SJIF Impact Factor 2022: 8.197| ISI I.F. Value: 1.241| Journal DOI: 10.36713/epra2016 ISSN: 2455-7838(Online)
EPRA International Journal of Research and Development (IJRD)
Volume: 7 | Issue: 11 | November 2022 - Peer Reviewed Journal

ASSESSMENT OF THE DENTAL STATUS OF CHILDREN WITH CHRONIC TONSILLITIS

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SUMMARY
Conducted studies have established a very low local immune status of children with chronic tonsillitis. Careful observation of children made it possible to evaluate the significance of each of the numerous clinical symptoms . By collecting subjective and objective data, it is possible to provide timely diagnosis of not only chronic tonsillitis, but also its clinical forms, which is extremely important , as it makes it possible to choose and carry out specific treatment tactics.
KEY WORDS: *chronic tonsillitis, acute tonsillitis, microbiological research .*

INTRODUCTION

According to the state statistical reporting of the Republic of Uzbekistan , the pathology of the ENT organs occupies the first ranking place in the structure of the incidence of the child population, among which the development of chronic tonsillitis predominates in preschool children - 45.2%[1]. The features of the clinical picture, the duration of the course of this disease, as well as the direct anatomical and functional relationship with the oral cavity necessitate the study of the relationship between damage to the organs of the maxillofacial region with this ENT pathology in children. Chronic tonsillitis (CT) is in children [1, 2, 4]. Infection in the palatine endocrine organs [6, 7]. From one of the most common tonsils, it is often a triggering temporary and reliable diagnosis of diseases of the upper respiratory mechanism for pathological chronic tonsillitis in many ways, since the subsequent course of the disease occurs in 4-10% of changes in the cardiovascular system[5]. Analysis of subjective clinical symptoms among children with various forms of chronic tonsillitis.

The palatine tonsils consist of lymphoid tissue, which performs a protective function[6]. The tonsils are pierced by deep and complex channels - crypts, which end on the surface of the tonsils with lacunae - special recesses through which the contents of the lacunae are brought out. On average, there are 2 to 8 lacunae on the amygdala. It is believed that the larger the size of the gaps, the easier and faster the discharge is removed. In addition to the palatine tonsils, there are other formations in the pharynx that perform a protective function: the lingual tonsil is located on the root of the tongue, adenoid vegetations (adenoids) are located on the back wall of the nasopharynx, and tubal tonsils are located in the depths of the nasopharynx around the auditory tube. Inflammation of the tissues of the palatine tonsils is called tonsillitis, and a protracted inflammatory process is called chronic tonsillitis[8].

PURPOSE OF THE STUDY

To assess the dental status of children aged 3–10 years with chronic tonsillitis to justify the need to prevent dental caries, periodontal disease and dentoalveolar anomalies in this group.

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MATERIALS AND METHODS

Parents were questioned about the course of pregnancy, the frequency of the child's morbidity per year, the presence of signs of oral or mixed types of breathing, and the features of hygienic care for the child's oral cavity. In the course of a clinical study, a study of medical records, a survey and a clinical assessment of the state of the oral cavity of 49 children (34 boys and 15 girls) aged 3–10 years were carried out, who are under dynamic dispensary observation for chronic tonsillitis with varying degrees of severity. The examination was carried out in the children's city polyclinic No. 30. During the study of medical records, attention was paid to the period of the child's stay at the dispensary, a clinical examination was carried out according to the WHO methodology (1989). The state of hard tissues of temporary teeth was assessed using prevalence rates (%), intensity of dental caries (cds); oral hygiene - according to the Yu.A. Fedorova - V.V. Volodkina (1971). To record the survey data, specially designed medical records of the dental patient were used.

RESULTS

The survey revealed that about 70% of children brush their teeth once a day and irregularly, that 100% of the surveyed have a high level of carbohydrate intake in their daily diet, only 11% of children drink clean water or rinse their mouths after taking cariogenic food. Assessing the state of oral hygiene, in the group of children with concomitant pathology, it was determined that it was unsatisfactory and amounted to 2.3 points. Caries was detected in 22 children, which corresponds to a prevalence of 44%. In the course of a clinical study, 31 children were diagnosed with dentoalveolar anomalies (63%) and 29 children with oral breathing (82%).

CONCLUSIONS

In children with chronic tonsillitis, a deterioration in the state of oral hygiene, a high prevalence of caries and dentoalveolar anomalies, and a predominance of mixed or oral types of breathing were revealed. Our research necessitates the development and implementation in practical healthcare of complex methods for the prevention of dental pathology in this group of patients.

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