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КОМПЛЕКСНЕ ЛЕЧЕННЯ ХРОНИЧЕСКОГО ГЕНЕРАЛІЗОВАНОГО ПАРОДОНТИТА В СОЧЕТАННІ С АЕВІТ, ВОБЕНЗИМОМ І РЕАФЕРОНОМ

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COMPLEX TREATMENT OF CHRONIC GENERALIZED PERIODONTITIS IN COMBINATION WITH AEvit, WOBENZYM, REAFERON

Abstract.

A comprehensive treatment of chronic generalized periodontitis includes overall sanitation of the oral cavity, teeth, pharmacological therapy on the basis of Amoxiclav as an antibiotic, anti-inflammatory, immune stimulating and antimicrobial means in the whole complex. At the same time, additionally AEvit is used as an antioxidant in the dose of 1 capsule/day, Wobenzym as an anti-inflammatory agent in the dose of 4 dragee since the first week followed by 3 dragee next week three times a day, Reaferon as an immune stimulating drug dissolved in 0,9% saline in the ratio 5 mln ME up to 5 ml in the form of topical application.

Аннотация.

Комплексное лечение хронического генерализованного пародонтита включает всестороннее оздоровление полости рта, зубов, медикаментозную терапию на основе амоксиклава как антибиотика, противовоспалительных, иммуностимулирующих и антимикробных средств в комплексе. При этом, дополнительно влияют препаратом «Аевит» как антиоксидантом, из расчета по 1 капс./сут, Вобэнзим как противовоспалительным средством, по 4 драже с первой недели и по 3 в течение следующей, трижды в сутки, реафероном как иммуностимулятором, растворенным в физиологическом 0,9 % растворе, в соотношении 5 млн МЕ к 5,0 мл, в виде местной аппликации.

Ключевые слова: хронический генерализованный пародонтит, лечение, стоматология, АЕвит, Вобэнзим.

Keywords: chronic generalized periodontitis, treatment, AEvit, Wobenzym.

Introduction. The problem of treatment of chronic generalized periodontitis (CGP) today is one of the topical issues of modern medicine and dentistry. The specificity of treatment is administration of a comprehensive pharmacological therapy – antibacterial, anti-inflammatory, antioxidant and anti-homotoxic. One more problem in the treatment of CGP is development and spread of resistance of opportunistic microorganisms to antibiotics [1-3].

A necessary condition for introduction of rational antimicrobial therapy for generalized periodontitis is isolation and monitoring of microorganisms from the dental biofilm with identification of their sensitivity to antibacterial agents [4]. Indications for a systemic administration of antibiotics are: II, III degrees of generalized periodontitis, exacerbated course (multiple periodontal abscesses); atypical «aggressive» forms of periodontitis – localized and generalized juvenile periodontitis; advanced adult periodontitis; periodontitis resistant (refractory) to therapeutic effects; symptomatic ulcerous-necrotic gingivitis; preparation for periodontal surgery; in patients from risk groups (cardiovascular disorders, diabetes mellitus, immune

deficiency etc.) [5]. Detection of sensitivity to antibiotics of the aerobic, facultative and anaerobic bacteria strains isolated with generalized periodontitis found that the most effective agents to this microflora spectrum are Amoxiclav, Doxycycline, Clindamycin, Cefotaxime, Ciprofloxacin and Ofloxacin [6].

With the development of conception concerning the role of free radical oxidation in pathogenesis of periodontitis and detection of the antioxidant system function, a continuous search and generation of new pharmacological agents including direct and indirect antioxidants for prevention and treatment of periodontal diseases has been conducted. Administration of natural antioxidants or biological antioxidants is first-priority, that is, substances of the plant and animal origin without any side effects [7].

Considering the above, the development of differential approaches to the choice of a complex of pharmacological agents of a general and topical use depending on factors mostly influencing on pathogenesis of chronic generalized periodontitis remains relevant.

Objective: to improve a comprehensive treatment of chronic generalized periodontitis by means of intensification of antioxidant, anti-inflammatory and immune stimulating activity of the pharmacological basis.

Materials and methods. To examine the effect of the method of treatment of CGP suggested 2 groups of patients were formed. The patients from the group of comparison received a traditional comprehensive treatment according to the following course: professional hygienic measures directed to elimination of local harmful factors (removal of dental deposits, correction of occlusive correlation, removal of pathologically changed tissues by means of curettage), antibacterial therapy, mouthwash, irrigation of periodontal pockets with 0,05 % chlorhexidine solution, topical pharmacological treatment. General antibacterial treatment included *Amoxiclav* in the common dose during 7 days. *AEvit* and *Reaferon* were added to the comprehensive treatment to improve it. To clean purulent areas against inflammatory detritus the therapeutic regimen of CGP was supplied with enzymes such as *Trypsin* and *Lidase*. *Lidase* was injected intramuscularly per 10 mg, and *Trypsin* per 65 UN in the form of installation into the periodontal pockets. The drugs were prepared using 0,5 % *Novocain* solution and administered during a week.

The main group received similar comprehensive treatment added with systemic enzyme therapy including *Wobenzym* instead of i/m *Trypsin* and *Lidase* topical effect. *Wobenzym* was administered in the dose of 4 dragee during the first week followed by 3 dragee during the next week three times a day.

Effect of treatment was assessed by the dynamics of clinical symptoms of the disease, index evaluation of the periodontal condition, ortopantomografia, microbiocenosis changes, parameters of the local humoral immunity, cytokine state, lipid peroxidation levels, the levels of SOD antioxidant system enzymes and catalase. 6 months later the disease was controlled. Out-patient observation was carried out on the completion of treatment and during 2 years.

Results. Intensification of a therapeutic complex by *Wobenzym* in the main group appeared to be effective. A sufficient regression of the main clinical signs of inflammation in the gums and elimination of pyorrhea from periodontal pockets were found on the 4-5th day in 86 % of patients. The mucous membrane became clear and rosy-pink, the consistency and configuration of the gingival papillae became normal closely surrounding teeth. A positive dynamics in the group of comparison was found on the 10th day only in 74 % of cases which is lower than that of the main group. Since the beginning of treatment and till the end of the first week 97 % patients of the main group admitted the absence of subjective and objective signs of inflammatory-purulent process in the gingival tissue, and in the group of comparison – on the 12-14th day only in 83 % of patients. A comparative analysis of the results of treatment was indicative of the fact that the period of treatment with administration of systemic enzyme therapy using *Wobenzym* in the main group on an average was 6-7 days, and in the control group using *Trypsin* and *Lidase* – 11-12 days ($p < 0,05$). Examinations of patients 3, 6, 12 and more months later informed about

more stable results achieved under conditions of the suggested regimen of treatment. After 3 months of treatment deterioration of clinical manifestation, periodontal indices including the depth of periodontal pockets, mobility of teeth were not registered in patients from the main group. Biocenosis of the periodontal tissues became normal together with the time of arrest of purulent-inflammatory processes. The treatment of CGP under conditions of the regimen suggested resulted in elimination of purulent-inflammatory process in the gingival tissues 5-6 days earlier than in patients from the control group. It enabled to conclude that improvement of the pharmacological basis, first of all by means of administration of *Amoxiclav*, *AEvit*, *Wobenzym* and *Reaferon* in an integrated pharmacological complex allowed getting unexpected better effect.

A comprehensive treatment of chronic generalized periodontitis by means of pharmacological therapy on the basis of *Amoxiclav* and administration of anti-inflammatory, immune stimulating and antimicrobial means in the complex is characterized by improvement of a sanitary condition of the oral cavity and teeth. To increase the effect of treatment *AEvit* as an antioxidant, *Wobenzym* as an anti-inflammatory and an immune stimulating agent, *Reaferon* as an antimicrobial drug were indicated additionally. *Wobenzym* was administered in the dose of 4 dragee since the first week of treatment followed by 3 dragee the next week three times a day; *AEvit* – 1 capsule a day; *Reaferon* was applied dissolved in 0,9 % saline solution in the ratio of 5 ml ME up to 5,0 ml; and *Amoxiclav* – according to the common indications, enabling to reduce the period of treatment till 5 days. Purulent-infectious processes in the gingival tissues were eliminated in 97 % of patients, and clinical-radiological results became stable in 91 % of cases.

Conclusion. The method of treatment of CGP suggested can be used in surgical dentistry or oral surgery with possibility to exceed the therapeutic effect, since the results are indicative of the reduction of treatment up to 5 days, stabilization of clinical-radiological picture and elimination of purulent-infectious processes in the gingival tissues in 91 and 97 % cases respectively.

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