THE PREVALENCE OF A COMBINATION OF THE THREE MAIN DENTAL DISEASES OF DENTAL CARIES IN PATIENTS WITH CHRONIC CORONARY HEART DISEASE

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Abstract*. Cardiovascular diseases (CVD) are the leading cause of death in many countries. Taking into account the multifactorial etiology of CVD, the close association of risk factors (FR) with each other and the mutually reinforcing effect, their impact on health began to be considered not individually, but in total. The main task of preventive measures is to identify FR, assess the degree of total cardiovascular risk and reduce it in people with increased risk (by modifying all available FR), as well as recovery in order to maintain low risk in people with a low probability of developing the disease.*

Keywords*: arterial hypertension (AH), physical activity (FA), index KPU/KP, Cardiovascular diseases (CVD).*

The development of CVD is closely related to lifestyle characteristics and risk factors (FR) - smoking, unhealthy diet, insufficient physical activity (FA), overweight, arterial hypertension (AH), age, psychosocial factors and a number of others. Most cardiovascular diseases can be prevented by taking measures against risk factors such as tobacco use, unhealthy diet and obesity, physical inactivity and harmful alcohol consumption, using strategies that cover the entire population.

It should be pointed out that an in-depth study of the relationship between the local inflammatory process in periodontitis and somatic pathology in our country has solid experience. Over the past two decades, there have been reports of a link between inflammation in periodontal tissues and cardiovascular pathology. A number of foreign authors see similarities in the pathogenetic mechanisms of periodontitis and diseases of the cardiovascular system in the ability of microorganisms and their endotoxins to cause immune-inflammatory reactions in the intima of blood vessels, hemodynamic disorders and metabolic tissue lesions. Thus, the topic of this study is at the junction of two specialties - dentistry and requires further study [1.3.5.7.9.11.13.15.17].

The causes of heart failure in children are significantly different from those in adults. In adult heart failure, heart failure syndrome is often caused by ischemic heart disease, hypertension. Currently, the most common cause of heart failure in children due to a decrease in the incidence of rheumatism in children is congenital heart disease. Depending on the leading pathophysiological mechanism of the development of heart failure, the following variants of this syndrome are distinguished: circulatory, myocardial, diastolic. The rate of circulation (overloading of pressure and or volume) is often the result of congenital or acquired heart defects. Excessive pressure of the heart muscle occurs against the background of stenosis of the aorta or pulmonary artery, coarctation of the aorta and interruption of the aortic arch, atresia of the tricuspid cap and lung cap, obstructive type of Total Anomalous venous drainage of the lungs, etc. At 1 Week of life, the transition from parallel rotation to consistency is caused by the closure of fetal connections.

As a result, subendocardial ischemia is the cause of further enlargement and dysfunction of the left ventricle, cardiogenic shock. Depending on the severity, left ventricular dysfunction can include an increase in diastolic volume and left ventricular filling pressure, an increase in left ventricular mass, an increase in ventricular wall tension, expansion and spherical formation, and an increase in left atrial pressure. These processes are exacerbated by the maturation of cardiomyocytes and calcium channels in newborns. Overload is associated with valve failure, the presence of intracardial defects. During the first 2 months of life, it manifests itself with symptoms of heart failure, by which time the resistance of the pulmonary vessels decreases. Increased pulmonary blood flow, combined with greater permeability of the pulmonary capillaries, leads to shortness of breath, the appearance of pulmonary edema [2.4.6.8.10.12.14.16.18.20].

Strengthening the work of the respiratory apparatus leads to difficulties in nutrition, and increased cardiac activity leads to an increase in the body's metabolic needs. Eating disorders worsen pre-existing metabolic disorders and contribute to the further development of the disease.

Purpose of the study. Improvement of methods to prevent the spread of three main combinations of dental caries in patients with chronic coronary heart disease.

The object of the study. 290 patients (220 in the main groups and 60 in the control groups), aged 40-80 years, with a percentage of men and women of 65.5% and 34.5%, respectively, will be examined.

Results and analyzes.

The diagnosis of dental hard tissue caries of patients with cardiovascular diseases was carried out on the basis of Anamnesis, clinical examination, probing, percussion. L of the spots from additional methods for the diagnosis of acute demineralization of enamel, the initial form of caries.A.According to the aksamite method, painting with a mixture of 2% methylene blue water was applied. With the term" furnace demineralization of enamel", we define the initial appearance of caries – caries on a white stain.

This included single and numerous spots on the visible surface of the enamel of the teeth. In terms of color, usually clearly expressed white homogeneous spots and spots of different shapes were allocated, in which the bulging parts were united by healthy enamel. The dimensions of the spots ranged from the size of the spot to the dimensions that occupy 1/3 of the tooth surface. According to the classification of the surface, spots with a smooth bright surface and uneven bulging, with a dull surface were allocated. In a number of cases, a decrease in enamel density was found in the furnace demineralization part, the enamel was determined to be easily fissile with an excavator. All stains belonging to the furnace demineralization of enamel were painted with a 2% water mixture of methylene blue.

The examination was carried out using a set of dental equipment. The absence of a stain was determined using 2% methylene blue. For staining, a 2% water mixture of methylene blue was used after cleaning the teeth with toothpaste and a brush from Carache. Then the teeth were washed using a cotton ball moistened with hydrogen peroxide, which cleanses the Carache well, and the tooth surface was dried with a Marley napkin or a stream of hot air. The teeth were protected from the saliva using cotton swabs [17.19.21.23].

A mixture of paint with a pipette for 2-3 minutes was applied to the studied surfaces of the teeth. Then the mouth was rinsed with water, cleaned with a tampon. Caries teeth and fillings, the number of teeth obtained, the dental formula was determined. The diagnosis of dental caries was

based on Anamnesis, visual research, probing and percussion. Additional verification methods were also used: thermometric, gi, and RMA index determination.

Damage to the teeth with caries was diagnosed in the presence of a carious cavity of the teeth, which was filled and taken – KPU/KP. Caries was diagnosed on the basis of the identified clinical symptoms of carious cavity development, taking into account the depth of damage to the hard tissues of the teeth. In the dental examination of children, the following main indicators of damage with caries were envisaged: an increase in intensity and intensity – according to who nomenclature. Intensity refers to the degree of injury of teeth with caries, expressed in the form of the average number of damaged teeth in one person (index KPU/KP) (caries – K.k; plugged-P.p; taken (o) or to be taken – o.o;) in constant biting, the index of KPU (teeth) was calculated. For all groups of persons examined, a method of assessing its indicators on the organizational elements of the KPU/KP was used based on the reviews conducted on the KPU/KP. The study of the organizational elements of the KPU/KP index provides accurate and informative information about the actual condition of the teeth and the level of Organization of dental care [20.21.22.23].

The increase in the intensity of caries was assessed by the intensity of the formation of new lesions with caries on the teeth of a person examined within a certain observed period (within 1 year). This figure was calculated in absolute quantities and included in the"individual dental examination card of children with heart defects".

Conclusion. Since the characteristic of the intensity of caries in patients with cardiovascular diseases is fully determined on the basis of not only the number of carious teeth, but also the number of surfaces affected by caries, we studied the KPU (surfaces) index in dynamics in all examiners. An increase in the intensity of caries on this indicator was determined every year.

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