

## IMPROVEMENT OF SURGICAL METHODS OF TREATMENT OF CHRONIC PERIODONTITIS

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Treatment of patients with chronic periodontitis is one of the most complex and important tasks of modern dentistry. The frequency of pulp and periodontal diseases in children and adults currently does not tend to decrease. Epidemiological data on the study of endodontic lesions of teeth show that out of 37 examined orthopantomograms in patients with no clinical manifestations of endodontic diseases, 78.9% revealed destructive changes at the root tip or root canal filling was observed. On average, there were 3 endodontic teeth per person. In the structure of the therapeutic reception, 35% are visits for pulpitis and periodontitis. Completed endodontic treatment is often mistaken for success. While, even with technically perfect root canal filling, the pathological focus in the periapical tissues persists for a long time, creating the risk of relapses and complications. The need for re-treatment of the canals of the teeth exceeds the need for their primary treatment.

The chronic focus of inflammation in periodontitis promotes constant antigenic stimulation. Like any other long-term inflammatory process, chronic periodontitis contributes to a decrease in the overall immunological reactivity and nonspecific resistance of the body, which increases the risk of purulent-inflammatory complications. In chronic periodontitis, there are violations of both humoral and cellular immunity, while there are 2 types of immunological reactions: immunocomplex damage, carried out by the formation of an antigen - antibody complex (the Arthus reaction) and delayed hypersensitivity. According to Bazhanov N. N. (1995), the cause of phlegmon of the maxillofacial region in 98-99% of cases is chronic periodontitis. The main causes of periodontitis include: infectious, traumatic and chemical effects on the periodontium. The leading role in the development of apical periodontitis is assigned to the infectious factor.

For the treatment of chronic apical periodontitis, conservative (therapeutic), surgical and combined methods are used. The main object of influence in the treatment of chronic periodontitis is an infected root canal with its numerous branches, dentine tubules, as well as periodontal tissue that is in a state of acute or chronic inflammation. The variety of anatomical variations in the shape and number of root canals is a big problem when cleaning the entire root canal system. According to the results of recent studies, it is mechanically impossible to completely clean all the internal surfaces of the root canal, leaving untreated areas of various lengths with remnants of fibers and a "dirty layer". No more than 70% of the walls of the passable channels are processed qualitatively, mainly at the point of contact with the tool. The narrow, sinuous, non-circular macrochannels and the main part of the microchannels remain almost unprocessed. Excessive fascination with the mechanical treatment of the root canal significantly weakens the strength of the tooth. Therefore, special attention should be paid to antimicrobial drugs for intra-channel use. The choice of means for medical treatment of root canals is quite large, but it is quite difficult to choose the optimal means in a particular case, since the methods that allow identifying the microflora of the root canal and periapical tissues are laborious, and most importantly long, so the choice of antimicrobial drugs is almost always empirical.

The use of delayed root canal filling technology can significantly improve the long-term results of treatment of both granulating and granulomatous forms of chronic periodontitis. After 12 months, the frequency of complete obliteration of the focus of periapical destruction significantly increases by 16.1% in the granulating form, and by 14.5% in the granulomatous form, compared with traditional treatment.

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