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FEATURES OF THE STATE OF THE ORAL MUCOSA IN PATIENTS WITH DIABETES MELLITUS (LITERATURE REVIEW)

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Abstract:

Experts of the world diabetes Federation (IDF) predict that the number of patients with diabetes will increase by 1.5 times to 552 million people by 2030, and the share of the population with metabolic syndrome will increase to 800 million people. It is from this group that the number of patients with diabetes mellitus is increased by 15% annually [1].
Keywords: sugar diabetes, mucous membrane of the oral cavity, periodontitis, gingivitis.

Introduction

Uzbekistan is one of the countries with a high prevalence of diabetes mellitus. According to the Ministry of the health of the Republic about 5% of patients with diabetes. It is important to note that for every patient with an established diagnosis of this disease, there is one patient with an undiagnosed disease. This pathology is more often not diagnosed in a timely manner in men than in women [2]. Diabetes mellitus is one of the most severe and widespread systemic disorders of carbohydrate metabolism associated with absolute or relative insulin deficiency. According to many researchers, diabetes mellitus (DM) affects almost all organs and tissues of the oral cavity. According to a number of authors, the hygienic state of the oral cavity in patients with DM is 2.5 times worse than in people who do not suffer from this disease [3]. Patients with DM often have inflammatory processes in the oral cavity, which correlate with the duration and severity of the disease.

Pathological changes in the oral cavity that are characteristic of DM include:

1. Inflammation of the periodontal tissues caused by hypoxia microangiopathy and tissue;
2. Abundant plaque and a large number of dental stones, which is due to the rapid proliferation of microorganisms due to trophic disorders in the tissues of the oral cavity;
3. Reduced local immunity and impaired metabolism, which negatively affects the microbiological composition of saliva and the state of hard tissues of the teeth.

These features make it possible to detect DM at an early stage [4].

In DM, there is a total lesion of the vascular system, a decrease in local immune responses and activation of bone resorption, against which changes of an inflammatory, dystrophic and atrophic nature develop. In this regard, people suffering from diabetes are predisposed to the development of dental diseases such as gingivitis, periodontitis, are susceptible to fungal infections, often suffer from dryness and burning in the oral cavity, perversion of taste. Changes in local immunity in the oral cavity play a role in the occurrence of periodontal tissue inflammation.

However, according to many researchers, diabetes mellitus (DM) affects almost all organs and tissues of the oral cavity. In DM, there is a total lesion of the vascular system, a decrease in local immune responses and activation of bone resorption, against which changes of an inflammatory, dystrophic and atrophic nature develop. Also, against the background of impaired blood flow and reduced tissue resistance, there is a violation of microbiocenosis in the oral cavity [5]. Researchers identify in most patients with diabetes the presence of colony-forming fungi of the genus , which cause candidiasis of the oral mucosa and lips, which is characterized by sharp dryness, itching, swelling, abundant plaque on the back of the tongue, atrophy or hypertrophy of the filamentous papillae. Wound healing in patients with diabetes occurs mainly by secondary tension with the formation of granulation tissue, which, in turn, is a nutrient medium for microorganisms. The state of the oral cavity can be controlled, taking into account the nature of carbohydrate metabolism in the body and the presence of complications of diabetes from other organs (retinopathy, nephropathy, etc.). it is important for a dentist to know the type of diabetes that the patient suffers from, the duration of the disease and the degree of its compensation. That is why when planning treatment and prosthetics, one should not only rely on clinical data on the state of oral tissues, but also on the severity of the General disease [6].

Conclusion

It should be noted that dentists are not sufficiently oriented in matters of clinic, diagnosis and treatment of dental diseases in patients with diabetes mellitus. Also, the methods of complex and systematic organization of dental care for such patients have been little studied and thought out. As a result of such shortcomings, it makes the provision of timely therapeutic and preventive care at the early stages of the development of the pathological process impossible, which in turn leads to the progression of inflammatory phenomena in the tissues of the oral cavity.

A dentist needs to know the state of the oral cavity of a patient with diabetes mellitus in order to refer the patient to an endocrinologist on time. Since in many cases the first signs of metabolic disorders in diabetes mellitus appear in the oral mucosa.

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