To Identify the Frequency of Hypertrophic Gingivitis in Epilepsy Patients Taking Diphenin

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Relevance. Diseases of the nervous system and the level of dental health (A ZH Petrikas, 1987, N. V. Rupasova, 1998, TY Gagarina, 2003, V P Zenovsky, 2004) The high incidence rates of epilepsy due to the severity of its main clinical manifestations with a tendency to chronic, progressive course and mental disorders, as well as the well-known resistance to I srapy, place epilepsy among the most complex and socially significant problems of modern medicine (I Romov C A, Lobzin B C, 1993, Gusev E and C co-author, 1994, Gromov With A co-author, 1995, Zenkov JIP, 2001) Among these patients, a significant proportion of people of working age, most of whom do not receive adequate antiepileptic therapy (Hecht A B, 2000), The condition of the oral cavity and the prevalence of stomatologic pathology in patients with epilepsy have not been studied sufficiently. Most of the works of domestic and foreign authors are devoted to the problem of hypertrophic gingivitis in patients with epilepsy taking diphenin (A P Chechel, 1968, E Makhtai, et al., 1998, O R Kimball 1939, M Penarrocha-Diago, et al, 1990) Studies of the oral cavity were conducted without taking into account the dynamics of the disease and the clinical severity of personality changes and are outdated

Effective hygiene of the oral cavity and especially interdental spaces is one of the main methods of prevention of dental caries and inflammatory periodontal diseases (SI Kychakova, 1993, E Honkala, 1990, GA Chistova, 2001), which are caused by the accumulation of pathogenic microflora on the surface of teeth (G V Adkina 1984, V A, Rumyantsev 1997-1999, JIM Tsepov, 1991-2006) In this regard, it becomes relevant to study the hygienic status, as well as the use of methods of its correction in mentally ill, including in patients with epilepsy In addition, of particular value are comprehensive studies of the state of dental health of patients with epilepsy and patients with various mental disorders.

The aim of the study is a comprehensive study of the state of the oral cavity in patients with epilepsy and optimization of oral hygiene in conditions of neuropsychiatric.

Hypertrophic gingivitis was observed only among patients with epilepsy, in the main group of patients with epilepsy from 32 to 53 years old who were on standard therapy with antshonvulsants, chronic hypertrophic gingivitis was diagnosed in 1-3% of cases, and in this patient the phenomena of hypertrophy, gums were not associated with taking dafeshsh. Hypertrophic HSV was diagnosed in 5 people (31.3%) taking diphenip.

The rate of stimulated salivation in patients with epilepsy was 0.67±0.05 ml/min and was 1.3 times lower than in the control group (0.87±0.1 ml/min) Perhaps this is due to the fact that in addition to antiepileptic therapy, patients with epilepsy periodically receive miorslaxing and sedative drugs - diazepam (phenazepam, seduxen, relanium) as a symptomatic treatment - and antipsychotic action (sonapax), which have a xerogenic effect (Sreenby LM, 1986), However, the values obtained in both groups were higher than the lower limit of the generally accepted permissible level - 0.5 ml/min (DawesC A 1987). what does it say about the normal functioning of the salivary glands in patients with epilepsy and in healthy individuals? In patients with epilepsy, the pH of the oral fluid shifted to the acidic side - 6.54± 0.04 In healthy individuals, the pH of the oral fluid was close to neutral - 6.89±0 04 ($p<0.05$).

Thus, it can be assumed that the provision of dental care to patients with epilepsy is not carried out in full, as evidenced by the predominance of removed teeth in the structure of the CPU and the high need for prosthetics.

Epilepsy patients with moderate and pronounced personality changes in the study groups did not differ in age With relatively the same intensity of caries in these groups, significant differences were found in all components of the CPI index ($p<0.05$). Thus, patients with pronounced personality changes had 1.9 times more carious teeth and 1.6 times more removed ($p<0.05$), and cured teeth or covered with crowns were 1.8 times less, than in patients with moderate personality changes ($p<0.05$), The study of periodontal disease in epilepsy patients with moderate personality changes revealed a significant 3.0-fold ($p<0.01$) predominance of the number of healthy sextants compared to patients with severe personality change1, the number of identified periodontal pockets up to 5 mm, as well as deep dentoalveolar pockets in patients with moderate personality changes were significantly less than in the group of patients with pronounced personality changes ($p<0.05$), due to the low incidence and prevalence of inflammatory periodontal diseases of varying severity in patients of this group, excluded sextants in patients with pronounced personality changes were 4.5 times more ($p<0.05$), which is associated with a high rate of extracted teeth.

Comparative analysis showed that in patients with epilepsy with moderate personality changes, the level of dental health was significantly higher than in patients with RPR and did not significantly differ in all indicators from the level in healthy individuals. In addition, in patients with epilepsy with moderate personality changes, carious teeth (1.6±0.3) were even less than in the control group. In the group (2.7±0.3), according to the CP1 index indicators characterizing the periodontal condition, patients with epilepsy of this group did not significantly differ from healthy individuals and dominated by the number of healthy sextants by 1.8 times ($p<0.05$).

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