TREATMENT OF DENTAL EROSION IN PATIENTS WITH GALLBLADDER PATHOLOGY

Rakhimberdiev Rustam Abdunosirovich
Head of the Department of Pediatric Dentistry, Samara State Medical University, PhD , associate professor
Pardaeva Nodirabegim Foziljonovna ,
Clinical resident, Department of Pediatric Dentistry, Samara State Medical University

Annotation. Erosive dental lesions are a significant problem in modern dentistry and are characterized by the gradual destruction of hard dental tissues under the influence of both acidic and non-acidic factors. Somatic diseases, particularly gallbladder disease, play a significant role in the development of this pathology. These diseases are accompanied by digestive disorders, changes in the composition and buffering capacity of saliva, and increased acidity in the gastrointestinal tract. This paper analyzes the clinical features of dental erosion in patients with gallbladder disease and substantiates the need for comprehensive treatment combining dental and gastroenterological approaches. The therapeutic strategy is aimed at eliminating the underlying factors, restoring the mineral composition of dental hard tissues, reducing hypersensitivity, and preventing further progression. This interdisciplinary approach helps improve treatment outcomes and quality of life for patients.

Keywords: dental erosion; gallbladder pathology; hard dental tissues; remineralizing therapy; hyperesthesia; somatic pathology .

Аннотация. Эрозия зубов является актуальной проблемой современной стоматологии и характеризуется постепенной утратой твердых тканей зуба под воздействием различных агрессивных факторов, в том числе химической природы. Одним из значимых предрасполагающих факторов выступают заболевания желчного пузыря, сопровождающиеся нарушением пищеварительных процессов, изменением физико-химических свойств слюны и снижением её защитных возможностей, а также колебаниями кислотно-щелочного баланса в желудочно-кишечном тракте. В статье рассмотрены особенности клинического проявления эрозивных дефектов у больных с патологией желчного пузыря и подчеркнута важность комплексного лечебного подхода. Предлагаемая тактика включает совместное применение стоматологических мероприятий и коррекцию основного соматического заболевания. Лечение направлено на устранение этиологических факторов, укрепление и восстановление минеральной структуры эмали и дентина, снижение чувствительности зубов и

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профилактику дальнейшего разрушения твердых тканей. Комплексный междисциплинарный подход позволяет повысить эффективность терапии и улучшить общее состояние пациентов.

Ключевые слова: эрозивные поражения зубов; заболевания желчного пузыря; деминерализация эмали; реминерализация; повышенная чувствительность зубов; комплексное лечение.

Annotatsiya. Eroziv tish lezyonlari zamonaviy stomatologiyada muhim muammo bo'lib, kislotali va kislotali bo'lmagan omillar ta'sirida qattiq tish to'qimalarini asta-sekin yo'q qilish bilan tavsiflanadi. Ushbu patologiyaning rivojlanishida somatik kasalliklar, xususan o't pufagi kasalligi muhim rol o'ynaydi. Ushbu kasalliklar ovqat hazm qilish buzilishi, tupurikning tarkibi va tamponlash qobiliyatining o'zgarishi va oshqozon-ichak traktida kislotalikning oshishi bilan birga keladi. Ushbu maqola o't pufagi kasalligi bo'lgan bemorlarda tish eroziyasining klinik xususiyatlarini tahlil qiladi va stomatologik va gastroenterologik yondashuvlarni birlashtirgan holda kompleks davolash zarurligini asoslaydi. Terapevtik strategiya asosiy omillarni bartaraf etishga, tish qattiq to'qimalarining mineral tarkibini tiklashga, yuqori sezuvchanlikni kamaytirishga va keyingi rivojlanishning oldini olishga qaratilgan. Ushbu fanlararo yondashuv bemorlarning davolash natijalari va hayot sifatini yaxshilashga yordam beradi.

Kalit so'zlar: tish eroziyasi; o't pufagi patologiyasi; qattiq tish to'qimalari; remineralizatsiya terapiyasi; giperesteziya; somatik patologiya.

INTRODUCTION

Typical manifestations of dental erosion include a smooth, shiny, sometimes matte enamel surface with an intact band in the cervical region along the gingival margin. As the process progresses, changes in the defect's shape are observed: a depression in the enamel appears, with its surface extension exceeding the depth of the lesion. Erosive changes on the vestibular surface must be differentiated from wedge-shaped defects, which are localized at or below the cementoenamel junction. Wedge-shaped defects are characterized by distinct coronal contours located at a right angle to the enamel, and their apical portion extends toward the root. The depth of such a defect is usually greater than its width.

Furthermore, erosion should be distinguished from pathological tooth wear. In cases of increased wear, defects often have a flattened shape, a smooth, shiny surface, and well-defined borders, and are usually accompanied by similar changes on the opposing teeth.

The aim of this study: To improve the effectiveness of treatment with interdisciplinary interaction between a dentist and a general practitioner for erosions of hard dental tissues associated with pathology of the gallbladder and

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biliary tract

To achieve this goal, the following tasks will be set:

1. The prevalence, frequency and severity of dental hard tissue erosion in patients will be studied.

2. The rate of gingival fluid secretion will be determined in patients without erosion and pathology of the gallbladder and biliary tract; with erosion of hard dental tissues; with erosion of teeth and disease of the gallbladder and biliary tract.

3. The method for preventing the occurrence and further development of erosion of hard dental tissues will be improved.

4. The need for treatment planning for patients with dental erosions and gallbladder and biliary tract diseases will be substantiated with the ultimate goal of stabilizing existing erosions and preventing the appearance of new ones, with the participation of a dentist, therapist, and gastroenterologist.

5. An analysis will be conducted of the effectiveness of treatment results for patients with erosions of hard dental tissues and pathology of the gallbladder and biliary tract.

The study material and methods used for this research project will include 120 patients seeking dental care at the Samarkand Regional Dental Clinic, aged 45 to 60 years, including a control group of 20 apparently healthy individuals. All patients in the study group will be divided into the following groups based on the treatment received:

Group 1 – 60 patients with erosions of hard dental tissues, without gallbladder pathology

Group 2 – 60 patients with erosions of hard dental tissues with pathologies of the gallbladder and biliary tract

The following research methods will be used:

a) clinical and dental methods

b) clinical and functional

c) biochemical

d) statistical methods.

Conclusions. Based on clinical and biochemical studies conducted in patients with dental erosions and gallbladder and biliary tract pathology, the role of total bilirubin and its fractions, alkaline phosphatase, C-reactive protein, and chlorides in oral fluid will be determined.

A non-invasive method for studying the biochemical parameters of total bilirubin and its fractions, alkaline phosphatase in gingival fluid during exacerbation of gallbladder and biliary tract diseases can significantly improve the effectiveness of dental erosion treatment.

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According to numerous studies, wines and various low-alcohol carbonated drinks have low pH levels and can contribute to the development of erosive lesions. Of particular interest are drinks with low pH and high buffering capacity, as a large number of them are available on the market. Their erosive potential varies not only between different groups but also within a single group depending on the manufacturer and region of production. It has been noted that even drinks with identical formulations can differ in their erosive potential due to varying calcium and fluoride levels in the water used in their production.

It is noteworthy that in most severe cases of exogenous erosion, a link can be traced to the patient's behavioral and lifestyle characteristics. It has been established that the development of erosive lesions is facilitated by frequent consumption of certain foods and beverages, particularly citrus fruits, lemon and orange juices, fruit purees and juices with pulp, carbonated drinks such as cola, and citrus-flavored beverages. Even herbal teas, widely consumed and perceived as healthy, can have significant erosive potential when consumed regularly.

The complex of measures to reduce tooth sensitivity includes:

Use of hygiene products intended for patients with hyperesthesia.

Use of professional techniques aimed at reducing sensitivity by obturating dentinal tubules (adhesive systems, desensitizers, remineralizing therapy, deep fluoridation, surface sealants).

Restoration of defects with filling materials.

Carrying out depulpation in cases of severe and persistent hypersensitivity.

It should be noted that current hypersensitivity treatment methods do not always provide long-term results. Therefore, innovative approaches to the prevention and treatment of dentin hypersensitivity are being developed, including during professional oral hygiene for patients with periodontal disease.

Thus, despite the wide range of medications and methods for reducing tooth sensitivity, the problem of hyperesthesia remains relevant and requires further improvement of treatment approaches.

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