

THE INCIDENCE OF ACUTE PURULENT PERIOSTITIS IN CHILDREN OF SCHOOL AGE WITH A CAUSATIVE TOOTH AND AGE

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Annotation: Inflammatory diseases of the teeth and jaws still occupies the main place among other dental diseases. Among children with acute odontogenic inflammatory processes of the maxillofacial region, a significant proportion are patients with periostitis. There is no consensus in the literature regarding the frequency of the disease depending on age and causative teeth. This article presents the results of studying the role of individual teeth in the development of acute purulent periostitis of the jaws in children.

Key words: Abscesses and phlegmons, periostitis, odontogenic diseases, microbes, pathogen, body sensitization, osteomyelitis.

In children, periostitis of the jaw is usually a complication of acute or aggravated chronic periodontitis (apical or marginal). It may also be the result of suppuration of a root or follicular cyst, a wound after tooth extraction, in adults, an abscessing form of periodontitis may be associated with the above causes of periostitis, a complication of difficult eruption of a wisdom tooth, or, finally, a concomitant phenomenon in acute odontogenic osteomyelitis [1]. However, most often according to Biberman Ya.M. (1963) - 78.2%, according to Shulovich O.O. (1969) - in 75% of cases acute periostitis of the jaw is a consequence of exacerbation of chronic periodontitis [2,3]. Cooling, overwork, and malnutrition are factors predisposing to the development of acute purulent periostitis, in addition, the causes of infection can be: injuries to teeth, jaws, and purulent processes in the soft tissues adjacent to the jaws [4].

Long-term foci of infection contribute to the development of chronic odontogenic periostitis. Usually, chronic periostitis develops as a result of

irrational therapy of periodontitis of temporary teeth, which are "dormant" foci of infection. Such a focus, in addition to sensitizing the body, gives rise to a local sluggish inflammatory process [4,5].

Purpose: To study the frequency of acute purulent periostitis in children depending on age and the "causal tooth".

Material and methods of research: The frequency of participation of teeth in the development of acute purulent periostitis was studied from the medical histories of 551 sick children aged 2 to 13 years, treated in the department of maxillofacial surgery of the multidisciplinary medical center in Bukhara and in the department of pediatric dentistry. To take into account anamnestic, clinical and laboratory studies of the course of the disease, we developed an examination card for a patient with acute purulent periostitis, which included anamnestic information, general and local signs of the disease, and laboratory test data. All qualitative characteristics were translated into quantitative expression (scores). On the day of admission, when collecting an anamnesis, everyone's complaints were carefully studied, local signs of the inflammatory process, the general reaction of the body, previous and concomitant diseases, and previous treatment were taken into account.

Results and discussions: The study showed that the damage to the jaws at different age periods in children is different. As the results obtained showed, periostitis in children under 2 years of age is not uncommon. Of the 40 children hospitalized in the clinic with periostitis, in 37 the process developed in the upper jaw, the ratio relative to the lower jaw was 12:1, i.e. the process in the upper jaw is almost 12 times more common than in the lower jaw.

In children 3 years of age, the incidence of the upper jaw remains higher (60%) than the lower jaw (40%), ratio 3:2. However, in 3-year-old children, the incidence of periostitis of the lower jaw has sharply increased. This appears to be due to the increase in caries at this age. The highest incidence of jaw lesions with periostitis was observed in children 4 years old - 113 (21%). The incidence

of periostitis in the upper jaw continues to increase, but less than in the lower jaw. At this age, the periostitis in the lower jaw almost doubled and turned out to be higher than in the upper jaw.

From the age of 5 years, the incidence of periostitis tends to decrease due to a decrease in the incidence of the lower jaw.

In children 6 years of age, with a decrease in the overall incidence of periostitis, the incidence of jaws is leveled out. By the age of 7, this ratio basically remains the same, but periostitis becomes almost two times less than in 6-year-old children.

In 8-year-olds, the incidence of lesions in the upper jaw is more frequent than in the lower jaw. In subsequent years, the frequency of periostitis decreases with increasing susceptibility to the lower jaw.

Conclusion: The incidence of periostitis increases with age. By the age of 5, it reaches its highest levels in both the upper and lower jaws. In children 6 years old, although the incidence of periostitis remains high, it was nevertheless 17.4% less than in children 5 years old. In subsequent years, there was a tendency towards a gradual decrease in the frequency of periostitis. In general, in children, periostitis was equally common in both the upper and lower jaws.

Comparing the role of individual teeth in children 2 and 3 years old, it can be noted that in two-year-old children the high incidence of development of periostitis of the upper jaw is due to the high susceptibility of temporary incisors. In three-year-old children, the cause of periostitis is complications of caries, both incisors and molars, but the most common cause is the first temporary molar. The cause of periostitis of the lower jaw at this age, as a rule, turned out to be temporary molars.

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