

STOMATOLOGIC STATUS IN CHILDREN WITH ATOPIC DERMATITIS

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Abstract: The main purpose of the article is to show stomatologic indicators in allergic children using the example of 25 patients with atopic dermatitis. The article also discusses issues of further treatment of patients with this pathology.

Key words: stomatologic status, atopic dermatitis, diseases of oral cavity.

In recent years, allergic diseases have been on the rise in the world. Atopic dermatitis takes the leading place among these diseases. In 70% of cases, atopic dermatitis causes the development of bronchial asthma, pollinosis, urticaria, Quincke's tumor, and allergic rhinitis.[1]

Young children have a high risk of developing dental diseases due to poor hygiene and poor physical condition.[2]

When planning prevention, it is necessary to take into account the high risk of occurrence and development of dental diseases in children [1]. Children with allergopathology are especially at risk.[5,6]

According to the literature, it is present in patients with allergopathology various pathological changes in the dental-chewing system are: swelling of the mucous membrane of the oral cavity, aphthous stomatitis, desquamative glossitis, exfoliative and eczematous cheilitis. Changes in the composition of oral fluid and gum fluid, oral cavity immunity, systemic processes, hemodynamic disorders in periodontal tissues are detected. [3,4] Including a large number of children with atopic dermatitis it is necessary to emphasize that and the disease has a relapsing character. [9,10] Such children receive high-dose drug therapy for several years, which in turn causes local and systemic negative effects on the tissues of the oral cavity can have an effect.[1]

It is noted that general somatic diseases are one of the factors that keep the frequency of morphological and functional disorders in the teeth-jaw system in children [2]. Scientists have determined that the functional state of the tooth-jaw system and other systems is connected through intersystem integration. [1, 7].

The purpose of the study. To study stomatologic status in children with atopic dermatitis.

Material and methods. For the research, 25 children of different ages with a diagnosis of atopic dermatitis, registered in the Republican center of specialized allergology and clinical immunology, were examined (by gender, 15 girls - 60%, 10 boys child - 40%).

According to life anamnesis indicators, 60% of children have severe allergic anamnesis.

During the study, the patients underwent a clinical examination of the oral cavity. Also, the state of the teeth, mucous membrane of the oral cavity, occlusion, and vulva were studied. Teeth were evaluated according to caries intensity, CFD indices. The level of oral hygiene was studied with the Fedorova-Volodkina hygiene index. The condition of periodontal tissues was assessed by PMA and PI indices with a special button-shaped probe.

Results and discussions. According to the results of the study, the prevalence of caries in 1.5-6-year-old children diagnosed with atopic dermatitis was 55%, 7-11 years old - 80%, 12-15 years old - 100%. Caries intensity 1.5-6 years-2.4;

7-11 years-4.4; 12-15 years old - showed 2.9.

According to our results, the factor that causes high caries prevalence and caries intensity in children with atopic dermatitis is the effect of the disease on the resistance of dental hard tissues. It is also worth noting that 12-15-year-old children have a lower level of caries intensity, because this physiological baby teeth have changed, but the level of caries prevalence is high. [3].

When determining the position of the lumps within the jaw anomalies, in 37% of the examined patients with milk and mixed occlusion, the lumps are located below. The percentages of those with permanent occlusion are 8% with a short wedge-shaped distal occlusion, 4% with a mesial occlusion after frenuloplasty, and 4% with a deep occlusion. In the remaining 47% of children, no occlusion anomalies were detected. Occlusion position, dentition position and occlusal position were age-appropriate.

When assessing the oral hygiene condition, the following indicators were found: 40% of children had very poor hygiene, 12% - poor, 20% - unsatisfactory, 8% - satisfactory, and 20% - good.

When periodontal tissue status was determined by PI, 26% had mild periodontal disease, 48% were at risk of developing, and the remaining 26% had no disease.

When the level of gingivitis of the children in the study was assessed according to the PMA index, 12% had a severe type, 20% had a moderate level, and 68% had no symptoms.

In 64% of children, various forms of cheilitis, in particular exfoliative and atopic cheilitis, changes in the corner of the mouth and dryness of the lips and tongue were detected in the red border of the lips. This result was 1.5 times higher compared to a similar study [11]. In 16% of children, the tongue is covered with warts.

Summary. 1. According to the results of the research, children with atopic dermatitis are more likely to get dental diseases due to the fact that they received general medical treatment, especially oral drugs. Therefore, it is necessary to develop preventive measures for dental diseases in such patients. 2. In order to reduce the risk of dental diseases in children with allergic diseases, especially atopic dermatitis, it is necessary to control the observance of hygiene rules.

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