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CONTACT ADDRESS IN TBILISI

GMN Editorial Board
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Содержание:

NEAREST RESULTS OF TREATMENT OF EXACERBATED GENERALIZED PERIODONTITIS IN PATIENTS WITH MANIFESTATIONS OF PSYCHOEMOTIONAL STRESS

Borysenko A., Kononova O., Timokhina T.

Bohomolets National Medical University, Department of Therapeutic Stomatology, Kyiv, Ukraine

The common etiological factor of periodontal disease is periodontopathogenic microflora. It is contained in small quantities in the human oral cavity. In the case of favorable circumstances (the presence of systemic diseases, reduced general or local resistance), it multiplies rapidly and causes periodontal disease: gingivitis or periodontitis [1,7,9-11,13]. Among these systemic lesions the stress occupies a significant place. The presence of these systemic lesions should be considered in the comprehensive treatment of periodontal disease. Among these systemic lesions, psychological stress occupies an important place [7,9-11].

The effect of psychoemotional stress on the patient‘s organism and periodontal tissue can be neutralized with medication. In order to prepare patients with generalized periodontitis with manifestations of psychoemotional stress, a set of drugs has been proposed: zoxone (0.002 g once a day), nicergoline (0.005 g 3 times a day), sibazone (0.005 g once a day) [2]. Experimental biochemical and pathohistological studies show the periodontal-protective effect of the proposed drug complex [3-5] and substantiate its use in clinical settings. Given the more pronounced manifestations of psychoemotional stress in patients with exacerbative generalized periodontitis in the case of this complex for the treatment of patients with exacerbative generalized periodontitis 2 times increased doses of nicergoline (0.01 g 3 times a day) and sibazone 0 (0, 01 g 3 times a day).

Aim of this study was to determine the nearest results of clinical efficacy of the modified proposed complex of adrenoblockers in the complex treatment of patients with generalized periodontitis of exacerbative course in the presence of psychoemotional stress.

Material and methods. This clinical study was conducted in a groupof 70 patients with generalized periodontitis of I-II stage, exacerbative course and manifestations of psychological stress. The main groupconsisted of 40 patients, in the control groupof comparison there were 30 patients. The distribution of patients is presented in Table 1.

In the complex treatment of patients of the main groupused a modified enhanced complex of adrenoblockers to suppress the manifestations of psychological stress. Patients in the control groupwere treated similarly to patients in the main group, but without the use of a modified complex of adrenoblockers.

The level of psychological stress was assessed using questionnaires (DASS-21; Spielberger-Khanin). [6]. Subjects completed the Spielberger-Khanin questionnaire, which is used to determine personal and situational anxiety. Subsequently, the answers were evaluated according to the keys and the total number of points was calculated for all judgments separately on each of the scales (situational anxiety and personal anxiety).

Patients with generalized periodontitis were carefully removed all dental plaque and deposits with irrigation of periodontal pockets with 0.5% chlorhexidine solution. Subsequently, the subgingival surfaces of the tooth roots were thoroughly cleaned with the removal of softened cementum and dentin (so-called SRPtherapy). Drug treatment of symptomatic gingivitis was performed according to its form - the exacerbative course of catarrhal gingivitis is the same in patients of both groups. The presence of inflammation in the gingiva was detected and assessed using the Schiller-Pisarev test (1962) and the PMA index according to C. Parma (1961). The state of oral hygiene was assessed using the OHI-S index (J.C. Green, J.R. Vermillion, 1964) and the O`Leary index, the assessment of the level of gingival bleeding by the PBI probing bleeding index (H.R. Mühlemann, S. Son, 1971) [1,10,11]. In general, the condition of the periodontium was assessed using the periodontal index (PI) by A.L. Russel [1,10,11]. The diagnosis of periodontal disease was established according to the classification of N. Danilevsky [1]. The obtained results were processed by statistical methods using personal computers.

Results and discussion. The effectiveness of the treatment led to a significant improvement in the hygienic condition of patients in both groups. This was confirmed by the improvement of the hygienic index OHI-S in 3.52 times from 1.83±0.13 points to 0.52±0.05 points. In patients with I stage of generalized periodontitis of the main group, the hygiene index OHI-S decreased 3.38 times from 1.59±0.09 points to 0.47±0.05 points, in patients with stage II generalized periodontitis, the hygiene index decreased in 3.09 times from 1.89±0.17 to 0.61±0.07 points (Table 2). The obtained values of the hygienic index testified to the achieved good hygienic level of the oral cavity.

In the control groupamong patients with stage I generalized periodontitis, the hygienic index of the oral cavity OHI-S decreased 2.46 times from 1.65±0.16 points to 0.67±0.06 points, in patients with stage II generalized periodontitis this index was reduced 2.07 times from 1.84±0.17 to 0.89±0.07 points. In general, in patients of the control group, the hygienic index decreased 2.19 times from 1.73±0.17 points to 0.79±0.07 points. The resulting condition of the oral cavity also corresponds to a good hygienic level of the oral cavity. These hygienic indices in their value in patients of the main and control groups differed ($p<0,05$) statistically significantly.

Table 1. Distribution of patients with generalized periodontitis

Groups of subjects patients	Periodontal disease				Age (years)	Total number of patients	
	I stage of generalized periodontitis		II stage of generalized periodontitis				
	abs.	%	abs.	%		abs.	%
Main group	17	42,50	23	57,50	28,33	40	100,0
Control group	14	46,67	16	53,33	29,15	30	100,0
Total	31	44,29	39	55,71	27,25	70	100,0

Table 2. Index assessment of periodontal tissues in patients with generalized periodontitis with manifestations of psychoemotional stress after treatment (M±m)

Indicators	Examination terms	Generalized periodontitis			
		Stage I		Stage II	
		Groups			
		Main	Control	Main	Control
OHI-S (points)	Before treatment	1.59±0.09	1.65±0.16	1.89±0.17	1.84±0.17
	After treatment	0.47±0.05*	0.67±0.06	0.61±0.07*	0.89±0.07
Index O`Leary (%)	Before treatment	55,1±5,1	62,1±5,2	81,4±5,8	74,6±5,4
	After treatment	10,9±0,91*	14,5±0,93	12,8±0,95*	17,5±1,4
Schiller-Pisarev test (points)	Before treatment	2,51±0,25	2,59±0,26	2,91±0,29	2,95±0,29
	After treatment	1,19±0,09*	1,43±0,14	1,41±0,09*	1,61±0,16
PMA index (%)	Before treatment	73,15±2,8	78,9±2,8	79,5±2,9	82,2±2,7
	After treatment	10,4±0,75*	13,9±0,7	13,9±1,1*	14,8±0,9
PBI index (points)	Before treatment	2,59±0,19	2,59±0,19	2,83±0,19	2,87±0,19
	After treatment	0,65±0,06*	0,84±0,07	0,74±0,07*	0,92±0,08
Periodontal index PI (points)	Before treatment	1,77±0,39	1,85±0,43	3,49±0,36	3,61±0,47
	After treatment	0,62±0,06*	0,88±0,02	0,85±0,08*	0,99±0,07

*notes: * data significantly (p<0.05) differ from the data of the control subgroup*

The improvement of the hygienic condition of the oral cavity was also evidenced by the data of the O`Leary periodontal index. The treatment led to a decrease in the values of this index in patients of both groups. In general, patients in the main groupshowed a decrease in the value of the O`Leary periodontal index in 4.92 times from 60.33±5.4% to 12.25±0.91%. In patients with stage I generalized periodontitis of the main group, the periodontal index O`Leary decreased 5.05 times from 55.13±5.1% to 10.91±0.91%, in patients with stage II generalized periodontitis, the O`Leary index decreased 6.36 times from 81.4±5.7% to 12.8±0.95% (Table 2). Thus, the obtained values of the O`Leary periodontal index confirmed the achievement of good hygienic condition of the oral cavity.

In the control groupin the case of stage I generalized periodontitis, the value of the O`Leary periodontal index was reduced 4.29 times from 62.1±5.2% to 14.5±0.93%, and in patients with stage II generalized periodontitis O`Leary periodontal index was reduced 4.27 times from 74.6±5.4% to 17.5±1.4%. Thus, in the control group, the value of the O`Leary index was reduced 4.29 times from 68.34±6.2% to 15.9±0.13% (Table 2). The values of O`Leary periodontal index in patients of the main and control groups were statistically significant (p<0,05).

After the course of treatment, the gingival mucous membrane was pale pink, almost no bleeding during brushing and probing. There were no dental deposits and plaques on the teeth. Patients had significantly reduced pathological mobility of the teeth. Only 7 (30.44%) of 23 patients with stage II disease had mobility of the lower front teeth of grade I. Inflammation in the gingiva according to the Schiller-Pisarev test was absent in 14 of 17 (82.35%) patients with stage I generalized periodontitis and in 14 of 23 (60.87%) patients with stage II generalized periodontitis. In numerical terms, the value of this sample (iodine number by Svrakov) in patients of the main groupdecreased 2.23 times from 2.79±0.28 before treatment to 1.25±0.09 after treatment (p<0.05): in the stage I 2.11 times from 2.51±0.25 to 1.19±0.09 and in the stage II 2.06 times from 2.91±0.29 to 1.41±0.09. In patients of the control group, it decreased by 1.84 times and was 2.89±0.27 before and 1.57±0.09 (p<0.05) after treatment; at the stage I decreased 1.81 times from 2.59±0.26 to 1.43±0.14 and at the stage II 1.83 times from 2.95±0.29 to 1.61±0.16 (Table 2). The obtained data were statistically significantly different (p<0.05).

To quantitatively comparing the level of gingival inflammation, the PMA index was use (Table 2). In the case of the stage I of generalized periodontitis of patients of the main group, the value of the PMA index was reduce 7.03 times from 73.15±2.8% to 10.4±0.75%. In the presence of stage II of generalized periodontitis, the PMA index was reduced 5.72 times from 79.5±2.9% to 13.9±1.1%. In patients of the main group, the PMA index decreased 6.41 times from 76.3±2.7% and amounted to 11.9±0.77%. In the control groupin the case of the stage I of generalized periodontitis, the value of the PMA index was reduced 5.68 times from 78.9±2.8% to 13.9±0.7%, and in patients with the stage II of generalized periodontitis, the value of the PMA index was reduced 5.55 times from 82.2±2.7% to 14.8±0.9%. Thus, in the control group, the value of the PMA index was reduce 5.78 times from 81.2±3.51% to 14.05±0.98%. The values of the PMA index of patients in the main and control groups were statistically significantly different (p<0,05).

The complex treatment led to a decrease in the level of gingival bleeding, as evidenced by the value of the PBI index (Table 2). In the case of the stage I of generalized periodontitis of patients of the main group, the value of the PBI index decreased 3.98 times (p<0.05) from 2.59±0.19 points to 0.65±0.06 points. In the presence of II degree of generalized periodontitis, the PBI index was reduce by 3.45 times: from 2.83±0.19 points to 0.82±0.07 points. In patients of the main group, the PBI index decreased 3.66 times from 2.71±0.19 points to 0.74±0.07 points. In the control groupin the case of I degree of generalized periodontitis, the value of the PBI index was reduced 3.08 times from 2.59±0.19 points to 0.84±0.07 points (p<0.005). In patients with stage II generalized periodontitis, the value of the PBI index was reduced by 3.11 times: from 2.87±0.19 points to 0.92±0.08 points. In the control group, the value of the PBI index was reduce by 3.09 times: - from 2.75±0.19 points to 0.89±0.08 points.

The general condition of the periodontium can be assessed using the periodontal index (PI). There are some positive changes in the PI index after treatment: in the presence of the stage I of generalized periodontitis in patients of the main group, its value decreases 2.85 times from 1.77±0.39 points to 0.62±0.06 points (table. 2). In the presence of the stage II of dystrophic-inflammatory process in patients of the main group, the value of the periodontal index decreased by 4.11 times from 3.49±0.36 to 0.85±0.08 points. Thus, in patients of the main group, the PI index decreased 3.85 times from 2.65±0.5 to 0.68±0.05 points. In patients of the control groupwith stage I, the value of the periodontal index decreased 2.10 times from 1.85±0.43 points to 0.88±0.02 points; with the stage II of generalized periodontitis, the value of the PI index decreased 3.64 times from 3.61±0.47 points to 0.99±0.07 points. In general, the value of the periodontal index decreased 3.52 times from 2.78±0.47 to 0.79±0.08 points. These values of the periodontal index in patients of the main and control groups were statistically significant ($p<0.05$).

In general, the data of the index assessment of the periodontal condition after treatment are presented in Table 2.

An extensive body of clinical research revealed that psychological stress may have a negative effect on periodontal treatment outcomes [12]. Furthermore, antidepressants (fluoxetine) have demonstrated suppressive effects on the inflammatory response and on periodontal disease severity not only in a rat ligature-induced periodontitis model, but also in patients with periodontitis with psychological stress [8]. Thus, clinical studies on the use of the proposed complex of adrenergic blockers [2-5] have shown high clinical efficiency, which confirms the need for drug correction of psychoemotional stress in the treatment of patients with generalized periodontitis.

Conclusion. Thus, the obtained clinical and laboratory results of examination of patients in the nearest terms of observations indicate the clinical effectiveness of the complex of adrenoblockers for the treatment of patients with generalized periodontitis with manifestations of psychosomatic stress.

REFERENCES

1. Борисенко А.В. Заболевания пародонта. – К.: «Медицина». 2018. – 456 с.
2. Кононова О.В. Експериментальне обгрунтування застосування адреноблокаторів. // Сучасна стоматологія, 2018; 2: 86-89.
3. Кононова О.В. Патогістологічне дослідження впливу комплексу адреноблокаторів на регенерацію кістки щелепи.// Сучасна стоматологія, 2018; 3: 36-38.
4. Кононова О.В. Влияние линкомицина на состояние пародонта у крыс с адреналиновым стрессом. // Вісник стоматології. 2016; 96 (3): 26-28.
5. Кононова О.В., Борисенко А.В., Левицкий А.П. Влияние оральных гелей квертулина и адреноблокаторов на состояние пародонта у крыс с адреналиновым стрессом. // Вісник стоматології. 2016; 97 (4): 8-11.
6. Радюк О.М. Восьмифакторный личностный опросник Спилбергера-Радюка. – Минск, РИВШ; 2009. - 96 с..
7. Albandar JM, Susin C, Hughes FJ. Manifestations of systemic diseases and conditions that affect the periodontal attachment apparatus: case definitions and diagnostic considerations. // J Clin Periodontol. 2018;45(Suppl 20):171–189.
8. Bhatia, A., Sharma, R.K., Tewari, S., Khurana, H., Narula, S.C. Effect of fluoxetine on periodontal status in patients with depression: a cross-sectional observation study. // J. Periodontol. 2015; 86:927–935.
9. Jepsen S, Caton JG, et al. Periodontal manifestations of systemic diseases and developmental and acquired conditions: Consensus report of workgroup3 of the 2017 World Workshopon the Classification of Periodontal and Peri-Implant Diseases and Conditions. // J Clin Periodontol. 2018;45(Suppl 20):219–229
10. Lang N.P., Lindhe J. Clinical Periodontology and Implant Dentistry. – Somerset : Wiley Blackwell, 2015. - 1480 p.
11. Newman M., Takei H., Klokkevold P., Carranza F. Newman and Carranza's Clinical Periodontology, 13th Edition. – St. Louis: Saunders, 2018. - 944 p.
12. Spector, A.M., Postolache, T.T., Akram, F. *et al.* Psychological Stress: A Predisposing and Exacerbating Factor in Periodontitis.// Curr Oral Health Rep. 2020; **7:** 208–215.
13. Tonetti M.S., Van Dyke T.E. Working group1 of the joint EFP/AAPWorkshop. Periodontitis and atherosclerotic cardiovascular disease: consensus report of the Joint EFP/AAPWorkshopon Periodontitis and Systemic Diseases. // J Periodontol. 2013;84(4 Suppl):24–29.

SUMMARY

NEAREST RESULTS OF TREATMENT OF EXACERBATED GENERALIZED PERIODONTITIS IN PATIENTS WITH MANIFESTATIONS OF PSYCHOEMOTIONAL STRESS

Borysenko A., Kononova O., Timokhina T.

Bohomolets National Medical University, Department of Therapeutic Stomatology, Kyiv, Ukraine

To date, the common etiological factor of periodontal disease is periodontopathogenic microflora. In the case of favorable circumstances (the presence of systemic diseases, reduced general or local resistance), it multiplies rapidly and causes periodontal disease: gingivitis or periodontitis. Among these systemic lesions, psychological stress occupies a significant place. This should be taken into account in the complex treatment of patients with generalized periodontitis. In view of this, a drug regimen for the preparation of patients with generalized periodontitis of exacerbative course with the presence of psychoemotional stress with the use of a modified complex of adrenoblockers.

Aim of the study: to determine the nearest results of clinical efficacy of the modified proposed complex of adrenoblockers in the complex treatment of patients with generalized periodontitis of exacerbative course in the presence of psychoemotional stress.

This clinical study was conducted in a groupof 70 patients with generalized periodontitis of I-II stage, exacerbative course and manifestations of psychological stress. Drug treatment was performed using a modified proposed premedication complex adrenoblockers. A comprehensive examination of the periodontal tissues of patients before and after treatment was performed. To assess the clinical effectiveness of treatment used Schiller-Pisarev test, PMA index by C. Parma (1961), hygienic index OHI-S (J.C. Green, J.R. Vermillion, 1964), PBI index (H.R. Mühlemann, S.Son, 1971), periodontal index PI (A.L. Russel, 1956). The level of psychological stress was assessed using questionnaires DASS-21 and Spielberger-Khanin.

It was found that the inclusion of the proposed modified premedication complex adrenoblockers in the complex therapy of patients with generalized periodontitis of exacerbative course with manifestations of psychoemotional stress can effectively suppress the dystrophic-inflammatory process in periodontal tis-

sues. This confirms the decrease in the indices of PMA, OHI-S, PBI, PI in the near future.

The use of the proposed modified premedication with a complex of adrenoblockers can increase the effectiveness of treatment of patients with generalized periodontitis of exacerbative course with manifestations of psychoemotional stress.

Keywords: generalized periodontitis of exacerbative course, patients with manifestations of psychoemotional stress, modified drug premedication with a complex of adrenoblockers, the nearest terms of observation.

РЕЗЮМЕ

БЛИЖАЙШИЕ РЕЗУЛЬТАТЫ ЛЕЧЕНИЯ ГЕНЕРАЛИЗОВАННОГО ПАРОДОНТИТА С ОБОСТРИВШИМСЯ ТЕЧЕНИЕМ У ПАЦИЕНТОВ С ПРОЯВЛЕНИЯМИ ПСИХОЭМОЦИОНАЛЬНОГО СТРЕССА

Борисенко А.В., Кононова О.В., Тимохина Т.А.

Национальный медицинский университет им. А.А. Богомольца, кафедра терапевтической стоматологии, Киев, Украина

Цель исследования - определить ближайшие результаты клинической эффективности предложенного модифицированного комплекса адреноблокаторов в комплексном лечении больных генерализованным пародонтитом с обострившимся течением на фоне психоэмоционального стресса.

Клиническое исследование проведено на группе из 70 больных генерализованным пародонтитом I-II степени с обострившимся течением и проявлениями психологического стресса. Медикаментозное лечение проводилось с использованием предложенного авторами модифицированного премедикационного комплекса адреноблокаторов. Проведено комплексное обследование тканей пародонта пациентов до и после лечения. Для оценки клинической эффективности применяемого лечения использовали пробу Шиллера-Писарева, индекс PMA по C. Parma, гигиенический индекс (OHI-S), индекс кровоточивости (PBI), пародонтальный индекс (PI). Уровень психологического стресса оценивался с помощью опросника DASS-21 и Spielberger-Ханина.

Установлено, что включение предложенного модифицированного премедикационного комплекса адреноблокаторов в комплексную терапию больных генерализованным пародонтитом с обострившемся течением и проявлениями психоэмоционального стресса позволяет эффективно подавлять дистрофически-воспалительный процесс в тканях пародонта, что подтверждается снижением индексов PMA, OHI-S, PBI, PI в ближайшие сроки обследования.

რეზიუმე

გენერალიზებული პაროდონტიტის გამწვავებული მიმდინარეობის მკურნალობის უახლოესი შედეგები პაციენტებში ფსიქოემოციური სტრესის გამოვლინებებით

ა.ბორისენკო, ო.კონონოვა, ტ.ტიმოხინა

ა.ბოგომოლეცის სახ. ეროვნული სამედიცინო უნივერსიტეტი, თერაპიული სტომატოლოგიის კათედრა, კიევი, უკრაინა

კვლევის მიზანს წარმოადგენდა ადრენობლოკატორების მოდიფიცირებული კომპლექსის უახლოესი კლინიკური ეფექტურობის განსაზღვრა გენერალიზებული პაროდონტიტის გამწვავებული მიმდინარეობის მქონე პაციენტების მკურნალობაში ფსიქოემოციური სტრესის ფონზე.

კლინიკური კვლევა ჩატარდა 70 პაციენტზე I-II ხარისხის გენერალიზებული პაროდონტიტის გამწვავებული მიმდინარეობით და ფსიქოემოციური სტრესის გამოვლინებით. მედიკამენტური მკურნალობა ჩატარდა ადრენობლოკატორების შემოთავაზებული მოდიფიცირებული პრემედიკამენტური კომპლექსით. ჩატარებულია პაციენტების პაროდონტის ქსოვილების კომპლექსური კვლევა მკურნალობამდე და მკურნალობის შემდეგ. ჩატარებული მკურნალობის კლინიკური ეფექტურობის შეფასებისათვის გამოყენებული იყო შილერ-პისარევის სინჯი, პარმას ინდექსი, ჰიგიენური ინდექსი (OHI-S), სისხლდენის ინდექსი (PBI), პაროდონტული ინდექსი (PI). ფსიქოლოგიური სტრესის დონე შეფასდა DASS-21 და სპილბერგერ-ხანინის კითხვარების გამოყენებით.

დადგენილია, რომ შემოთავაზებული ადრენობლოკატორების მოდიფიცირებული პრემედიკამენტური კომპლექსის ჩართვა გენერალიზებული პაროდონტიტის გამწვავებული მიმდინარეობის და ფსიქოემოციური სტრესის გამოვლინებების მქონე პაციენტების კომპლექსურ თერაპიაში იძლევა პაროდონტში დისტროფიულ-ანთებითი პროცესის ეფექტურად დათრგუნვის საშუალებას, რაც დასტურდება PMA, OHI-S, PBI, PI ინდექსების შემცირებით გამოკვლევის უახლოეს ვადებში.