rahimov Z.Q., Abdullayev D.R.

Buxoro davlat tibbiyo tinstituti

Tishlarnisaqlashuchunqo'llaniladiganoperatsiyalar – uzoq davom etuvchi surunkali periodontitda ildiz uchi zararlangan qismini olib tashlash va periodontal soxadani ildiz kanaliga reinfeksiyalanish jarayonini oldini olish imkonini beradi. Surunkali periodontitni jarroxlik usuli bilan davolashning asosiy vazifasi tish funksiyasini saqlab qolish va suyak to'qimasini tiklashdir. Ildiz uchi rezeksiyasidan keng foydalanish va shilliq qavatdan kesma o'tkazishning zamonaviy usulidan foydalanish granulyomektomiyadan so'ng suyak nuqsonini to'ldirish uchun osteoplastik materiallardan foydalanish imkonini berdi. Tish ildiz uchi rezeksiyasidan so'ng har doim ham bo'shliq qon orqali yangi suyak to'qimasi bilan to'lmagan. Ko'pincha tiklanish jarayoni chandiq shakllanishi bilan davom etmaydi va yillar davomida kechadi. 5% hollarda suyak nuqsoni umuman to'lmaydi. Osteogenezni rag'batlantirish uchun suyak nuqsonida osteoplastik materiallardan depo yaratish katta ahamiyatga ega. Alloplastik (biocompositic) g'ovak modda “Kollapan“ kukun ko'rinishidagi gidroksiapatitdan iborat bir xil II tip kollagenli va antibiotik (linkomitsin gidrokslorid, gentamitsin sulfat, klofaran, rifampitsin, metronidazole) tuzilishida plastin, granula va gelsimon “intermedapatit“

shaklida ishlab chiqariladi. Submikron zarracha kattaligi va yuqori o'ziga xos yuzali “Kollapan“ gidroksiapatit suyakning gidroksiapatitiga mos keladi. Antibiotiklar asta-sekin 15 kundan 20 kungacha granulalardan atrofdagi to'qimalarga chiqariladi. “Kollapan” materiallari reparativ osteogenezga ijobiy ta'sir ko'rsatadi, appozitsion suyak o'sishi uchun yo'naltiruvchi matritsa ro'lini o'ynaydi va uzoq muddatli antimikrob ta'sir ko'rsatadi.

Tadqiqot maqsadi

Surunkali periodontit kasalliklariga chalingan bemorlarni tashxislash va ularni xirurgik davolash usullarinitakomillashtirish. “Kollapan” materiallaridan foydalangan holda surunkali periodontitni jarroxlik davolash natijalarini o'rganish.

Material va usullar

18 yoshdan 55 yoshgacha bo'lgan (o'rtacha yosh – 34,1 yosh) 28 bemorda (10 erkak, 18 ayol) 33 tishni jarroxlik usuli bilan davolash amalga oshiriladi. Bemorlarning yuqori jag'ida 29 (87,8%) va pastki jag'ida 4 (12,2%) ildiz cho'qqisi rezeksiyasi amalga oshirildi. Eng ko'p kesuvchi (66,6%) operatsiya qilindi. So'rovda yuz va og'iz bo'shlig'ini tekshirish, “sabachi” tishni o'rganish (tiklash sifati suniy toj, yiring yo'li, cho'ntaklar, harakatlarni baholash,