Academicia Globe:
Inderscience Research

ISSN: 2776-1010 Volume 5, Issue 11, November 2024

SURGICAL CLOSURE OF RECESSION ZONES IN PATIENTS WITH REFRACTORY PEMPHIGUS

Abdurashidov Oybekjon Abdurashid ugli
Assistant Samarkand State Medical University,
Samarkand, Uzbekistan

Abstract
Recession is a pathological process of loss of gum volume. Its height is reduced, exposing the neck and the beginning of the tooth root.

Introduction

In a recession, a smile turns out to be ugly, but this is not only a cosmetic defect. The enamel in the root zone is thinner and more sensitive, so physiologically it should be covered with a mucous membrane. Against the background of gum recession, increased tooth sensitivity develops, the risk of spreading infections, caries and pulpitis is higher.
Gum recession cannot heal on its own, the doctor must identify the cause of the pathology and prescribe treatment.

What is a recession?

Gum loss is not an independent disease, but a consequence of pathological processes developing in the body: injuries, diseases or age—related changes.
The gums are a dense part of the oral mucosa, the interdental papillae separating the basal zone are covered with a multilayer epithelium. This allows you to preserve, nourish and securely hold the roots of your teeth.

Academicia Globe:
Inderscience Research

ISSN: 2776-1010 Volume 5, Issue 11, November 2024

The gums should cover the neck of each tooth. With age or with the wrong development of events, the gums wear away and no longer protect the fragile dental roots.
A recession can develop on 1-2 teeth or take over the entire dentition. This is a systemic (generalized) recession.

What causes the defect

The causes of gum loss can be divided into 3 groups:
1. Traumatic. If the gum is rubbed by a poorly installed filling, crown or teeth of the malocclusion zone, the gum will gradually atrophy and decrease. Recession is caused by shocks and injuries, exposure to harmful substances, poor ecology, and bad habits. Pathology can develop due to improper bleaching — in the clinic or at home, aggressive brushing with a hard toothbrush. Large, improperly manufactured veneers also often lead to gum recession.
2. Symptomatic. It may be a consequence of gum disease or metabolic disorders, disorders of the endocrine or hematopoietic systems.
3. Physiological. The reason is the aging of the body and a violation of metabolic processes.
How to identify the problem — symptoms of the disease


Исходная клиническая картина
Исходная клиническая картина в полости рта.lyoplast.com/portfolio

Even in the initial stage, the recession is visually noticeable. Smiling in front of the mirror so that the gums are visible, pay attention to whether the dentition is uniform relative to the position in the gum. Tissue loss may occur at 1-2 roots of the tooth, in these places the tooth will look longer. And an additional defect in the form of a drop or wedge will appear at its base.
As the disease develops, the following symptoms appear:
• inflammation, redness, swelling of the gums;

Academicia Globe:
Inderscience Research

ISSN: 2776-1010 Volume 5, Issue 11, November 2024

• the roots of nearby teeth are exposed;
• gaps appear between the roots, widening as the defect develops;
• pain when eating spicy, acidic, cold or hot food, or when inhaling cold air. In the future, it will be painful for the patient to chew even soft food, unpleasant sensations will occur with light contact with lips and cheeks.

The pain occurs because the enamel layer on the exposed roots is thinner, which increases their sensitivity. In addition, when the cervical zone is open, it is susceptible to attack by pathogenic bacteria. And, therefore, caries will develop faster.

What are the possible consequences and complications of pathology.

If the recession is not treated, the gums are likely to develop:
• hyperesthesia — increased painful sensitivity to external stimuli;
• caries;
• pulpitis;
• violation of the aesthetics of a smile.

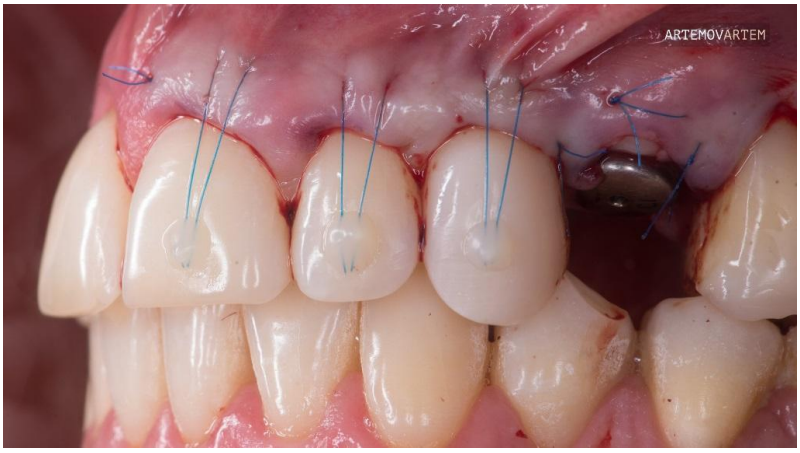
A neglected recession is more difficult to treat, and the rehabilitation process will take several months. Treatment will be more expensive, and several surgical operations may be required.

Types of pathology

There are several classification systems for gum recession. According to the degree of damage, it can be local and generalized, according to the severity of the course it is light (the roots are exposed by 3 mm), medium (lowering to 5 mm) and severe (a deeper process).

The Miller classification identifies four types of gum loss:
• 1 type. The pathological process develops over an arbitrarily wide area, but does not expose the roots.
• 2 views. The decrease goes beyond the natural connection of the tooth with the gum and slightly exposes the roots.
• 3 views. The roots are slightly open, the bone tissue in the area of the defect is lost.
• 4 views. The interdental papillae descend to the level of the gums, the necks of the teeth are exposed.

Methods of treatment and correction of the defect



Academicia Globe:
Inderscience Research

ISSN: 2776-1010 Volume 5, Issue 11, November 2024

The disease is treated by a periodontist dentist. If during the examination he determines that the cause of the recession is in incorrectly installed orthodontic structures or a bad bite, he will refer the patient to a specialized specialist: an orthodontist or orthopedist.

In 80% of cases, the cause of recession is a change in the spongy layer of bone tissue at the place of attachment of the tooth. This occurs when exposed to pathogenic microflora or is a consequence of age-related changes. It is possible to stop the loss of bone tissue in a complex way — to search for and eradicate the cause, restore the quality of the dentition, clean the gingival pockets, adjust the patient's lifestyle.

Methods of eliminating gum resorption:

1. Correction of home dental care. If the patient brushes his teeth so actively that it leads to the destruction of the gums, then it's time to change the brush, toothpaste. The doctor will explain why dental floss and an irrigator are needed and how successfully and carefully they complement conventional mechanical cleaning.
2. Replacement of orthodontic structures with physiologically accurate ones, correction of braces. After the traumatic factor is eliminated, the gingival papillae and gum volume will be restored.
3. Professional cleaning of the oral cavity using ultrasound, laser, air-abrasive cleaning. Professional hygiene will help at the initial stage of a recession, especially in the presence of inflammation. If there is no plaque and stones, there will be no food left for the pathogenic bacteria that cause caries.
4. Drug therapy. These are applications and bandages with anti-inflammatory and regenerating drugs, injections of vitamins and antibiotics, the imposition of self-absorbable membranes. Maintenance therapy includes rinsing with decoctions of medicinal herbs, rubbing anti—inflammatory drugs into the gums.
5. Plasmolifting. The introduction of drugs into the gum obtained from the patient's own blood. Plasma contains platelets, which help rapid tissue repair and contains natural growth factors.
6. Introduction of hyaluronic acid. The drug attracts and retains water molecules, which saturates and restores adjacent tissues. If such injections are used in combination with plasmolifting, the healing of gingival tissues occurs faster, more effectively and retains a long-lasting effect for a long time.
7. Surgical intervention. The so-called flap operations and curettage allow you to remove deposits from the gum and increase the volume of the gum with a particle of the healthy mucosa of the patient himself. This is a common, simple budget operation, it takes place under local anesthesia, splinting will additionally strengthen the teeth — fixing them with a special tape. Such an operation is indicated for dental mobility and progressive bone destruction.
8. Physical therapy. This is a supportive treatment that complements the regimen prescribed by the doctor. Gingival tissues are supported by exposure to magnetic current, laser therapy, and UV radiation. This improves blood supply to the gums, restores its natural functions, improves nutrition and metabolism.
9. Implantation with immediate loading. This is a cardinal solution to the problem of gum loss at an advanced stage. This way you can correct the situation even when the teeth are loose, the gums are

ISSN: 2776-1010 Volume 5, Issue 11, November 2024

affected by periodontal disease. The doctor removes the affected teeth and performs a complex implantation with the immediate installation of a prosthesis. Immediately after removal, a removable prosthesis can be installed, after completion of comprehensive treatment, the doctor will replace it with an implant.

If prosthetics are performed as soon as possible, the teeth will retain their chewing function, gum atrophy will be stopped, and active metabolic processes will accelerate the process of implantation of the implant rods.

Currently, high aesthetic expectations require optimal treatment of recessions not only in patients with normal periodontal and somatic status, but also in patients with systemic diseases accompanied by lesions of the oral cavity.

Common pemphigus (vulgar, PV) is an autoimmune bullous disease that can affect the oral cavity. The spread of erosion zones with erythema and/or vesicular-bullous lesions in the gum area (desquamative gingivitis) is especially characteristic. In young patients, PV, accompanied by gum recession, causes both aesthetic disorders and is a major factor in early tooth loss.

Gum recession is characterized by a displacement of the marginal gum tissue apically to the cement-enamel border. Closing the recession zone is not an easy task, especially in the area of the incisors of the lower jaw, where the bone plate is thin and the vestibule is shallow. In addition, inadequate oral hygiene, injury, or structural features of the mucous membrane can worsen the symptoms.

The use of a coronally displaced flap and a connective tissue graft in closing pronounced recessions in the area of the lower incisors makes it possible to achieve satisfactory aesthetic results. Currently, mucogingival operations to close recessions are performed in patients with normal periodontal and somatic status. However, high aesthetic expectations of surgical treatment require optimal therapy for recessions, even in patients with systemic diseases accompanied by lesions of the oral cavity.

Common pemphigus (vulgar, PV) is an autoimmune bullous disease that can affect the oral cavity. It is reported that the prevalence of PV is 65 cases per million people, while it is most common in women and the elderly. Mucosal lesions are usually caused by autoantibodies to desmoglein-3 (Dsg3), which cleave the epithelium and can occur in any area of the oral cavity.

However, the spread of erosion zones with erythema and/or vesicular-bullous lesions in the gum area (desquamative gingivitis) is especially characteristic. In young patients, PV, accompanied by gum recession, causes both aesthetic disorders and is a major factor in early tooth loss.

Goal

The aim of the study was to describe an interdisciplinary approach to the treatment of gum recession in a patient suffering from pemphigus vulgaris.

A clinical case

After more than one year of complete and stable clinical remission of pemphigus vulgaris, the 36-year-old patient was referred for treatment of gum recession. During a clinical examination, multiple recessions of the Cairo RT2 class were detected in the area of the anterior group of teeth of the lower

ISSN: 2776-1010 Volume 5, Issue 11, November 2024

jaw. The recession zones are closed using a two-layer method (connective tissue graft and coronally displaced flap). At a follow-up visit a year after the mucogyngeal surgery, a decrease in recession zones was observed. There were no signs of recurrence of pemphigus vulgaris.

Figure 1

A. Erosive lesions of the oral mucosa and the recession zone.
B. Persistent erosive gum lesions associated with pemphigus vulgaris exacerbate the depth of gum recession.
C. Clinical picture after topical application of PRP.

Conclusion

When complete and stable clinical remission is achieved, mucogingival surgery is effective in patients with pemphigus vulgaris. In the management of such patients, interdisciplinary collaboration between specialists is crucial for a favorable outcome of surgical treatment of gum recession.

References

1. Asrorovna, X. N., Baxriddinovich, T. A., Bustanovna, I. N., Valijon O'g'li, D. S., & Qizi, T. K. F. (2021). Clinical Application Of Dental Photography By A Dentist. The American Journal of Medical Sciences and Pharmaceutical Research, 3(09), 10-13.
2. Ugli, A. A. A., & Bustanovna, I. N. (2024). STUDY OF THE CONDITION OF PARODONT IN PERIODONTITIS IN FETAL WOMEN. European International Journal of Multidisciplinary Research and Management Studies, 4(05), 149-156.
3. Kizi, J. O. A., & Bustanovna, I. N. (2024). FAMILIARIZATION WITH THE HYGIENIC ASSESSMENT OF THE CONDITION OF THE ORAL MUCOSA IN ORTHOPEDIC TREATMENT. European International Journal of Multidisciplinary Research and Management Studies, 4(05), 89-96.
4. Bustanovna, I. N. (2024). Determination of the Effectiveness of Dental Measures for the Prevention of Periodontal Dental Diseases in Workers of the Production of Metal Structures. International Journal of Scientific Trends, 3(5), 108-114.
5. Bustanovna, I. N. (2022). Assessment of clinical and morphological changes in the oral organs and tissues in post-menopause women. Thematics Journal of Education, 7(3).

ISSN: 2776-1010 Volume 5, Issue 11, November 2024

6. Bustanovna, I. N., & Berdiqulovich, N. A. (2022). ПРОФИЛАКТИКА И ЛЕЧЕНИЯ КАРИЕСА У ПОСТОЯННЫХ ЗУБОВ. JOURNAL OF BIOMEDICINE AND PRACTICE, 7(1).
7. Bustanovna, I. N. (2024). PATHOGENESIS OF PERIODONTAL DISEASE IN ELDERLY WOMEN. Лучшие интеллектуальные исследования, 21(3), 25-29.
8. Bustanovna, I. N. (2024). TO STUDY THE HYGIENIC ASSESSMENT OF THE CONDITION OF THE ORAL MUCOSA DURING ORTHOPEDIC TREATMENT. Лучшие интеллектуальные исследования, 21(1), 9-15.
9. Bustanovna, I. N. (2024). CLINICAL AND LABORATORY CHANGES IN PERIODONTITIS. Journal of new century innovations, 51(2), 58-65.
10. Bustanovna, I. N. (2024). Morphological Changes in Oral Organs and Tissues in Women after Menopause and their Analysis. International Journal of Scientific Trends, 3(3), 87-93.
11. Bustanovna, I. N. (2024). Hygienic Assessment of The Condition of The Oral Mucosa After Orthopedic Treatment. International Journal of Scientific Trends, 3(3), 56-61.
12. Bustanovna, P. I. N. (2024). Further Research the Features of the Use of Metal-Ceramic Structures in Anomalies of Development and Position of Teeth. International Journal of Scientific Trends, 3(3), 67-71.
13. Bustanovna, I. N. (2024). The Effectiveness of the Use of the Drug" Proroot MTA" in the Therapeutic and Surgical Treatment of Periodontitis. International Journal of Scientific Trends, 3(3), 72-75.
14. Bustanovna, P. I. N. (2024). Research of the Structure of Somatic Pathology in Patients with Aphthous Stomatitis. International Journal of Scientific Trends, 3(3), 51-55.
15. Bustanovna, I. N., & Abdusattor o'g, A. A. A. (2024). Analysis of Errors and Complications in the Use of Endocal Structures Used in Dentistry. International Journal of Scientific Trends, 3(3), 82-86.
16. Bustanovna, I. N. (2024). Complications Arising in the Oral Cavity after Polychemotherapy in Patients with Hemablastoses. International Journal of Scientific Trends, 3(3), 62-66.
17. Bustanovna, I. N., & Sharipovna, N. N. (2023). Research cases in women after menopause clinical and morphological changes in oral organs and their analysis. Journal of biomedicine and practice, 8(3).
18. Bustonovna, I. N., & Sharipovna, N. N. (2023). Essential Factors Of Etiopathogenesis In The Development Of Parodontal Diseases In Post-Menopasis Women. Eurasian Medical Research Periodical, 20, 64-69.
19. Fakhriddin, C. H. A. K. K. A. N. O. V., Shokhruh, S. A. M. A. D. O. V., & Nilufar, I. S. L. A. M. O. V. A. (2022). ENDOKANAL PIN-KONSTRUKSIYALARNI ISHLATISHDA ASORATLAR VA XATOLAR TAHLILI. JOURNAL OF BIOMEDICINE AND PRACTICE, 7(1).
20. Очилов, Х. У., & Исламова, Н. Б. (2024). Особенности артикуляции и окклюзии зубных рядов у пациентов с генерализованной формой повышенного стирания. SAMARALI TA'LIM VA BARQAROR INNOVATSIYALAR JURNALI, 2(4), 422-430.

ISSN: 2776-1010 Volume 5, Issue 11, November 2024

21. Ortikova, N., & Rizaev, J. (2021, May). The Prevalence And Reasons Of Stomatophobia In Children. In E-Conference Globe (pp. 339-341).
22. Ortikova, N. (2023). ANALYSISOF ANESTHESIA METHODS FOR DENTAL FEAR AND ANXIETY. Центральноазиатский журнал академических исследований, 1(1), 8-12.
23. Ortikova, N. K. (2023). DENTAL ANXIETY AS A SPECIAL PLACE IN SCIENTIFIC KNOWLEDGE. SCHOLAR, 1(29), 104-112.
24. Исламова, Н. Б. (2024). ПАРОДОНТ КАСАЛЛИКЛАРИДА ОРГАНИЗМДАГИ УМУМИЙ ЎЗГАРИШЛАРНИ ТАҲЛИЛИ ВА ДАВОЛАШ САМАРАДОРЛИГИНИ ТАКОМИЛЛАШТИРИШ. ОБРАЗОВАНИЕ НАУКА И ИННОВАЦИОННЫЕ ИДЕИ В МИРЕ, 43(7), 18-22.
25. Islamova, N. B., & Chakkonov, F. K. (2021). Changes in the tissues and organs of the mouth in endocrine diseases. Current Issues in Dentistry, 320-326.
26. Исламова, Н. Б., & Исломов, Л. Б. (2021). Особенности развития и течения заболеваний полости рта при эндокринной патологии. ББК, 56, 76.
27. Исламова, Н. Б., & Назарова, Н. Ш. (2023). СУРУНКАЛИ ТАРҚАЛГАН ПАРОДОНТИТ БИЛАН КАСАЛЛАНГАН ПОСТМЕНОПАУЗА ДАВРИДАГИ АЁЛЛАРНИНГ ПАРОДОНТ ТЎҚИМАСИНИНГ ДАВОЛАШ САМАРАДОРЛИГИ ОШИРИШ. ЖУРНАЛ СТОМАТОЛОГИИ И КРАНИОФАЦИАЛЬНЫХ ИССЛЕДОВАНИЙ, 4(2).
28. Исламова, Н. Б. (2024). ПАРОДОНТИТ КАСАЛЛИГИДА ОРГАНИЗМДАГИ УМУМИЙ ВА МАҲАЛЛИЙ ЎЗГАРГАН КЎРСАТКИЧЛАРНИНГ ТАҲЛИЛИ. Журнал гуманитарных и естественных наук, (8), 23-27.
29. Islamova, N. B., & Sh, N. N. (2023, May). STUDY OF CHANGES IN PERIODONTAL DISEASES IN POSTMENOPAUSAL WOMEN. In Conferences (pp. 15-17).
30. Исламова, Н. Б., & Назарова, Н. Ш. (2023, May). Совершенствование диагностики и лечения хронического генерализованного пародонтита у женщин в период постменопаузы. In Conferences (pp. 13-15).
31. Islamova, N. B., & Nazarova, N. S. (2023). IMPROVING THE DIAGNOSIS AND TREATMENT OF CHRONIC GENERALIZED PERIODONTITIS IN POSTMENOPAUSAL WOMEN. Conferences.
32. Исламова, Н. Б. (2023). Гемодинамика тканей пародонта зубов по данным реопародонтографии.
33. Исламова, Н. Б., & Назарова, Н. Ш. (2023). МЕТОДЫ ИССЛЕДОВАНИЯ ЗАБОЛЕВАНИЙ ПАРОДОНТА У ЖЕНЩИН, НАХОДЯЩИХСЯ В ПЕРИОДЕ ПОСТМЕНОПАУЗЫ. In АКТУАЛЬНЫЕ ВОПРОСЫ СТОМАТОЛОГИИ (pp. 334-338).
34. Исламова, Н. Б. (2024). Complications Arising in the Oral Cavity after Polychemotherapy in Patients with Hemablastosis. International Journal of Scientific Trends, 3(3), 76-81.
35. Islamova, N. B. (2022). CHANGES IN PERIODONTAL TISSUES IN THE POSTMENOPAUSAL PERIOD. In Стоматология-наука и практика, перспективы развития (pp. 240-241).

ISSN: 2776-1010 Volume 5, Issue 11, November 2024

36. Назарова, Н., & Исломова, Н. (2022). Этиопатогенетические факторы развития заболеваний пародонта у женщин в периоде постменопаузы. Профилактическая медицина и здоровье, 1(1), 55-63.
37. Иргашев, Ш. Х., & Исламова, Н. Б. (2021). Применение и эффективность энтеросгеля при лечении генерализованного пародонтита. In Актуальные вопросы стоматологии (pp. 305-310).
38. Иргашев, Ш., Норбутаев, А., & Исламова, Н. (2020). Эффективность энтеросгеля при лечении генерализованного пародонтита у ликвидаторов последствий аварии на чернобыльской АЭС. Общество и инновации, 1(1/S), 656-663.
39. Исламова, Н. Б. (2016). Сравнительная оценка противовоспалительных цитокинов крови в развитии заболеваний полости рта при гипотиреозе. Наука в современном мире: теория и практика, (1), 41-44.
40. Исламова, Н. Б., Шамсиев, Р. А., Шомуродова, Х. Р., & Ахмедова, Ф. А. (2014). Состояние кристаллообразующей функции слюны при различных патологиях. In Молодежь и медицинская наука в XXI веке (pp. 470-471).
41. Исламова, Н., & Чакконов, Ф. (2020). Роль продуктов перекисного окисления липидов и противовоспалительных цитокинов крови в развитии заболеваний полости рта при гипотиреозе. Общество и инновации, 1(1/s), 577-582.
42. Исламова, Н., Хаджиметов, А., & Шакиров, Ш. (2015). Роль продуктов перекисного окисления липидов и противовоспалительных цитокинов крови в развитии заболеваний полости рта при гипотиреозе. Журнал проблемы биологии и медицины, (1 (82)), 41-44.
43. Исламова, Н. Б., & Чакконов, Ф. Х. (2021). Изменения в тканях и органах рта при эндокринных заболеваниях. In Актуальные вопросы стоматологии (pp. 320-326).
44. Nazarova, N. S., & Islomova, N. B. (2022). postmenopauza davridagi ayollarda stomatologik kasalliklarining klinik va mikrobilogik ko ‘rsatmalari va mexanizmlari. Журнал" Медицина и инновации", (2), 204-211.
45. Nazarova, N. S., & Islomova, N. B. (2022). postmenopauza davridagi ayollarda stomatologik kasalliklarining klinik va mikrobilogik ko ‘rsatmalari va mexanizmlari. Журнал" Медицина и инновации", (2), 204-211.
46. Sulaymonova, Z. Z., & Islamova, N. B. (2023, May). TAKING IMPRESSIONS IN THE ORAL CAVITY AND THEIR REDUCTION. In Conferences (pp. 21-23).
47. Sharipovna, N. N., & Bustonovna, I. N. (2022). Etiopatogenetic factors in the development of parodontal diseases in post-menopasis women. The american journal of medical sciences and pharmaceutical research, 4(09).
48. Sarimsokovich, G. M. (2023). LATEST METHODS OF STUDY OF PERIODONTAL DISEASE IN WOMEN. European International Journal of Multidisciplinary Research and Management Studies, 3(10), 242-250.
49. DENTAL PROSTHETICS. Лучшие интеллектуальные исследования, 18(4), 31-35.

ISSN: 2776-1010 Volume 5, Issue 11, November 2024

50. Содикова, Ш. А., & Исламова, Н. Б. (2021). Оптимизация лечебно-профилактических мероприятий при заболеваний пародонта беременных женщин с железодефицитной анемией. In Актуальные вопросы стоматологии (pp. 434-440).
51. Чакконов, Ф. Х. (2021). ЯТРОГЕННЫЕ ОШИБКИ В СТОМАТОЛОГИИ И ИХ ПРИЧИНЫ. In Актуальные вопросы стоматологии (pp. 925-930).
52. ЧАККОНОВ, Ф., САМАДОВ, Ш., & ИСЛАМОВА, Н. (2022). ENDOKANAL PIN-KONSTRUKSIYALARNI ISHLATISHDA ASORATLAR VA XATOLAR TAHLILI. ЖУРНАЛ БИОМЕДИЦИНЫ И ПРАКТИКИ, 7(1).
53. Xusanovich, C. F., Orzimurod, T., Maruf, U., & Ollomurod, X. (2023). PROSTHETICS A COMPLETE REMOVABLE PROSTHESIS BASED ON IMPLANTS. European International Journal of Multidisciplinary Research and Management Studies, 3(11), 122-126.
54. Xusanovich, C. F., Sunnat, R., & Sherali, X. (2024). CLASP PROSTHESES–TECHNOLOGY IMPROVEMENT. European International Journal of Multidisciplinary Research and Management Studies, 4(03), 152-156.