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The Effectiveness and Treatment of Odontogenic Inflammatory Diseases in Frequently ILL Children

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Abstract: 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 21 % of all surgical and 52% of dental diseases in childhood.

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.

Objective: 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 local treatment.

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 21 % of all surgical and 52% of dental diseases in childhood. Microbiological diagnostics is of particular importance for planning the treatment of infectious and inflammatory diseases of the elderly.

The object and subject of the study: The results of surgical correction of odontogenic diseases in 36 sick children with recurrent respiratory infections hospitalized in the department of maxillofacial surgery of the Bukhara Regional Children's Multidisciplinary Medical Center (BODMPMC) will be studied.

Research methods.

The following research methods will be used:

- clinical and instrumental (laboratory and surgical examination and treatment of children);
- microbiological examination (bacteriological seeding of a smear from an inflammatory focus);
- statistical (the use of special computer programs for biomedical research, Spearman's rank correlation method, the development of a mathematical forecasting model).

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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].

Repeated infections are most often caused by viruses (mainly respiratory syncytial, influenza and parainfluenza, adenoviruses), pathogens of the family Chlamydia and Mycoplasma (especially Chlamydia pneumoniae and Mycoplasma pneumoniae), bacteria Haemophilus influenzae (most often type b), Streptococcus pneumoniae, S. pyogenes, Staphylococcus aureus, Moraxella (Branhamella) catarrhalis, etc. [Klyuchnikov S. O. with savt., 2017].

The main bacterial agents are beta-hemolytic streptococcus group A(BGSA), staphylococcus aureus (S. aureus), which are capable of forming mixed infections with respiratory viruses [Lopatin A. S., 2001].

This demonstrates the urgency of the problem in maxillofacial surgery. The course of surgical diseases in children with recurrent respiratory infections is determined by complex immune mechanisms and their interaction with hormones of the pancreas, pituitary gland, thyroid gland and adrenal glands. Suppression of the immune system, metabolic disorders, decreased pain sensitivity change the clinical picture and the course of many surgical diseases, which can lead to serious diagnostic errors and negatively affect the outcome of surgical pathology. (Galimov O. V., et al., 2018; Zaitseva E. L., 2018, Piaggesietal., 2018).

Odontogenic inflammatory diseases and their complications in often ill children have certain features that are characterized by pronounced microcirculatory disorders, the presence of microthrombs, dystrophic and necrotic processes, the predominance of the inflammatory component over the reparative one, inhibition of cell proliferation, inhibition of phagocytic activity of leukocytes, incomplete phagocytosis, a high degree of microbial contamination of wound tissues, a decrease in general and local immunological reactivity (N. I. Kamzalakova, 2000, A. Yu. Tokmakova, 2003, D. S. Schade, 1988, E. S. Bullen et al., 1995). The

analysis of the literature data of recent years shows that there are few studies devoted to the study of improving the methods of treatment of 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. Based on the above, we have set the following

RESEARCH OBJECTIVES:

1. To conduct a retrospective analysis of the results of traditional treatment of frequently ill children with inflammatory diseases of the CHLO and their complications over the past 5 years.
2. To determine the relationship between the indicators of the immunological and microbiological status of frequently ill children with odontogenic inflammatory diseases, depending on the clinical picture.
3. To evaluate the effectiveness of topical application of the drug staphylococcal bacteriophage liquid "MediPhag" in the complex treatment of odontogenic diseases in children with recurrent respiratory infections.
4. To compare the results of traditional treatment of inflammatory diseases of CHLO and their complications in frequently ill children with the local use of the drug staphylococcal bacteriophage liquid "MediPhag".
5. To develop an algorithm for the complex treatment of frequently ill children with inflammatory diseases of CHLO in children.

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Treatment of inflammatory diseases in frequently ill children remains an urgent problem of maxillofacial surgery

- inflammatory diseases in often ill children have their own peculiarities of course and treatment
- local application of the drug staphylococcal bacteriophage liquid "MediPhag" in the complex treatment of inflammatory diseases and their complications has a positive effect on the outcome of the disease.

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.

Conclusion. 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.

1. The high frequency of inflammatory diseases and their complications in frequently ill children was determined.
2. The course and features of the outcome of treatment of inflammatory diseases and their complications in frequently ill children will be studied.
3. For the first time, a modified method for the treatment of inflammatory diseases of CHLO in frequently ill children will be developed with the local use of the drug staphylococcal bacteriophage liquid " MediPhag”
4. Prognostic criteria for the severity of the course of inflammatory diseases of CHLO in children with recurrent respiratory infections will be developed.

As a result of a comparative assessment of the surgical treatment of inflammatory diseases in children with recurrent respiratory infections, a comprehensive treatment program for this pathology will be developed.

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