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Contents:**INTRODUCTION.**

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Introduction:**Background**

Diseases of the apical periodontal inflammatory nature of the frequency of referral of patients in third place after caries and pulpitis, and are in the structure of the dental pathology of 30-50% (Borovsky EV, 1999). Exacerbation of chronic apical periodontitis is often accompanied by a violation of general condition, pain, erythema and edema of the mucous membrane of the alveolar process, collateral edema in soft tissues (Posmetnaya T. et al., 1995). Chronic forms of periodontal disease without exacerbation sometimes occur without marked clinical manifestations, however, for an organism are a source of chronic infection. In the pathogenesis of apical periodontitis plays an important role not only local non-specific resistance of the organism, but the state of immunity in general (Khaitov PM, 1995; Volozhin AI, 1999; Karaulov AV, 1999, VN Alexandrov et al. , 2000).

For the treatment of chronic apical periodontitis in modern dentistry, various methods and drugs, which choice is largely determined by how the etiology and clinical disease (VV Zorin, 1990; Ivanov BC, 1990, Zuev VP, et al. , 1996; Barer GM, Volozhin, SA, 1997, Barer GM, et al. 1997; Maksimovskiy JM, et al. 1997; TV Alekseeva, 1998; Ovchinnikov I. A. 1998; Lukicheva LS, 1998, Kuryakin, VV, 1998; Poletayev, EA, 2000

A. Zakarian, 2002). Methods and medicines are not always effective. Despite the quality of endodontic treatment is often not fully restore bone in the zone of destruction (Botbaev BD, 1990; Burduli MP, 1990, EA Volkov, 1990; Volkov, EA et al., 1997 ; Maksimovskiy YM, 1996). The use of antibiotics, immunomodulators, steroids and nonsteroidal anti-inflammatory drugs, physical therapy techniques for the treatment of chronic apical periodontitis is limited by the individual intolerances, allergies and related (OP Maksimova, 2002; Zorian EV, 2002; Winkel EG et al ., 1998). In this regard, increasing attention to attract dentists traditional methods of treatment and, in particular, occupational therapy, as it has a systemic and multidimensional effect on the course of the inflammatory process, which is due to the presence of biologically active substances in the salivary gland secretions of the medicinal leech (GI Nikonov , 1998; Savinov VA, 1998; Hamsters JN, 2000; Yang Tong, Ma Zhong-cai, 1995; Baskova I. et al., 1999; Zavalova L. et al, 1999).

In the available literature, there are only a few works that evaluated the clinical efficacy of occupational therapy in exacerbations of chronic apical periodontitis (Zidra SI, et al., 1996, 1997, 1998). These works were carried out on small materials, evaluation of treatment outcomes was conducted only on clinical parameters. The question of the pathogenetic validity of occupational therapy in the treatment of chronic apical periodontitis remained unresolved until the end.

The aim of the study. Evaluate the effectiveness of occupational therapy in the treatment of chronic apical periodontitis during exacerbation and aggravation out on the basis of follow-up using clinical, laboratory and functional methods.

Objectives of the study.

1. Develop a methodology for occupational therapy in treatment of chronic apical periodontitis.
2. To assess the dynamics of clinical manifestations (in points) of chronic apical periodontitis under the influence of occupational therapy.
3. To study the dynamics of the X-ray, radiovisiography, densitometry in chronic apical periodontitis under the influence of occupational therapy.
4. On the basis of determining the level of middle molecules in the mixed saliva of patients with chronic apical periodontitis study detoxication effect occupational therapy.
5. Rate this anti-inflammatory effect occupational therapy in patients with chronic apical periodontitis according to the cytology of mixed saliva.
6. To study the dynamics of the content of lysosomal-cationic proteins in neutrophils mixed saliva of patients with chronic apical periodontitis under the influence of occupational therapy.

Scientific novelty of the work. For the first time carried out clinical and laboratory evaluation of the effectiveness of occupational therapy in the treatment of chronic apical periodontitis in the acute stage and without exacerbation. Found that use of combined treatment of occupational therapy in exacerbations of chronic apical periodontitis allows the earliest possible time to arrest the pain, swelling, inflammation syndrome. Application of occupational therapy in chronic apical periodontitis prevents the development of clinical manifestations of exacerbation after endodontic treatment.

For the first time on the basis of research performance level of middle molecules mixed saliva found that occupational therapy in patients with acute exacerbation of chronic and out of apical periodontitis has a strong detoxification effect.

According to the cytology unstimulated mixed saliva objectified anti-inflammatory effect occupational therapy. In the mixed saliva of patients with acute exacerbation of chronic apical periodontitis in the process of occupational therapy reduced rates cytolysis and absolute content of neutrophils.

For the first time found that occupational therapy during exacerbation of chronic apical periodontitis activates nonspecific mechanisms of local immune defense, increasing the content of lysosomal-cationic proteins in neutrophils mixed saliva.

The practical significance. It is developed, justified, implemented, and recommended a practical method for dental occupational therapy in complex treatment of patients with acute exacerbation of chronic apical periodontitis and without exacerbation.

According to clinical and laboratory studies found that occupational therapy during exacerbation of chronic apical periodontitis, relieves swollen, painful, inflammatory syndrome and reduces the treatment time.

Application of occupational therapy in chronic apical periodontitis prevents development of disease exacerbation after endodontic treatment.

Hirudotherapy, compared with pharmacotherapy and physical therapy, has a limited number of side effects and contraindications.

Provisions are brought to protect

1. Primarily occupational therapy in the treatment of patients with chronic apical periodontitis has a pronounced clinical effect, relieves pain, swelling and inflammatory syndrome.

2. Under the influence of occupational therapy in patients with chronic apical periodontitis decreases the level of middle molecules in the mixed saliva, indicating a pronounced detoxification effect of secretion of the medicinal leech.

3. Hirudotherapy has anti-inflammatory effect on these cytology of mixed saliva. In the process of occupational therapy

reduced rates cytolysis and neutrophilia mixed saliva.

4. Hirudotherapy activates nonspecific immune mechanisms of local protection of the oral cavity in patients with acute exacerbation HVP, increases lysosomal-cationic proteins in neutrophils mixed saliva.

Publication. On the topic of the thesis published 12 printed works:

Testing and implementation of the results. The main provisions of the reported and discussed at a scientific conference of young scientists MGMSU (Moscow, 2001), at a scientific conference Institute of Human Morphology, RAMS, "Current issues of morphogenesis in health and disease" (Moscow, 2002), the All-Russian Conference "compensatory-adaptive processes" (Novosibirsk, 2002).

Testing the thesis held by the joint meeting of chairs propaedeutics of dental diseases, Faculty Dentistry, Faculty of Dental Surgery course of implantology, surgical departments and CDC MGMSU TsNIIS and laboratory immunomorphology Institute of Human Morphology, Academy of Medical Sciences (December 2002, Moscow).

The method used in the clinic hirudotherapy Department propaedeutics MGMSU dental diseases, based on a central clinic IPU number 2 in Moscow. Results of the study are used in the classroom with residents, graduate students, for faculty training of doctors and teachers MGMSU.

1. Literature Review

Conclusion:

Findings

1. According to laboratory evaluation of the current exacerbation of chronic apical periodontitis found that the use of combined treatment of occupational therapy allows an earlier date to arrest the pain, swelling, inflammatory syndrome and reduce treatment time.

2. In the application of medicinal leeches in patients with acute exacerbation of chronic apical periodontitis severity of spontaneous pain and pain on percussion, collateral edema, hyperemia and edema of the mucous membrane of the alveolar process of the causative tooth was reduced by 3 to 5 days and disappear on the 7-10th, whereas in patients without the use of occupational therapy, the symptoms persisted for 7 to 10 days.

3. Based on clinical data and results radiovisiography, bone densitometry in patients with chronic apical periodontitis in the application of occupational therapy revealed a marked tendency to improve the periapical tissues relative to the comparison group.

4. Hirudotherapy in patients with chronic apical periodontitis has a strong detoxification effect, with significantly reduced levels of middle molecules in the mixed saliva. While in the comparison group level of middle molecules significantly increases.

5. Anti-inflammatory effect in occupational therapy, exacerbation of chronic apical periodontitis was confirmed by cytology of mixed saliva. In patients with statistically significant reductions in cytolysis and the absolute content of neutrophils in mixed saliva. b. Hirudotherapy in patients with exacerbation of chronic apical periodontitis increases the content of lysosomal-cationic proteins in neutrophils mixed saliva, which reflects the normalization of the status of their systems kislordonezavisimoy and activation mechanisms of the local non-specific immune defense.

Practical advice

1. Application hirudotherapy in the complex treatment of patients with chronic apical periodontitis has a pronounced anti-inflammatory, analgesic and decongestive, detoxification effects. The technique hirudotherapy, which is directed by 2.1 of medicinal leeches in the mucous membrane of the alveolar bone in the apex of the projection "causal" tooth. The treatment course is 1-3 sessions, with intervals of 2-3 days using the aspiration method.

2. Hirudotherapy allows the earliest possible time to arrest the inflammatory syndrome and reduce treatment time.

3. Use appropriate hirudotherapy to prevent activation of the inflammatory process in patients with chronic apical periodontitis after endodontic surgery.

4. Hirudotherapy helps restore bone in the periapical foci of destruction according to local densitometry with the assessment of periapical index.

5. Hirudotherapy patients with chronic apical periodontitis normalizes kislordonezavisimoy system-lysosomal cationic proteins in neutrophils and activates nonspecific mechanisms of local immune defense.

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