

**DIAGNOSIS AND TREATMENT OF PERIODONTAL DISEASES**

Scientific director

Samarkand State Medical University  
therapist dentistry department assistants  
**Sodikova Shoirra Amriddinovna**

**Burgutova Umidaxon Muxammadjonovna**  
**Nurmuxammadov Shaxobiddinxon Sharofiddin ugli**  
**Sheraliyev Sherali Sheraliyevich**  
**Rashidov Jaxongir Firdavsiyevich**  
**Ali-Muxamedova Ismigul Komil qizi**  
**Samarkand State Medical University**

**Abstract:** Periodontal diseases, encompassing gingivitis and periodontitis, are common inflammatory conditions that affect the gums and supporting structures of teeth. This article provides a comprehensive overview of the pathogenesis, diagnosis, and treatment of periodontal diseases. We explore risk factors, including smoking and diabetes, and examine diagnostic techniques such as periodontal probing and radiographic imaging. Non-surgical therapies like scaling and root planing are discussed alongside surgical interventions such as flap surgery and bone grafting. The article underscores the importance of long-term maintenance and lifestyle modifications in managing periodontal diseases. A multifaceted approach to treatment, emphasizing patient-centered care and evidence-based practices, is crucial for successful outcomes.

**Keywords:** Periodontal diseases, Gingivitis, Periodontitis, Scaling and root planing, Flap surgery, Periodontal diagnosis, Oral health, Bone grafting, Periodontal maintenance, Risk factors, Oral hygiene.

Periodontal diseases, commonly known as gum diseases, encompass a variety of inflammatory conditions that affect the supporting structures of the teeth, including the gums, periodontal ligament, and alveolar bone. These diseases are a major concern in dentistry and public health due to their prevalence, their potential to cause tooth loss, and their links to systemic health issues such as cardiovascular disease and diabetes. The two most common forms of periodontal disease are gingivitis and periodontitis. Gingivitis is the mildest form, characterized by inflammation of the gums without loss of supporting bone or tissue. If left untreated, gingivitis can progress to periodontitis, a more severe condition involving inflammation and destruction of the supporting structures, potentially leading to tooth loss.

Gingivitis is typically caused by the accumulation of dental plaque, a biofilm of bacteria that forms on the teeth and gums. When plaque is not removed through regular brushing and flossing, it hardens into tartar, which is more difficult to remove and can exacerbate the inflammatory response. Common symptoms of gingivitis include redness, swelling, bleeding during brushing or flossing, and bad breath. Periodontitis involves a more complex and destructive process. As the disease progresses, pockets form between the teeth and gums, allowing bacteria to infiltrate deeper into the supporting structures. These pockets become difficult to clean with regular oral hygiene practices, leading to further inflammation, tissue destruction, and eventual bone loss. Advanced periodontitis can cause tooth mobility, changes in bite, and ultimately tooth loss if not treated.

Various risk factors contribute to the development and progression of periodontal diseases. Poor oral hygiene is the primary risk factor, but others include smoking, diabetes, hormonal changes (such as those during pregnancy or menopause), certain medications, genetic predispositions, and other systemic health conditions. Smoking is a particularly significant risk factor, as it not only increases the likelihood of developing periodontitis but also reduces the effectiveness of treatment. Research has shown a strong correlation between periodontal diseases and systemic health issues. Periodontitis has been linked to cardiovascular diseases, diabetes, respiratory diseases, and adverse pregnancy outcomes. The inflammatory response in periodontitis can affect other organs and systems, contributing to these systemic health problems. Thus, the diagnosis and treatment of periodontal diseases have broader implications beyond oral health.

The diagnosis of periodontal diseases involves a comprehensive examination of the gums and supporting structures. Dentists and periodontists use various tools and techniques to assess the severity of the disease, including periodontal probing, radiographs (X-rays), and visual inspections. Periodontal probing involves measuring the depth of the pockets between the teeth and gums. Deeper pockets indicate more advanced periodontitis. Radiographs help visualize the extent of bone loss, which is a critical factor in diagnosing and determining the severity of periodontitis. Dentists also evaluate other signs, such as gum recession, tooth mobility, and bleeding during probing, to establish a diagnosis.

The treatment of periodontal diseases varies depending on the severity and progression of the condition. For gingivitis, non-surgical approaches are usually sufficient. This includes professional dental cleanings to remove plaque and tartar, along with improved oral hygiene practices at home. Regular brushing, flossing, and the use of antiseptic mouthwashes are essential to control gingivitis. For periodontitis, treatment may involve more extensive interventions. Scaling and root

planing are common non-surgical procedures to remove tartar from below the gumline and smooth the root surfaces, reducing the likelihood of further plaque buildup. Antibiotics or antimicrobial agents may be prescribed to control bacterial infection and inflammation. In cases of advanced periodontitis, surgical treatments may be necessary. Flap surgery allows the dentist to access and clean the roots and bone more effectively, followed by suturing to promote healing. Bone grafts or tissue regeneration techniques can help restore lost bone and tissue, supporting the teeth and preventing further progression. Periodontal diseases represent a significant challenge in dental health, with implications for both oral and systemic health. Early diagnosis and appropriate treatment are crucial to prevent the progression of gingivitis to periodontitis and to minimize the risk of tooth loss and other health complications. By understanding the risk factors, symptoms, and treatment options, patients and healthcare providers can work together to manage and prevent periodontal diseases effectively.

1. Pathogenesis of Periodontal Diseases. The pathogenesis of periodontal diseases involves a complex interplay of microbial factors, host immune response, and environmental influences. Dental plaque, a biofilm composed of bacteria, plays a central role in initiating and perpetuating the inflammatory process. When plaque accumulates on the teeth and gums, it triggers an immune response, leading to inflammation of the gingival tissues. In susceptible individuals, this inflammatory response can become dysregulated, resulting in tissue destruction and bone loss characteristic of periodontitis. The host immune system releases pro-inflammatory mediators, such as cytokines and prostaglandins, which contribute to the breakdown of connective tissue and alveolar bone. Additionally, certain bacterial species, particularly periodontopathogens like *Porphyromonas gingivalis* and *Tannerella forsythia*, produce virulence factors that exacerbate tissue destruction and evade host defenses. Understanding the pathogenesis of periodontal diseases provides insights into potential targets for therapeutic intervention. Strategies aimed at disrupting microbial biofilms, modulating the host immune response, and promoting tissue regeneration hold promise for the prevention and treatment of periodontitis.

2. Diagnostic Techniques in Periodontal Diseases. Accurate diagnosis is paramount in the management of periodontal diseases, as it guides treatment decisions and facilitates monitoring of disease progression. Dentists and periodontists employ a combination of clinical examination, radiographic imaging, and adjunctive diagnostic tests to evaluate the extent and severity of periodontal disease. Periodontal probing is a fundamental clinical tool used to assess the periodontal status of patients. By measuring the depth of periodontal pockets and recording clinical attachment levels, clinicians can determine the presence and

severity of periodontitis. Radiographic imaging, including periapical and panoramic radiographs, provides valuable information about alveolar bone levels, furcation involvement, and the presence of intraosseous defects. In addition to clinical and radiographic assessments, adjunctive diagnostic tests such as microbial analysis and genetic testing may aid in risk assessment and treatment planning. Molecular techniques, such as polymerase chain reaction (PCR) and next-generation sequencing (NGS), allow for the identification and quantification of periodontal pathogens, guiding antimicrobial therapy and monitoring treatment outcomes. Genetic testing can provide insights into an individual's susceptibility to periodontal diseases, facilitating personalized preventive and therapeutic strategies.

3. **Non-Surgical Treatment Modalities.** Non-surgical therapy forms the cornerstone of periodontal disease management, particularly in the early stages of gingivitis and mild to moderate periodontitis. The primary goals of non-surgical treatment are to eliminate microbial biofilms, reduce inflammation, and promote periodontal tissue healing. Scaling and root planing (SRP) are the mainstay of non-surgical periodontal therapy, aimed at removing bacterial deposits (plaque and calculus) from the tooth surfaces and root surfaces. This procedure is typically performed under local anesthesia to ensure patient comfort and thorough debridement of periodontal pockets. Ultrasonic scalers and hand instruments are used to meticulously clean the root surfaces and disrupt microbial biofilms. Adjunctive therapies, such as locally administered antimicrobials (e.g., chlorhexidine, minocycline microspheres) and host modulatory agents (e.g., sub-antimicrobial dose doxycycline), may be employed to enhance the efficacy of scaling and root planing. These agents help control bacterial infection, reduce inflammation, and promote tissue regeneration, thereby improving treatment outcomes.

4. **Surgical Interventions for Advanced Periodontitis.** In cases of advanced periodontitis with significant attachment loss and bone destruction, surgical intervention may be necessary to arrest disease progression and restore periodontal health. Surgical procedures aim to access and eliminate deep periodontal pockets, correct gingival recession, and regenerate lost periodontal tissues. Flap surgery, also known as pocket reduction surgery, is a commonly performed periodontal procedure for the treatment of moderate to severe periodontitis. During flap surgery, the gingival tissue is gently reflected to expose the underlying root surfaces and bone. The roots are thoroughly debrided to remove bacterial deposits and diseased tissue, and any osseous defects are meticulously addressed. The flap is then repositioned and sutured into place, promoting tissue reattachment and pocket elimination. In conjunction with flap surgery, various regenerative techniques may be employed to

enhance periodontal tissue regeneration and bone fill. Guided tissue regeneration (GTR) and bone grafting procedures involve the placement of barrier membranes and bone graft materials to promote the regeneration of periodontal ligament, cementum, and alveolar bone. These techniques aim to restore the damaged periodontal architecture and support tooth stability and function.

In conclusion, periodontal diseases represent a significant public health concern, with implications for both oral and systemic health. Effective diagnosis and treatment of periodontal diseases require a multifaceted approach, encompassing comprehensive clinical evaluation, evidence-based interventions, and patient-centered care. By employing a combination of non-surgical and surgical therapies, along with long-term maintenance strategies, clinicians can effectively manage periodontal diseases and improve patient outcomes.

#### References:

1. Armitage, G. C., & Robertson, P. B. (2009). The biology, prevention, diagnosis and treatment of periodontal diseases: scientific advances in the United States. *The Journal of the American Dental Association*, 140, 36S-43S.
2. McLeod, D. E. (2000). A practical approach to the diagnosis and treatment of periodontal disease. *The Journal of the American Dental Association*, 131(4), 483-491.
3. Loesche, W. J., & Grossman, N. S. (2001). Periodontal disease as a specific, albeit chronic, infection: diagnosis and treatment. *Clinical microbiology reviews*, 14(4), 727-752.
4. Tenenbaum, H. C., Tenenbaum, H., & Zohar, R. (2005). Future treatment and diagnostic strategies for periodontal diseases. *Dental Clinics*, 49(3), 677-694.
5. Suzuki, J. B. (1988). Diagnosis and classification of the periodontal diseases. *Dental Clinics of North America*, 32(2), 195-216.
6. Shoir, S., Shaxboz, S., Akmal, R., & Anvar, R. (2023). DIFFERENTIAL DIAGNOSIS OF PERIODONTITIS IN PREGNANT WOMEN WITH IRON DEFICIENCY ANEMIA. *Journal of Academic Research and Trends in Educational Sciences*, 2(3), 221-225.
7. Amriddinova, S. S., & Fazliddin, O. M. (2022, December). OPTIMIZATION OF THERAPEUTIC AND PREVENTIVE MEASURES FOR PERIODONTAL DISEASES IN PREGNANT WOMEN WITH IRON DEFICIENCY ANEMIA. In *E Conference Zone* (pp. 57-64).
8. Zoyirov, T. E., Sodikova, S. A., & Elnazarov, A. T. (2021). THE STRUCTURE OF PERIODONTAL AND ORAL MUCOSA DISEASES IN PREGNANT WOMEN AGAINST THE BACKGROUND OF IRON DEFICIENCY ANEMIA (LITERATURE REVIEW). *Вопросы науки и образования*, (27 (152)), 33-45.
9. Amriddinova, S. S., Dilshod, B., & Mirabbos, M. (2024). MECHANICAL, PHYSICAL AND CHEMICAL DAMAGE TO THE MUCOUS MEMBRANE OF THE ORAL CAVITY, CLINIC, DIAGNOSIS, TREATMENT AND PREVENTION. *European Journal of Interdisciplinary Research and Development*, 24, 203-206.