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The state of blood hemostasis in patients with mandibular fractures in combination with parodontitis

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Relevance. Currently, mandibular fractures and their treatment are one of the urgent tasks of maxillofacial surgery that practicing dental surgeons face daily. Among all injuries of the bones of the face, fractures of the lower jaw, according to various authors, range from 45 to 85%. To solve this problem, a significant number of methods and means are used, but the number of purulent-inflammatory processes in the post-traumatic period continues to be high, which greatly complicates the treatment of victims.

Goal of the work. To study changes in the hemostasis system in patients with mandibular fractures in combination with periodontitis based on the study of clinical indicators and the blood hemostasis system.

Research material and methods used.

Under supervision there were 36 patients with mandibular fractures, who were diagnosed with inflammatory periodontal diseases upon admission to inpatient treatment. Treatment of patients with this pathology was carried out from September to the end of October 2022 in the Department of Adult Surgical Dentistry of the Department of Oral and Maxillofacial Surgery of the TSDI.

Of the examined patients, 12 people received the complex treatment developed by us. A comparison was made with patients receiving traditional treatment - 13 people, with patients with fractures of the lower jaw without pathology of periodontal tissues - 11 people. The following methods were used in the course of the study: clinical methods, radiological methods, index methods for studying periodontal tissues and the hygienic state of the oral cavity, biochemical blood tests.

Results and its discussion. To determine the significance in the development

of purulent-inflammatory complications of mandibular fractures (suppuration of soft tissues, bone wound, traumatic osteomyelitis) of inflammatory periodontal diseases, we examined 36 patients, of which 12 were treated, who were immobilized with mandibular fragments using dental splints. At the same time, 28 of them had an uncomplicated course of mandibular fractures, and in 8 we observed purulent-inflammatory complications. In the patients examined by us with fractures of the lower jaw, gingivitis was detected in 32.6% of cases (11 people), in 29.2% (10 patients) mild periodontitis, in 25.5% of cases (9 people) moderate periodontitis was determined, 12.7% (4 patients) were diagnosed with severe parodontitis.

Thus, clinical observations showed a direct strong correlation (r=0.81) between the incidence of purulent-inflammatory complications in mandibular fractures and the severity of periodontal disease.

Consequently, the development of purulent-inflammatory complications in mandibular fractures is the result of a number of factors, including the state of periodontal tissues. In turn, changes in the body that occur during trauma and purulent-infectious complications affect the state of parodontal tissues.

The data obtained prove that in persons with inflammatory periodontal diseases during the period of fixation of fragments in case of fractures of the lower jaw with double-jaw dental splints, exacerbation and progression of periodontal diseases inevitably occur. The severity of these phenomena depends on the initial state of the periodontal tissues and the course of healing of the bone wound in the area of the mandibular fracture.

In patients with periodontal disease, there are changes in the bone tissue, which lead to an increase in the time of bone regeneration, which prolongs the consolidation of fragments of the lower jaw after a fracture. Upon admission of patients with inflammatory diseases of periodontal tissues with fractures of the lower jaw for inpatient treatment, all the persons examined by us had poor oral hygiene. After removing the tires (28-35 bitches from the moment of immobilization) in all groups of patients, we noted an increase in the values of the PMA index ($p<0.05$),

which in patients with gingivitis was 32.4±2.5, with mild periodontitis - 43 .9±3.4, moderate degree - 56.5±4.1 (moderate severity of gingivitis), and severe degree - 61.3±3.8 - severe degree of gingivitis in patients with gingivitis was 1.86±0.19 ; in patients with mild periodontitis - 2.42±0.27; medium degree - 3.61±0.32; with a severe degree of periodontitis - 4.84±0.28.

In patients with gingivitis, there was no pathological tooth mobility. In patients with mild periodontitis, tooth mobility was determined in 8.4% of cases and did not exceed 1 degree, in patients with moderate periodontitis in 59.4% of cases there was mobility of 1-2 degrees, with severe periodontitis, we observed mobility in 84.6 % of cases, of which 13.5% had grade 3 tooth mobility. At the time of removing the splints, we noted an increase in tooth mobility by an average of 1 point; in 37% of cases, tooth mobility was noted, which were stable before splinting. At the same time, mobility of the 1st degree was more often noted, in 25% - of the 2nd degree.

Conclusions. Thus, in all patients examined by us with inflammatory periodontal diseases with fractures of the lower jaw at the time of removal of the splints, there was a deterioration in the hygienic state of the oral cavity and the progression of inflammatory phenomena in periodontal tissues, the severity of which depended on the state at the time of admission to the hospital. When studying the functional activity of platelets in the examined group of patients, it was found that it is higher ($p<0.05$) compared to the healthy group and the comparison group. Thus, the maximum rate of platelet aggregation was increased to 83.8±4.8 units, with a simultaneous increase in the time to reach the maximum aggregation rate to 851.6±12.2 s.

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