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GINGIVITIS IN CHILDREN AND ADOLESCENTS

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Abstract: This article examines the widespread problem of gingivitis among children and adolescents. According to the World Health Organization, a large portion of the population is prone to gum diseases, which can lead to tooth loss, the formation of chronic infection foci, and the development of allergic conditions. The aim of this article is to propose a comprehensive set of therapeutic and preventive measures designed to improve the hygienic condition of the oral cavity and the state of gingival tissues, increase the level of dental health, and reduce the need for treatment in children and adolescents. The proposed complex approach covers prevention starting from the prenatal period, the importance of breastfeeding, the timely introduction of solid foods into the diet (to prevent "chewing laziness"), and instruction on proper hygienic care. The therapeutic component combines local treatment (anti-inflammatory drugs, fluoride varnishes, surgical and orthodontic interventions) and general treatment (identification of systemic diseases, vitamin therapy, remineralization, and hyposensitizing therapy). This set of measures is designed to improve the oral health of children and reduce the need for future dental treatment.

Keywords: children, gingivitis, prevention, adolescents, inflammation, periodontium, oral hygiene, balanced diet.

Relevance. According to the World Health Organization, 80% of the adult population worldwide is prone to gingival diseases, which lead to tooth loss, the formation of chronic infection foci in the oral cavity, decreased body reactivity, microbial sensitization, development of allergic conditions, and other disorders. The main gingival disease in childhood is chronic catarrhal gingivitis, which progresses without clear clinical manifestations and does not cause concern in children. Inflammatory gingival disease is widespread among people of different ages, including more than half of children. Such diseases often lead to other dental problems. The aim is to propose a set of therapeutic and preventive measures to improve the hygienic condition of the oral cavity and gingival tissues, enhance the level of dental health, and reduce the need for treatment in children and adolescents. Prevention should contribute to the proper development of the body in the prenatal and early postnatal periods, during childhood formation and growth. Women experiencing pregnancy against the background of general pathology need comprehensive rehabilitation with the participation of relevant specialists. A pregnant woman's diet should be high-calorie and enriched. Breastfeeding in the first months of a baby's life is crucial for their growth and development.

Active breastfeeding stimulates the proper growth of the jaws and the formation of gingival tissue. For the prevention of gingival diseases, when switching to artificial feeding, it is necessary to choose a tight nipple with a small opening, similar to the mother's breast. The composition of the diet, the procedure for its introduction, and the type of complementary foods are determined by the pediatrician, but the dentist should recommend teaching the child to eat solid food as early as possible (from 6-7 months), giving them raw fruits, vegetables, pieces of dry biscuits, bread, etc. This helps prevent "chewing laziness," stimulates blood circulation in the dental arch, promotes gingival formation, and improves salivation and self-cleansing of the oral

cavity. After the eruption of milk teeth, strong chewing movements also contribute to the physiological formation of gingival tissues. For this, chewing hard food is very beneficial for both temporary and permanent teeth. The cleansing effect of chewing is complemented by oral care.

Hygienic care of the oral cavity in children with gingivitis is an important component of comprehensive therapy. The greatest effectiveness of this measure is achieved if, throughout the entire treatment period, the doctor teaches the child the basic rules of tooth brushing, monitors their implementation, and provides recommendations on oral hygiene. Taking into account the child's age, the dentist gives recommendations for choosing a toothbrush, toothpaste, and oral hygiene products.

In the presence of inflammation in soft tissues, various anti-inflammatory drugs are used. For this purpose, different dosage forms are utilized: ointments, pastes, aerosols, which are applied topically and used for rinsing, and are injected into periodontal pockets. To eliminate the sensitivity of hard dental tissues, which often accompanies gingivitis, teeth are treated with fluoride varnishes or pastes. For the local treatment of gingivitis, a wide range of anti-inflammatory drugs, enzyme preparations, antibiotics, antiseptics, as well as medications that promote tissue regeneration, are extensively used. In the treatment of gingivitis, the elimination of various traumatic factors in the oral cavity through surgical and orthopedic interventions plays an important role.

Defects such as shortening of the labial frenulum and massive adhesions of the mucous membrane, as well as a small vestibule, are corrected only surgically. In the presence of pathological changes in the periodontium, great importance is attached to the correction of dentofacial anomalies using orthodontic treatment methods. Local treatment of gingivitis in children. In childhood, gingivitis is difficult to treat. In most cases, the disease is severe. To develop an individual treatment plan for such a child, it is advisable to consult with specialists: a therapist, orthodontist, and surgeon. Therefore, early detection of the disease and prevention of severe changes are of great importance. Before starting treatment, it is crucial to rule out any systemic diseases in the child, and if detected, to treat them with a pediatrician of the appropriate specialty.

The role of a dentist in the treatment of patients with idiopathic diseases usually consists of making a preliminary diagnosis, referring the patient to a specialist of the appropriate profile, and subsequently carrying out symptomatic therapy (cleaning out foci of infection, anti-inflammatory treatment, 1% hydrocortisone ointment, 10% methyluracil ointment for gum ligation, tooth extraction, etc.).

General treatment of gingivitis in children. General treatment of gingivitis addresses not only etiological factors but also the mechanism of development of individual components of the pathology. In this regard, general treatment is determined based on the child's health status and includes treating the underlying disease and enhancing the body's defense capabilities. It must be strictly individualized.

Vitamin therapy. The most effective complex includes vitamins C, P, E, A, D, and B group. The need for vitamins in children is significantly higher than in adults. This is due to the characteristics of the growing organism - the intensity of metabolic processes, and the rapid growth and development of the child. In gingivitis, vitamins are taken in doses 2-3 times greater than the daily needs of healthy children. The course of treatment is 2-4 weeks.

It is necessary to emphasize that vitamins should not be taken without a doctor's prescription. Uncontrolled use of vitamin preparations is ineffective at best and harmful to health at worst.

Remineralizing therapy - Calcium-D3 Nicomed 1 tablet contains 500 mg of elemental calcium and 200 IU of vitamin D3, 1-2 tablets daily for 20-25 days 2-3 times a year.

Hyposensitizing therapy. Due to the occurrence of conditions that contribute to the sensitization of the body in children with gingivitis, and the frequent development of pathological processes in the periodontium against an allergic background, it is advisable to prescribe hyposensitizing agents to such patients. Allergic reactions should be identified before prescribing hyposensitizing therapy. When choosing hyposensitizing drugs (Tavegil, suprastin, pipolfen, dimedrol, diazolin), it is necessary to consider the state of the nervous system. In children with gingivitis, stimulating agents are prescribed: fibs, prodigiosan, retabolil, metacil, pentoxyl, imudon. When prescribing these medications, it is necessary to take into account the initial state of the body's reactivity, the mechanism of action of the drug, and the characteristics of the course of gingivitis. If the disease progresses and the complex of local measures is ineffective, broad-spectrum antibiotics and sulfonamides are prescribed. Treatment is carried out according to the generally accepted scheme for 3-4 weeks. The use of these drugs helps eliminate inflammation in gingivitis tissues and normalize metabolic processes in them. A balanced diet is crucial for treating gingivitis. The child's diet should be diverse and contain complete, easily digestible proteins, minerals, fats, carbohydrates, and vitamins. For balanced nutrition, the diet should include foods containing mineral salts and microelements, primarily the necessary amount of calcium and fluorine. Additionally, oral care rules, professional hygiene, and dental education with the use of therapeutic and preventive agents containing antibacterial and anti-inflammatory components have made it possible to reduce inflammation in periodontal tissues.

Conclusion. In conclusion, the proposed comprehensive set of therapeutic and preventive measures for the prevention and treatment of gingivitis in children and adolescents demonstrates high effectiveness. The success of this approach lies in the fact that it does not limit itself to treating only local symptoms but addresses the problem in connection with the health of the entire organism.

Preventive measures (prenatal care, proper diet, encouragement of solid food consumption) create the foundation for the physiological development of gingival tissues. Local treatment (professional hygiene, anti-inflammatory agents, surgical removal of traumatic factors) directly targets the site of inflammation. General treatment (vitamin therapy, improvement of mineral metabolism, hyposensitization) enhances the body's defense mechanisms and aids in treating underlying systemic diseases.

Thus, the implementation of this complex approach will not only improve oral hygiene and the condition of gingival tissues but will also significantly increase the level of dental health among children and adolescents, reducing the need for treatment in the future.

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