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Treatment of Dental Erosion in Patients with Gallbladder Pathology

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Abstract: Typical clinical signs of erosion are the presence of a smooth silk-glazed, sometimes dull surface with an intact enamel zone along the gum margin. At later stages, further morphological changes can be detected, resulting in the formation of a depression in the enamel, the width of which exceeds its depth.

Keywords: Defects, tooth decay, erosive, food and drinks.

Introduction: Erosion on the vestibular surface of teeth should be distinguished from wedge-shaped defects, which are located at the cement-enamel border or apically in relation to it. The crown part of wedge-shaped defects, as a rule, has a sharp border and is located at right angles to the surface of the enamel, and the "bottom" of the apical part reaches the surface of the root. Thus, the depth of the wedge-shaped defect exceeds its width. Erosive defects should also be differentiated from increased tooth erasure, in which the defects are often flat, have smooth shiny areas with clear boundaries, while, as a rule, there are corresponding signs on the teeth antagonists.

Many researchers have noted that wines and popular low-alcohol carbonated drinks have a low pH and can cause erosion.As for drinks, in terms of dental erosion, those with a lower pH and a higher buffer capacity are of interest, which include hundreds of beverage options available for sale. Their erosive potential varies within each group, depending on the brands and even the geographical region. For example, there are reports that drinks of the same composition differ in their erosive potential due to differences in the content of calcium and fluorides in the local water used in their production.

Interestingly, in most obvious cases of erosion of an exogenous nature, there is always a connection with behavioral and lifestyle factors. Thus, a relationship has been established between erosion and excessive consumption of specific foods such as citrus fruits, lemon and orange juice, fruit purees or fruit juices with pulp, soft drinks with cola additives and drinks with citrus additives. Frequent consumption of herbal teas, which are popular among the population and considered "healthy" drinks, can have a high erosive potential.

1. The use of hygiene products designed for teeth with hyperesthesia.

2. The use of professional means to reduce tooth sensitivity by sealing dentinal tubules (adhesives, desensitizers, remineralizing therapy, deep fluoridation, surface sealants).

3. Filling of defects.

4. Depulpation of teeth with increased sensitivity.

Modern technologies for the treatment of dental hypersensitivity do not always have a lasting effect. Innovative technology of prevention and treatment of dentin hypersensitivity during professional oral hygiene in patients with periodontal diseases

Thus, there are currently a large number of drugs available to reduce dental hypersensitivity, but this problem remains relevant.

The purpose of this study is to increase the effectiveness of treatment in the interdisciplinary interaction of a dentist and a general practitioner in dental hard tissue erosions associated with pathology of the gallbladder and biliary tract.

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

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 gallbladder and biliary tract pathology; with dental hard tissue erosion; with dental erosion and gallbladder and biliary tract disease.

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

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

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

The research material and methods used to carry out this research work. 120 patients who sought dental care at the Samarkand Regional Dental Clinic, aged 45 to 60 years, will be examined, including a control group of 20 practically healthy people. All patients in the main group will be divided into the following groups depending on the treatment performed:

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

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

The following research methods will be used:

a) clinical and dental methods

b) clinical and functional

c) biochemical

d) statistical methods.

CONCLUSIONS

Based on the clinical and biochemical studies conducted in patients with dental erosion and pathology of the gallbladder and biliary tract, the role of total bilirubin and its fractions, alkaline phosphatase, C-reactive protein, 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 diseases of the gallbladder and biliary tract can significantly increase the effectiveness of dental erosion treatment.

REFERENCES

ИНДИАМИНОВА Г. Н. АҚЛИ ЗАИФ БОЛАЛАР МАХСУС МАКТАБ ИНТЕРНАТЛАРИ ТАРБИЯЛАНУВЧИЛАРИГА СТОМАТОЛОГИК ЁРДАМ КЎРСАТИШДА МАХСУС ІТ-ДАСТУРЛАРНИ ИШЛАБ ЧИҚИШ ХАМДА УНИНГ САМАРАДОРЛИГИНИ БАХОЛАШ //ЖУРНАЛ БИОМЕДИЦИНЫ И ПРАКТИКИ. – 2022. – Т. 7. – №. 6.

Rizaev Z. A., Abdunosirovich R. R., Sharipovna N. N. Ways to improve the organization of dental services for chemical industry workers //The American journal of medical sciences and pharmaceutical research. – 2020. – Т. 2. – №. 12. – С. 35-39.

Ризаев Ж. А., Назарова Н. Ш., Кубаев А. С. Особенности течения заболеваний полости рта у работников производства стеклопластиковых конструкций //Вестник науки и образования. – 2020. – №. 21-1 (99). – С. 79-82.

Ризаев Ж., Шомуродов К., Агзамова С. МЕДИЦИНСКАЯ РЕАБИЛИТАЦИЯ БОЛЬНЫХ С ПЕРЕЛОМАМИ СКУЛО-ОРБИТАЛЬНОГО КОМПЛЕКСА //Журнал стоматологии и краниофациальных исследований. – 2020. – Т. 1. – №. 2. – С. 8-11.

Ризаев Э., Бекжанова О. Современные подходы к организации лечения заболеваний пародонта //Stomatologiya. – 2019. – Т. 1. – №. 3 (76). – С. 70-76.

Индиаминова Г., Зоиров Т. MAXSUS YORDAMCHI MAKTABLARDA TARBIYALANUVCHI AQLI ZAIF BOLALARGA STOMATOLOGIK YORDAM KO'RSATISHNI OPTIMALLASHTIRISH //Журнал стоматологии и краниофациальных исследований. – 2020. – Т. 1. – №. 1. – С. 12-14.

Abduvakilov J. et al. EVALUATION OF EARLY INFLAMMATORY CHANGES IN THE PERIODON OF THE BASIC TEETH //European journal of molecular medicine. – 2022. – Т. 2. – №. 1.

Abduvakilov J. et al. EFFECTS OF NON-METAL NON-CERAMIC DENTAL PROSTHETICS ON SALIC ACID BALANCE AND MINERAL HOMEOSTASIS //European journal of molecular medicine. – 2022. – Т. 2. – №. 1.

Abduvakilov J. et al. EFFECTS OF NON-METAL NON-CERAMIC DENTAL PROSTHETICS ON SALIC ACID BALANCE AND MINERAL HOMEOSTASIS //European journal of molecular medicine. – 2022. – Т. 2. – №. 1.