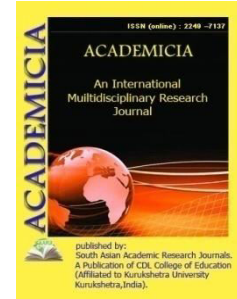




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TREATMENT METHODS FOR GENERALIZED CANDIDA-ASSOCIATED PERIODONTITIS (LITERATURE REVIEW)

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ABSTRACT

The article provides modern data on the problem of etiology, pathogenesis, clinical picture and treatment of generalized periodontitis. Periodontitis is a multifactorial disease. However, the course and progression of periodontitis is influenced by a large number of factors, including local, systemic, social, genetic. Modern research shows an increase in the incidence of generalized periodontitis with candidal infection of the oral cavity. This question opens up new interest in the tactics of treating candida-associated periodontitis.

KEYWORDS: *Generalized Periodontitis, Candida-Associated Periodontitis, Local And Systemic Therapy, Complex Treatment Of Diseases.*

INTRODUCTION

Periodontal disease is a socially significant problem due to the widespread prevalence and intensity of damage to all age groups of the population. Approximately 50% of the population of different regions of the world at the age of 17-60 years have various forms of periodontal disease. Moreover, almost 90% of the population in developed countries are hereby ptomu gingivitis, 50% diagnosed generalized periodontitis (GP) moderate, and 3% severe. It should be noted that the incidence of periodontitis, including HAP, according to the World Health Organization, is widespread among people aged 30 to 40-44 years (55-98%), as well as at the age of 15-19 years (55-89 %)[1,3,5].

Failures of conservative treatment of chronic generalized periodontitis may be associated with the presence of fungal flora in the periodontal tissues [3,8]. The prevalence of Candida-associated periodontitis according to different authors is from 10 to 62% [3,12].

Colonization by the fungal flora of the biotope of the periodontal pocket is accompanied by the formation of mixed mycoceiasis, suggesting synergism with a number of opportunistic bacteria with a deficiency of normal microflora[9,10]. Between fungi and bacteria-associates, bilateral stimulation of growth and reproduction occurs, as well as mutual enhancement of virulence, which, under conditions of deficiency or elimination of normal flora, leads to the selection of resistant strains. This explains the resistance of periodontitis associated with Candida flora to traditional treatment [3,12].

Currently, there are many antiseptic preparations of different chemical groups with the declared antifungal activity on the pharmaceutical market [3,5].

The problem of choosing the correct treatment tactics is also associated with the difficulties of timely diagnosis of periodontitis associated with fungal flora, due to the absence of pathognomonic symptoms [2,8]. The search for a simple, fast and affordable method for predicting the presence of candida flora in the biotope of periodontal pockets is still relevant. Determination of the risk of contamination of periodontal tissues with Candida fungi, as well as microbiological verification of the alleged diagnosis are necessary for the doctor to prescribe adequate etiotropic therapy as part of the complex treatment of patients with candida-associated periodontitis [11].

It was found that in patients with candida-associated periodontitis strains of opportunistic bacteria are characterized by more pronounced resistance to antibacterial drugs. When studying the sensitivity of fungi of the genus Candida spp. to antifungal drugs, it was found that with a high degree of contamination, fungi are more resistant to their action. The presence of fungi of the genus Candida spp. and the degree of contamination by them is the basis for the choice of antiseptic drugs used as part of the basic therapy of chronic generalized periodontitis, while the most effective way to use an antiseptic is to affect the entire oral cavity. If we arrange antiseptics in descending order of their effect on the normalization of clinical and microbiological indicators, then we get the following chain: chlorhexidine 0.2% - hexetidine - chlorhexidine 0.05% - cetylperidine chloride - miramistin. The presence of Candida flora in the biotope of the periodontal pocket is associated with a deficiency of representatives of normal flora, the predominance of bacteria of the Candida-associated microflora group and a decrease in antibiotic sensitivity of opportunistic bacteria. The sensitivity of fungi to antimycotics is lower with a high degree of contamination by them[7].

The complex treatment of candida-associated periodontitis, including an antibacterial drug, the administration of natamycin orally and topically in combination with the complex probiotic "Rioflora Balance Neo" has high clinical efficacy, based on the eradication of periodontal pathogenic and fungal microflora, local cytokine balance at levels of IL-4, IL-6 and IL-17 in the oral fluid and prolongs remission of periodontitis within 6 months in 86.4% of patients [2].

The participation of yeast-like fungi of the genus Candida in the development of periodontitis determines the relevance of the development of adequate methods of conservative treatment. Over the past 10-15 years, new antifungal drugs have entered clinical practice, the use of which in candida-associated periodontitis has not been substantiated until recently. Taking this into account, we conducted a comparative study of the sensitivity of fungal strains isolated in candida-associated periodontitis to nystatin and "new" fungicidal preparations from the ketoconazole group using the diffusion method of discs. It was found that the maximum diameter

of the growth inhibition zones was observed when using discs with fluconazole (Diflucan, Pfizer, France) and itraconazole (Orungal, Jansen Silak, Belgium). Based on the data of in vitro studies and taking into account the sensitivity of *Candida* strains isolated from patients with periodontitis, indications have been developed for combined chemotherapy of candida-associated periodontitis, using itraconazole (orungal) and fluconazole (diflucan) [10].

Candida-associated periodontitis in the exacerbation stage is accompanied by pronounced changes in the cellular and humoral links of immunity and is characterized by an increase in the relative and absolute number of total lymphocytes, B - lymphocytes, immunoglobulins M, G of blood serum and oral fluid, a decrease in the relative and absolute number of T - lymphocytes, a decrease in immunoglobulin A of blood serum and oral fluid, secretory immunoglobulin A of the oral fluid, lysozyme, phagocytic activity of neutrophils, the appearance of immunoglobulins M and G in the gingival fluid, as well as an imbalance of subpopulations of T-lymphocytes cells (CD4 +, CD8 + cells) and cytokines in the oral fluid. A two-component probiotic, including *Bacillus Subtilis* 11B and *Bacillus Licheniformis* 31, has a high antagonistic activity against fungi of the genus *Candida* and periodontal pathogenic microflora, and its inclusion in the treatment of candida-associated periodontitis is justified [6,11,12].

We can say that in the treatment of diseases of the oral mucosa, medicinal herbs can be used, which have a more gentle effect, practically having no contraindications. Such funds can show high efficiency in the preventive purposes of preventing mucosal diseases. They can also be combined with a systemic approach to treating diseases of the oral cavity [8].

The studied studies help us to uncover the issue in the application of tactics for the treatment of candida-assisted periodontitis. In most cases, traditional methods of treating generalized periodontitis are not excluded and give significant positive dynamics.

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