

MEDICAL SCIENCES

TREATMENT OF ACUTE ODONTOGENIC INFLAMMATORY DISEASES IN CHILDREN

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<https://doi.org/10.5281/zenodo.14236009>

The prevalence of caries in children of the in various age groups ranges from 83 to 98% [3]. In the structure of inflammatory diseases of the maxillofacial region, 50% are odontogenic processes [5]. The prevalence of dental anomalies among children and adolescents is quite high - from 33 to 78% [1,4]. Despite the fact that these diseases are often the reason for surgical interventions, the structure of surgical interventions in a clinic has not been studied enough. At the same time, the study of the duration of outpatient treatment in children with acute odontogenic inflammatory diseases remains relevant. The purpose of the study was to study the structure of surgical interventions and determine the average duration of treatment for acute odontogenic inflammatory diseases in children on an outpatient basis. 81 outpatient dental health records of children undergoing emergency surgery for acute odontogenic inflammatory processes were studied. At the same time, the diagnosis and timing of postoperative treatment were recorded. The data were processed statistically using the Student's significance test. The total number of patients requiring surgical interventions during the study period was 721 (17.16 people/month). Of these, 600 children (14.28 persons/month) were operated on outpatient basis. Of the total number of outpatient operations, 268 (44.67±2.03%) were emergency surgical interventions for inflammatory diseases of the maxillofacial area. Statistically significantly more often such operations were performed on children with complicated caries - 207 (77.25±2.56%). 34 (12.69±2.03%) operations were performed for anomalies of the maxillofacial region, 25 (9.32±1.78%) operations for tumors and tumor-like formations, 2 (0.03%) operations for trauma. 71±0.51%). Planned (clean) operations were performed in 332 (46.05±1.86%). STRUCTURE OF REPLANNED OPERATIONS AND A LARGE NUMBER a t y s t i c a l reliably ($p < 0,001$) as emergency - 247 (92.16 ±1.64%), and planned - 207 (62.35±2.66%) operations were performed on the soft tissues of the maxillofacial area. On the alveolar process, the number of operations was 21 (7.84±1.64%) and 125 (37.65±2.66%), respectively. Follow-up period 1 2 1 (16.78±1.39%) patient was sent to hospital treatment. For emergency reasons, 79 (65.00±4.51%) children were hospitalized. Of these, 17 (21.52±4.62%) were aged (children under 5 years old). The diagnosis was the reason for hospitalization for 36

(45.57±5.60%) patients. Other indications (non-contact with the patient, allergies to local anesthetics, general somatic diseases, etc.) were noted in 26 (32.91±5.29%) children. 42 (34.71±4.51%) children were hospitalized as planned. At the same time, according to age (up to 5 years), 16 (38.09±7.49%) children were sent to the hospital; in 9 (21.42±6.33%) cases, the cause of hospitalization was diseases not subject to treatment ulatory treatment, 17 (40.47±7.57%) children were hospitalized for other indications (non-contact of the patient, allergy to local anesthetics, general somatic diseases, etc.). As a result of studying outpatient dental health records, it was found that in a statistically significant majority of cases (82.71±4.20%), emergency outpatient operations were performed for acute purulent periostitis. Only 7 (8.64±3.12%) surgical interventions were performed for pericoronitis, 5 (6.17±1.08%) for suppurating dental cysts and 2 (2.48±1.72%) for suppurating radicular cysts. %). The overall average duration of treatment for children with odontogenic inflammatory diseases was 4.19±0.31 days. Treatment of acute purulent periostitis lasted an average of 3.72±0.31 days, pericoronitis - 2.00±1.77 days, suppurating tooth-bearing cyst - 8.60±0.78 and suppurating radicular cyst - 7.00±3.54 days. The duration of treatment for festering cysts was significantly longer than for periostitis and pericoronitis. We have not identified any cases of complications during outpatient treatment of acute odontogenic inflammatory processes. Thus, in the structure of outpatient surgical interventions in the maxillofacial area in children, planned (clean) operations prevail over emergency ones. A significantly larger number of emergency operations were performed for complicated caries, and planned operations for dental anomalies. The obtained data on the average duration of outpatient treatment of acute odontogenic inflammatory processes in children are comparable with the generally accepted treatment periods [2]. The absence of complications indicates the adequacy of the surgical treatment, and the high percentage of emergency surgical interventions for complicated caries may be associated with insufficient motivation of patients and their parents for planned sanitation of the oral cavity. Emergency hospitalization significantly prevails over planned hospitalization, while the indication for emergency hospitalization was mainly a dental diagnosis, while planned

hospitalization in most cases was carried out for other indications.

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