Guidelines for independent work of students for preparation for a practical lesson and during the practical studies

<table>
<thead>
<tr>
<th>Academic discipline</th>
<th>Therapeutic dentistry</th>
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<tbody>
<tr>
<td>Module number 3</td>
<td>Diseases of the periodontium</td>
</tr>
<tr>
<td>Topic of the lesson 33</td>
<td>Features of the treatment of patients with inflammatory, dystrophic-inflammatory and dystrophic changes in periodontal tissues</td>
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<tr>
<td>Course</td>
<td>IV</td>
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<td>Faculty</td>
<td>Foreign students training faculty (dentistry)</td>
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Poltava 2020
1. **Relevance of the topic:** Treatment of patients with inflammatory, inflammatory-dystrophic and dystrophic periodontal diseases should be comprehensive. Local interventions consist of therapeutic, surgical, orthopedic manipulations and physiotherapeutic treatment. Depending on the form, course, severity, concomitant diseases, immunological status, treatment should be differentiated and individual for each patient. To obtain positive results (stabilization of the process), treatment should be course and periodically repeated. When drawing up a treatment plan for a patient, gingivitis, generalized periodontitis and periodontal disease, dentists should be guided by the principle - treat this disease in a particular patient using a complex of therapeutic measures, and not carry out monotherapy.

2. **Specific objectives:**
   - analyze the general principles of treatment of periodontal diseases;
   - to interpret the stages of treatment of a patient with inflammatory, inflammatory-dystrophic and dystrophic changes in periodontal tissues;
   - explain the indications and contraindications for medical, surgical, orthopedic, physiotherapeutic treatment for gingivitis, generalized periodontitis and periodontal disease;
   - analyze the plan for the comprehensive treatment of the patient with changes in periodontal tissues;
   - explain methods for eliminating local traumatic factors
   - interpret the prescription of drugs for general and local treatment of the patient;
   - to analyze the appointment of surgical and orthopedic measures for dental treatment;
   - offer physiotherapeutic methods of treatment;
   - offer recommendations on diet therapy and oral hygiene.

3 Basic knowledge, skills needed to study the topic (interdisciplinary integration)

<table>
<thead>
<tr>
<th>Name of previous disciplines</th>
<th>Acquired skills</th>
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<tbody>
<tr>
<td>Anatomy</td>
<td>Determine normal anatomical formations and structural features</td>
</tr>
<tr>
<td>Pathophysiology</td>
<td>To determine the features of the course of pathological processes in periodontal tissues</td>
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<tr>
<td>Pharmacology</td>
<td>To justify the appointment of medicines, prescribe prescriptions</td>
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4. Tasks for independent work in preparation for classes

4.1. A list of key terms, parameters, characteristics that student should learn in preparation for the classes:

<table>
<thead>
<tr>
<th>Terminology</th>
<th>Definition</th>
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<tbody>
<tr>
<td>Treatment complexity</td>
<td>Local (therapeutic, surgical, orthopedic, orthodontic, physiotherapeutic) and general treatment</td>
</tr>
<tr>
<td>Treatment combination</td>
<td>With the participation of a dentist, surgeon, dentist, orthopedist, dentist, orthodontist, internist</td>
</tr>
<tr>
<td>Individuality of treatment</td>
<td>Taking into account the psychological characteristics, age, gender, heredity, profession, place of residence, season</td>
</tr>
<tr>
<td>Treatment differentiation</td>
<td>Given the pathological process, etiology, course, localization, severity, effectiveness of the previous treatment</td>
</tr>
<tr>
<td>Course rate, recurring</td>
<td>Given the nosological diagnosis, etiology, somatic and psychological status</td>
</tr>
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4.2. Theoretical questions for the lesson:

1. What are the general principles for the treatment of periodontal patients.
2. Indicate the stages of treatment of patients with inflammatory, inflammatory-dystrophic and dystrophic lesions of periodontal tissues.
3. What are the features of eliminating local traumatic factors in patients with gingivitis, generalized periodontal disease and periodontal disease.
4. Indicate the features of professional oral hygiene in a patient with gingivitis, generalized periodontitis and periodontosis, depending on the clinical situation.
5. What are the medicines for the local treatment of patients with gingivitis, generalized periodontitis and periodontosis, taking into account the principles of treatment of periodontal patients.
6. Specify the features of surgical interventions on periodontal tissues in patients with gingivitis, generalized periodontitis and periodontal disease.
7. Specify the features of eliminating traumatic occlusion in patients with gingivitis, generalized periodontitis and periodontosis.
8. What are the features of the use of physiotherapeutic methods of treatment in patients with gingivitis, generalized periodontitis and periodontal disease.
9. Indicate the features of the general treatment of patients with various forms of gingivitis, generalized periodontitis and periodontosis, taking into account the principles of treatment of periodontological patients.
10. What are the features of diet therapy in patients with dystrophic-inflammatory and dystrophic changes in periodontal tissues.

4.3. **Practical skills (tasks) that are performed in the lesson:**

1. To conduct an examination of the periodontological patient.
2. Make a plan for the comprehensive treatment of a patient with various forms of gingivitis, localized and generalized periodontitis, periodontal disease.
3. Eliminate local traumatic factors of the oral cavity.
5. Perform selective grinding and splinting of movable teeth.

5. **Theme content**

**Features of the local treatment of patients with gingivitis**

Local interventions in the treatment of inflammatory diseases of periodontal tissues can be reduced to a general scheme, which with various variations can be applied to any nosological unit within this group.

2. Elimination of traumatic agents - defects in filling and prosthetics, tooth abnormalities, occlusion pathologies.
3. Training in proper brushing and control using indicator solutions (fuchsin, Lugol's solution, erythrosine tablets, diplak).
4. Development of an individual algorithm for hygienic oral care and recommendations on the choice of hygiene products.
5. Sanitation of the oral cavity.
7. According to the indications, dental surgery (reconstructive surgery to eliminate abnormalities in the development of soft tissues - frenum of the tongue, lips, cords of the mucous membrane, small mouth opening, etc.), orthodontic and orthopedic treatment.
8. Physiotherapy.

For the treatment of inflammatory periodontal diseases, the following groups of medicines are most often used:

- herbal preparations;
- antiseptics;
- anti-inflammatory drugs;
- inhibitors of proteolysis and fibrinolysis, anticoagulants;
- keratolytics and sclerotherapy drugs;
- enzyme preparations;
- antiprotozoal and antifungal drugs;
- keratoplasty.
General treatment is prescribed taking into account the prevalence of the disease, the general condition of the body, the existing somatic pathology, etiology and pathogenesis of the disease, the degree of intoxication of the body, the prevalence of certain symptoms of the disease.

**Features of the treatment of patients with localized periodontitis**

1) elimination of local traumatic factors;
2) the use of symptomatic anti-inflammatory therapy
3) rational filling, prosthetics, and, if necessary, surgical interventions.

When eliminating local traumatic factors, various antiseptics, anti-inflammatory drugs, and enzymes are used. A prerequisite for successful treatment is rational filling and prosthetics.

**Stages of treatment of generalized periodontitis**

The preliminary stage is systemic treatment, emergency care, and optimization of oral hygiene.

**Phase 1** - elimination of all possible etiological factors and stimuli of periodontal tissues, drug treatment of symptomatic gingivitis and periodontal pockets.

**Phase 2** - surgical treatment with subsequent rehabilitation measures. This includes medicinal measures aimed at eliminating or reducing the depth of periodontal pockets, restoring the architectonics of the bone of the alveolar process.

**Phase 3** - restoration treatment. At this stage, they take the necessary preventive measures according to the timing of the follow-up of a patient, rational dental prosthetics using permanent tires and splint prostheses.

**Phase 4** - maintenance Therapy. It provides for dispensary observation, which is carried out at certain times and in volume, corresponding to the state of periodontal tissues as a whole.

**The treatment regimen for a patient with generalized periodontitis**

**I. Local treatment**

1. Elimination of irritating factors:
   a) professional oral hygiene;
   b) rational filling of carious cavities, restoration of interdental contacts;
   c) elimination of defective fillings and orthopedic structures;
   d) elimination of anomalies in the position of individual teeth and deformations of the masticatory system;
   e) elimination of physical and chemical irritants.

2. Drug treatment:
   a) treatment of symptomatic gingivitis (according to the treatment regimen for individual forms of gingivitis);
   b) treatment of periodontal pockets.

3. Surgical treatment:
a) frenulotomy, vestibuloplasty, closure of isolated recessions;
b) curettage of periodontal pockets;
c) gingivotomy, gingivectomy, patchwork, targeted tissue regeneration;
d) extraction of teeth not subject to conservative treatment or having III degree of mobility.

4. Orthopedic treatment:
a) selective grinding;
b) splinting (temporary and permanent);
c) rational prosthetics;
d) orthodontic treatment.

5. Physiotherapeutic treatment:
a) electrotherapy;
b) hydrotherapy;
c) phototherapy;
d) paraffin, ozokerito peloid therapy, etc.

II. General treatment
1. Treatment of common somatic diseases.
3. Diet therapy.
4. Antibacterial, anti-inflammatory, antioxidant, osteotropic, hyposensitizing, immunomodulating, infusion, adaptogens, phytosteroids, pharmaceuticals, homeopathic, antiresorbents, biostimulants, vitamins, minerals, biological products, sorbents, sedatives, herbal products.

The proposed scheme reflects only general approaches, and in each specific situation the amount of care is determined by the patient’s health status, initial periodontal tissues, psychological data (motivation for visiting a dentist, doctor-patient relationship, attitude to possible surgical intervention), regularity and quality of oral care, the competence of the doctor.

According to the observations of A.I. Nikolaev, L. Tsepova (2003), a patient with generalized periodontitis in remission requires follow-up with courses of anti-relapse and maintenance therapy, including:
1. Control of oral hygiene.
2. Quality control of fillings, prostheses.
3. Conducting medical treatment courses in conjunction with an internist, psychotherapy, physiotherapy and other activities aimed at maintaining normal homeostasis of periodontal tissues.

The treatment regimen for a patient with periodontal disease

I. Local treatment
1. Elimination of irritating factors:
a) professional oral hygiene;
b) rational filling of carious cavities, restoration of interdental contacts;
c) elimination of defective fillings and orthopedic structures;

d) elimination of anomalies in the position of individual teeth and deformations of the masticatory system;

2. Treatment of systemic hyperesthesia, increased abrasion of hard tooth tissue, wedge-shaped defects, remterapy (applying fluoride varnish, 1-2% solution of sodium fluoride, sensigel, glufored, desensil, etc.).

3. Normalization of occlusion:
   a) selective grinding;
   b) rational prosthetics;
   c) orthodontic treatment.

4. Drug treatment (in the form of injections or electrophoresis):
   a) antiscerotic drugs (mevacor, polysponin, etc.);
   b) vasotropic drugs (trental, phosphaden, xanthinol nicotinate, vit. E, etc.);
   c) angioprotectors (Aescusan, prodictin).

5. Physiotherapeutic treatment:
   a) vacuum, hydro, vibration massage;
   b) darsonvalization;
   c) phototherapy;
   d) electrophoresis of 2.5% solution of calcium glycerophosphate, 6% solution of vit. IN 1; phonophoresis vit. D3;
   e) oxygen therapy (5 ml of oxygen through a thin needle under the CO of the transition fold, per course - 10-15 injections every other day);
   f) local hypothermia with a chilled gas mixture of oxygen and nitrogen in a ratio of 9: 1 at t 12-14 ° C (V.F. Kutsevlyak).

II. General treatment

1. Treatment of common somatic diseases.
3. The diet.
4. Vitamins, stimulants, antioxidants and antihypoxants, vasotropic (trental 1 tab. 3 g per day 20-30 days, preducted 1 tab. 2 p. Per day 20-30 days), calcium and fluoride preparations.

6. Materials for self-control:

   A. Questions for self control:

   1. What are the general principles for the treatment of periodontal patients.
   2. Indicate the stages of treatment of patients with inflammatory, inflammatory-dystrophic and dystrophic lesions of periodontal tissues.
3. What are the features of eliminating local traumatic factors in patients with gingivitis, generalized periodontal disease and periodontal disease.
4. Indicate the features of professional oral hygiene in a patient with gingivitis, generalized periodontitis and periodontosis, depending on the clinical situation.
5. What are the medicines for the local treatment of patients with gingivitis, generalized periodontitis and periodontosis, taking into account the principles of treatment of periodontal patients.
6. Specify the features of surgical interventions on periodontal tissues in patients with gingivitis, generalized periodontitis and periodontosis.
7. Specify the features of eliminating traumatic occlusion in patients with gingivitis, generalized periodontitis and periodontosis.
8. What are the features of the use of physiotherapeutic methods of treatment in patients with gingivitis, generalized periodontitis and periodontal disease.
9. Indicate the features of the general treatment of patients with various forms of gingivitis, generalized periodontitis and periodontosis, taking into account the principles of treatment of periodontological patients.
10. What are the features of diet therapy in patients with dystrophic-inflammatory and dystrophic changes in periodontal tissues.

**B. Tests for self-control:**

1. Patient S., 53 years old, after examination by a dentist was diagnosed with exacerbation of chronic generalized periodontitis II degree, abscessing. It is known that the patient is under the supervision of a gastroenterologist regarding gastric ulcer. What method of removing dental plaque should be preferred in this case?
   - A. Ultrasound
   - B. Mechanical
   - C. Chemical
   - D. Physical
   - E. Combined

2. When examining the oral cavity of a patient R., 38 years old, a dentist revealed bright hyperemia and bleeding of the gums, a large number of dental deposits, periodontal pockets 4-6 mm deep with purulent exudate, pathological tooth mobility of the I-II degree. What systemic drugs should be prescribed in the first phase of treatment of the patient?
   - A. Sedatives, probiotics
   - B. Vitamins, anti-inflammatory
   - C. Anti-inflammatory, osteotropic
   - D. Antibiotics, probiotics
   - E. Osteotropic, hyposensitizing

3. Patient K., 45 years old, turned to a periodontist with complaints of a cosmetic defect in the frontal region of the lower jaw. From the anamnesis of the disease it is known that the patient underwent primary periodontal treatment 2
weeks ago. When examining the oral cavity, the second type of gum recession is observed in the region 42, 41, 31, 32, periodontal pockets 3-3.5 mm deep, mobility 41, 31 teeth of the I degree. Indicate what surgical interventions should be included in the comprehensive treatment plan of the patient:

A. Open curettage, gingivotomy
B. Closed curettage, gingivectomy
C. Closed curettage, gingivoplasty
D. Open curettage, vestibuloplasty
E. Targeted tissue regeneration

4. Patient V., 62 years old, turned to the clinic of therapeutic dentistry. From the anamnesis of life it is known that the patient three months ago underwent a course of treatment with the drug "Preductal" regarding the treatment of somatic disease. The dentist was diagnosed with chronic generalized periodontium, III degree. Which specialist consultation is needed before interventions on periodontal tissues?

A. Neurologist
B. Gastroenterologist
C. Allergologist
D. Endocrinologist
E. Cardiologist

5. When examining the oral cavity of patient S., 55 years old, the dentist discovered gum recession, periodontal pockets up to 5 mm, mobility of the front teeth of the lower jaw, I-II degree. On the orthopantomogram - uneven resorption of interdental septa from 1/3 to 1 / 2 root lengths. Indicate what measures to eliminate traumatic occlusion are shown in this case:

A. Selective grinding and fiberglass splinting
B. Selective grinding
C. Removal of mobile teeth and prosthetics
D. Ligature binding
E. Temporary splinting

6. Patient P., 43 years old, turned to the dentist with complaints of bleeding and proliferation of gums, dry mouth. Objectively: hyperemia and edema of the gums, multiple dental deposits, periodontal pockets 3-5 mm, mobility 42, 41, 31, 32 teeth of the I degree. On the orthopantomogram: uneven resorption of interdental septa up to 1/2 of the root length. Blood glucose - 8.2 mmol / L. In a microbiological study of the contents of periodontal pockets - a large number of fungi of the genus Candida albicans. What drug for local therapy should be used as part of a periodontal dressing?

A. Levomekol
B. Clotrimazole
C. Metronidazole
D. Sea buckthorn oil
7. Patient K., 56 years old, complains of bleeding gums, suppuration, tooth mobility. Sick for 10 years. After examination by a dentist, the diagnosis was established: exacerbation of chronic generalized periodontitis II degree. After the complex treatment, the patient was taken to the dispensary. What is the multiplicity of maintenance therapy courses for this patient?
   A. Once a year
   B. 2 times a year
   C. 3 times a year
   D. 4 times a year
   E. 5 times a year

8. Patient D., 55 years old, complains of increased tooth sensitivity to thermal and chemical stimuli. Objectively: the gums are anemic, dense, do not bleed. The roots of the teeth are bare 1/3, the teeth are motionless. In the cervical region 43, 42, 41, 31, 32, 33 - defects in the form of a wedge within the enamel. Choose a desensitizer whose action is based on the principle of deep fluorination:
   A. Desensil
   B. Belagel-K
   C. Glufted
   D. Fluoride
   E. Argenate

9. Patient S., 42 years old, complains of itching in the gums. For 15 years, he suffers from vegetative-vascular dystonia. On examination, the dentition is preserved, the gums are pale, tightly cover the neck of the teeth, the roots of the teeth are exposed 1/3 of the length. On the radiograph - uniform atrophy of the interdental septum, the phenomenon of osteosclerosis. Indicate which pathogenetic drugs should be included in the comprehensive treatment plan of the patient:
   A. Antibacterial
   B. Hyposensitizing
   C. Anti-inflammatory
   D. Osteotropic
   E. Vasotrophic

10. A 52-year-old man complains of increased tooth sensitivity to chemical, thermal and mechanical irritants, as well as itching and sensation of aches in the gums. Objectively: the roots of the teeth are exposed by 5 mm, the interdental spaces gap. On the vestibular surfaces 34, 44 - wedge-shaped defects. The dentist was diagnosed with periodontal disease of II degree. What physiotherapeutic methods of treatment are indicated for the patient?
    A. Electrophoresis of 2.5% solution of calcium glycerophosphate, UHF
    B. Electrophoresis of 2.5% solution of calcium glycerophosphate, paraffin therapy
C. Phototherapy, paraffin therapy
D. Electrophoresis of 2.5% solution of calcium glycerophosphate

C. Tasks for self-control:

1. Patient B., 18 l., Complains of bleeding gums when brushing your teeth. Objectively: the gums are hyperemic, edematous, bleed when touched, there are supra- and subgingival dental deposits. On the radiograph: resorption of a compact plate of the interdental septum, osteoporosis, expansion of the marginal periodontium. Diagnosis: chronic catarrhal gingivitis. What is the treatment plan?
   A. Multiple aloe phonophoresis sessions
   B. Electrophoresis of halascorbin solution (10 sessions)
   C. Electrophoresis of heparin solution (5 sessions)
   D. Removal of dental plaque and application of anti-inflammatory drugs
   E. Comprehensive (therapeutic, physiotherapeutic treatment)

2. Patient S., 48 L., complains of severe pain in the gums after acute respiratory infections, increased body temperature. Objectively: the submandibular lymph nodes are enlarged, the bite is deep, the gums around 31,32,33,41,42,43 are hyperemic, edematous, bleed, over- and subgingival dental deposits, periodontal pockets 5-6 mm deep. The presence of abscesses, tooth mobility II degree. Diagnosis is made: chronic localized periodontitis of the II degree in the acute stage. What is the emergency treatment plan?
   A. Gingivectomy, vitamin therapy
   B. Irrigation with 0.06% chlorhexidine solution, periodontal dressings
   C. Dissection of abscesses, irrigation with 0.06% chlorhexidine solution, antibiotic therapy
   D. Prescription of analgesics and anti-inflammatory therapy
   E. Microwave therapy, sclerotherapy

3. Patient P., 58 years old, complains of severe pain in the gums, fever. Objectively: the submandibular lymph nodes are enlarged, 45, 46 under the traumatic crowns, the gums are hyperemic, swollen, bleed when touched, periodontal pockets 5-6 mm deep, mobility 45.46 2 3 degrees. On the radiograph: resorption of interdental septa within 1/2 the length of the roots of the teeth, osteoporosis. Diagnosed with localized periodontitis II degree in the acute stage. For topical drug treatment, periodontal dressings are widely used. Which ones?
   A. Therapeutic, insulating
   B. Non-hardening, insulating
   C. Hermetic, therapeutic
   D. Semi-hermetic, insulating
   E. Hardening, insulating

4. Patient N., 34 years old, complains of bleeding gums, halitosis, tooth mobility. Considers himself ill 2 years after unsuccessful prosthetics of the lower
frontal teeth. Objectively: the gums are hyperemic, edematous, bleed when
touched, supra- and subgingival dental deposits, periodontal pockets 3-4 mm deep,
tooth mobility of the first degree. On the radiograph: resorption of interdental septa
within 1/3 of the length of the roots of the teeth. What method of eliminating
periodontal pockets should be used in this patient?
   A. Chemical curettage  
   B. Closed curettage  
   C. Patchwork  
   D. gingivotomy  
   E. Gingivectomy

5. Patient M., 26 years old, complains of bleeding gums of the lower jaw
when brushing. Objectively: the teeth of the anterior segment of the lower jaw
have soft and hard dental deposits, the gums are hyperemic, swollen, painful on
palpation, periodontal pockets 2-3 mm. The bite is deep. The teeth have mobility I
degree. What is the primary medical tactic of local treatment of chronic localized
periodontitis of the I degree?
   A. Prescription of antiseptic rinses, physiotherapy  
   B. Closed curettage, drug treatment  
   C. Removal of dental plaque, splinting  
   D. Removal of dental plaque, antiseptic, anti-inflammatory treatment  
   E. Open curettage of periodontal pockets

6. A girl, 18 years old., In the month of March, turned to the dentist with
complaints of bleeding gums. Objectively: the gums are swollen, hyperemic, bleed
when the probe is touched, periodontal pockets are absent. Radiography - no
change. GI - 1.5 points, RMA - 37%. Which medication should be preferred for
general gum bleeding?
   A. Pyridoxine  
   B. Ascorutin  
   C. Calcium Pangamate  
   D. Calcium gluconate  
   E. Ergocalciferol

7. Patient A., 18 years old, complains of bleeding gums when brushing your
teeth and eating hard foods. Objectively: the gums of the upper and lower jaws are
edematous, with a bluish tinge, there are supragingival dental deposits. The patient
is registered with an allergist. Which group of drugs should be included in the
general treatment regimen for chronic generalized catarrhal gingivitis?
   A. Antihistamines  
   B. Sedatives  
   C. Vitamins  
   D. Antihypertensives  
   E. Antidepressants
8. Patient S., 23 years old, complains of pain, bleeding gums, malaise, fever up to 37.5º C. It hurts for the fourth day. Objectively: bad breath, gums in the frontal area of the upper and lower jaws are swollen, hyperemic, the gingival margin is covered with a dirty gray coating. X-ray - no change. Prescribe an etiotropic drug:
   A. Lincomycin
   B. Diphenhydramine
   C. Revit
   D. Calcemin
   E. Metronidazole

9. Patient T., 16 years old, complains of gingival growth on both jaws, which has been noted for 2 years. Objectively: diffuse growth of the gingival papillae on the upper and lower jaws from the vestibular and oral surfaces, which overlap the crowns of teeth by more than ½ of their height. The papillae are rounded, pink, dense, painless and do not bleed upon palpation. Indicators of the general condition of the body are not violated. Prescribe treatment:
   A. Cryodestruction
   B. UV exposure
   C. UHF therapy
   D. Vibro massage
   E. Vacuum therapy

10. Patient M., 25 years old, complains of bleeding and soreness of the gums during meals. Objectively: the gums of the upper and lower jaws are pale pink. There are 46 teeth on the contact surface of the carious cavity within the peri-pulp dentine. Probing, percussion are painless, the reaction to a cold stimulus causes short-term pain. The gingival papilla in the region of 46, 45 teeth is hyperemic, edematous, grows into the carious cavity. After diathermocoagulation, the papilla is used:
   A. Electrophoresis of 5% ascorbic acid solution
   B. GCS, vitamins
   C. Anti-inflammatory, keratoplasty
   D. Calcium gluconate, vagotil
   E. Novocaine, anti-inflammatory

7. LITERATURE
   Primary:
   Additional:

Information resources on the Internet:
2. Electronic resource: [https://www.booksmed.com/stomatologiya]
3. Electronic resource: [https://studfile.net/search/?q]
5. Electronic resource: [https://books.google.com.ua/books?]

Guidelines compiled
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