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# METHODS FOR TREATING PERIODONTITIS MODERN METHODS

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**ABSTRACT:** This article highlights treatment options periodontitis by modern methods.

**KEYWORDS:** evaluation, treatment, ill, periodontitis, modern method.

The treatment of chronic apical periodontitis (CAP) is one of the most important and not fully solved problems of therapeutic dentistry. This is primarily due to the significant prevalence of this disease, the complexity and laboriousness of medical manipulations, a large percentage of failures and complications in treatment, as well as the lack of stability of the results obtained using known treatment methods.

## OBJECTIVE

Increasing the effectiveness of treatment of chronic apical periodontitis by improving endodontic treatment of the disease with separate and combined use of new methods of depot and apex - phoresis.

## MATERIALS AND METHODS

Examination and treatment of 81 patients aged 18 to 55 years with granulating and granulomatous forms of chronic apical periodontitis (in 108 multi-rooted teeth) were carried out.

The teeth of the first group of patients were treated in the traditional way, that is, endodontic treatment of the teeth canals was performed according to the Craun-Daun method, the canals were washed with antiseptic - 1% chloramine solution, 2% sodium hypochlorite solution. Expansion of the apical foramen was carried out using a drill by turning it around the tooth axis by no more than 45 °. The level of the apical foramen was determined using a root needle (inserted into the root canal until the patient felt a light prick and subjected to a control

X-ray, followed by filling the patent root canals using cold and hot condensation methods of gutta-percha with sealers (without using depot and apex-phoresis). The resorcinol-formalin method was used for the teeth canals passed through the instrument.

The teeth of the second group were treated with depophoresis using the "Original II" apparatus (Germany). The technique of copper-calcium hydroxide depophoresis was as follows. First, the carious cavity was prepared, the tooth cavity was opened and an endodontic access was created. It is believed that three depophoresis sessions with an interval of 8-14 days are enough to ensure a guaranteed, lasting effect. At the first visit, the root canals were passed and expanded by about 2/3 of the length, then washed with a suspension of copper-calcium hydroxide. The tooth was isolated from saliva and dried. In this case, the patient should be positioned so that the drug does not flow out of the canal. Then a suspension of copper-calcium hydroxide was introduced into the treated part of the canal using a canal filler. Then a negative needle electrode (cathode) was inserted into the canal to a depth of 4-8 mm, and the tooth cavity was closed with sticky wax.

A positive passive electrode (anode) was placed behind the cheek from the opposite side through a cotton roll moistened with tap water. The current was slowly increased until a slight warmth or tingling sensation appeared in the area of the tooth. Procedure time 10 minutes. After the end of the procedure, everything is removed, a copper-calcium hydroxide suspension is left in the canals and the tooth cavity is hermetically closed with an artificial dentin bandage.

To carry out apex-phoresis, patients of the third group used a single-core silver-copper electrode in Teflon insulation, which was placed in a root canal, which was previously expanded in patency (by 2/3 - 1/2 of the root length up to the 20th file size), into a root canal moistened with physiological solution. The silver-copper electrode served as the anode. The second electrode was placed on the forearm of the right hand. Without periapical changes were prescribed 2 procedures per day lasting 5 minutes, destructive forms of chronic apical periodontitis, the course of treatment consisted of 3 procedures, 5 minutes each, carried out daily. During the treatment, the current strength during the procedures fluctuated within the range of 1-0.5 mA. The amount of electricity for 1 procedure was 2.5-5 mA x min.

In the teeth of the fourth group of patients, after traditional instrumental and drug treatment of root canals, a depophoresis session was performed at a dose of 5 mA with copper-calcium

hydroxide. Then, instead of the second depophoresis session (after 7 days), apex-phoresis was performed with a silver-copper conductor. An hour later, a second session of depophoresis was carried out at the same dose. On the 14th day, apex-phoresis and depophoresis of the teeth were again performed. Ultimately, for the course of combined dental treatment, the patients received 3 depophoresis sessions and 2 apex-phoresis sessions. After that, the patent canals of the teeth were immediately filled with the methods of cold and hot condensation of gutta-percha with sealers (AH-plus, cortisonol, Viedent and etc.). The root canals, which had not been passed instrumentally, were filled with atatsamite within the limits of their passable part. Tooth crowns were restored using fillings and inlays.

## RESULTS AND DISCUSSION

Analysis of the results of treatment of chronic apical periodontitis with the use of various types of therapy showed that 6 (28.5%) patients who received traditional treatment had complications in the form of pain and hyperemia of the gums in the area of the mine tooth on days 7-14. And with the use of depophoresis of the root canal of the teeth, similar complications were observed in 2 (10%) patients, with apex-phoresis - in 1 (5.5%) patients, and with the combined use of depophoresis and apex-phoresis, complications were not observed at all. When complications were detected, patients were prescribed analgesics and anti-inflammatory drugs (analgin, aspirin, paracetamol).

As the results of repeated X-ray examinations after 6 and 12 months have shown, with traditional treatment, the number of positive X-ray pictures is 6 (28.5%) cases at 6 months and 4 (19%) cases at 12 months of the study. With depophoresis, these indicators are, respectively, 8 (40%), 9 (45%) cases, and with apex-phoresis - 12 (66.6%) and 15 (83.3%) and they are significant (P <0.05- 0.001) differ from traditional treatment. With the combined use of depot and apex-phoresis after 6 and 12 months, a positive X-ray picture was revealed, respectively, in 20 (90.9%) and 22 (100%) cases. These indicators are 1.3-2.2 times higher than the analogous data when using depot and apex - phoresis separately. Thus, the use of depot and apex - phoresis in the complex endodontic treatment of chronic apical periodontitis leads to a significant (P <0.05-0.001) rapid acceleration of the processes of regeneration of periapical tissues in comparison with the traditional method of treatment. Summarizing the analysis of the data, we can conclude that the new methods of treatment of chronic apical periodontitis with difficult and impassable root canals of teeth - depophoresis of copper-calcium hydroxide and apex-phoresis with a silver-copper conductor are the most effective

methods of local apical action of root canals of teeth on compared with traditional methods of treating the disease.

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