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Analysis of risk factors for the development of odontogenic periostitis of the jaw bones in children

The problem of increasing the number of children with odontogenic acute inflammatory diseases of the maxillofacial region does not lose its relevance. In many cases, there is a change in the typical clinical picture and manifestations of this pathology in children, insufficient effectiveness of treatment despite the improvement of diagnostic methods. Studies show that between 20 and 50% of patients go to likarni with an incorrect diagnosis; About half of them have not removed temporary or permanent teeth, which are a source of infection; hospitalization is delayed. Most of the inflammatory processes with which children turn to the dental clinic are of odontogenic origin.

THE PURPOSE OF THE RESEARCH IS

to analyze the causes, clinical manifestations of acute odontogenic periostitis of the jaw bones in children who were on outpatient treatment.

We examined and treated 36 patients aged 4 to 16 years with acute odontogenic periostitis of the jaws. All of them went to the clinic for emergency indications; after clinical and X-ray examination and diagnosis, they received adequate treatment. Clinical effect the effectiveness of treatment was determined by the dynamics of subjective and objective symptoms of the disease.

Among the children who returned with manifestations of acute odontogenic periostitis, there were more boys - 63.9% (23 people), girls composition 36.1% (13 people). The study made it possible to establish that children aged 4-6 and 7-10 years most often returned with periostitis (31 and 32.7% of cases, respectively). Less commonly, periostitis developed in children aged 1-3 years (3.5%), 11-14 years (13.8%) and 15-17 years (19.0%). In children of early and preschool age, only temporary and teeth were pinching no, the development of inflammation (molars - 84%, incisors - 16% of cases). In schoolchildren aged 7-10 years, temporary molars were the cause in 89.5% of cases, permanent first molars in 10.5% of cases. In schoolchildren between the ages of 11 and 14, temporary teeth were the cause of periostitis in 25% of cases, permanent teeth in 75% of cases. At the age of 15-17 years the cause periostitis were only permanent teeth (mainly molars, less often premolars and incisors). The teeth of the lower jaw caused periostitis 2.2 times more often than the teeth of the upper jaw (69 and 31% of cases). This trend has been observed for temporary teeth (66.6 and 33.3%) and permanent teeth (73.7 and 26.3%, respectively). The majority (72.4%) of the teeth that led to the development of periostitis have not previously been treated. More than half of the parents noted that they did not carry out a planned rehabilitation of their children but sought help only in cases of manifestations of acute toothache. The parents of these children noted: common in body allergies, frequent inflammation and processes, diseases of the upper respiratory tract (painsh than 4 times a year) and comorbidities.

Thus, **s**tudies have shown that children of preschool and primary school age are the most vulnerable. The criteria for choosing a place of education are the age of the child, general condition, social conditions, possible observation, and qualification of the doctor. Particular attention should be paid to the prevention of caries and yocomplications in temporary teeth since they are affected much more often than permanent ones, and they often cause the development of complications.

THANK YOU FOR LISTENING