

FEATURES DENTAL TREATMENT DIABETIC PATIENTS'

Rustamov Saidakbar Saidislom ugli

Assistant of the Faculty of Dentistry

Alfraganus University

Abstract: In order to prevent possible difficulties, the article highlights the main practical issues of dental care for individuals with diabetes. These are some signs that the patient has an oral cavity condition. Patients are also given a number of oral hygiene advice.

Keywords: periodontal ligament, mucous membrane, parodontium, diabetes, angiopathy, and retraction.

Annotation: In a dentist's day-to-day practice, individuals with a range of systemic disorders, including diabetes mellitus, are a fairly common problem. The main risk category consists of those over 45, those with cardiovascular conditions, and those who are overweight. Elevated blood glucose levels resulting from impaired insulin production are the hallmark of a group of disorders collectively referred to as diabetes mellitus. The most fatal consequence of diabetes mellitus is the illness of the major (macroangiopathy) and tiny (microangiopathy) vessels, which impairs the blood flow to organs and tissues. Among the most prevalent oral signs of diabetes mellitus are grayish-white plaque on the tongue, foci of epithelial desquamation, atrophy of filiform papillae, hypertrophy of mushroom papillae, aphthous stomatitis, and a propensity for ulcerative-necrotic gingival lesions [1]. The removal of cells from the parotid and submandibular salivary glands results in a typical symptom: dryness of the mucosal membrane. A characteristic ammonia odor coming from the mouth cavity is often used to identify the condition. The existence of the clinical picture mentioned above in the patient's oral cavity determines the need for a special dental treatment strategy. It is crucial to acknowledge that these patients' oral mucosa exhibits a delayed regeneration process due to a decreased blood supply to the tissues. In order to avoid unintentional harm, the doctor's actions should thus be very mild. The first step in dental therapy is

practicing professional oral hygiene. For individuals with diabetes mellitus, this technique has a number of limitations. Because the abrasive material disseminated by the air stream strikes mucous membrane tissues, resulting in many tiny lesions that may eventually grow into ulcers and erosions, the Air Flow technique is extremely undesired. Furthermore, using ultrasonic cleaning calls for special tactics. Brush heads with a less aggressive working portion (spherical shape) should be used. It is advised to use a water-cooled micromotor to prevent the tooth from overheating while being polished with a brush. At the same time, choosing pastes with the least amount of abrasiveness and no surfactants is crucial. For example, using a soft toothbrush, avoiding antibacterial rinses, and using herbal decoctions as hypersalivants (mother and stepmother, thermopsis, yarrow) to stimulate salivation are all important aspects of oral hygiene that the patient should be sure they understand. Following specific instructions throughout therapeutic treatment is also crucial to preserving the integrity of the tissues around the tooth. Using sectional matrices with a protrusion is not recommended since there is a significant risk of traumatizing the periodontal ligament, which might lead to the development of a periodontal pocket. The matrix should be secured using little wedges. Retraction threads impregnated with bleeding agents should not be used during orthopedic therapy to avoid the danger of epithelial attachment stress and subsequent gingival recession [2]. The common practice of using two retraction sutures makes this condition very unfavorable. In conclusion, it is critical to recognize that individuals with diabetes mellitus should not undergo intraligamentary anesthesia due to the reduced integrity of the periodontal ligament. Given that the patient has diabetes mellitus in their anamnesis, the dentist must thus be more cautious and attentive in their activities and adhere to a non-standard approach to dental treatment that is intended to lower the probability of problems.

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