



## SPECIFIC FEATURES OF DENTAL PATHOLOGIES IN PREGNANT WOMEN

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### Abstract

Pregnancy should be considered as a risk factor for the main dental pathology - caries and periodontal disease. The most common dental disease that develops during pregnancy is gingivitis. Estrogens, progesterone and prostaglandin, the production of which increases during pregnancy, disrupt the blood supply to the gums, affect the cellular link of immunity, interfere with the synthesis of collagen and contribute to a change in the properties of the subgingival microflora.

**Keywords:** Pregnancy, surgery, dental treatment, healthy baby.

Pregnancy is a natural physiological process during which the strongest hormonal changes take place. During this period, the work of the woman's body is aimed at providing the fetus with all the substances and microelements necessary for proper formation and development. (2) Among a huge number of expectant mothers, there is an opinion that it is not just impossible to treat teeth during pregnancy, but even dangerous, because it is harmful for their unborn baby. You can, of course, write off your unwillingness to visit the dentist and pregnancy, but let's better try to understand the need for prophylaxis and dental treatment during this period.

Any carious cavity in the tooth of an expectant mother, a decayed tooth, inflammation in the oral cavity are primarily foci of chronic infection that spread through the circulatory system throughout the body, including the fetus. In such cases, the body of a pregnant woman, in addition to supporting the unborn baby, also needs to spend internal resources to fight the spread of the infection. And as a result, complications during gestation, late toxicosis.

It should also be remembered that the presence of decayed teeth makes it difficult to chew food thoroughly, which reduces the absorption of nutrients, vitamins and minerals, which are so necessary for the normal growth and development of the baby. And eating regularly and correctly is your most important task for the next 9





months. There is no other way to give birth to a healthy baby and stay healthy by itself.

Hormonal changes in the body of a pregnant woman often lead to changes in metabolic processes, including the oral cavity. What can be manifested by the development of gingivitis (inflammation of the gums), which is accompanied by their bleeding, itching, and bad breath. Moreover, the signs of gingivitis increase towards the end of pregnancy. Of course, careful oral care by the pregnant woman herself greatly alleviates the condition and prevents complications from occurring, but rarely leads to the complete disappearance of all the symptoms of this disease. For the treatment of gingivitis, dentists provide professional dental cleaning and anti-inflammatory therapy. And untreated gingivitis can lead to subsequent tooth loss, possibly being an even more common cause of tooth loss than tooth decay.

It is also necessary to remember about the possible damage to the oral cavity with toxicosis. If you have toxicosis of the first trimester of pregnancy, or, to put it simply, frequent vomiting, an acidic environment begins to prevail in the oral cavity, which leads to a rapid growth of microflora and destruction of tooth enamel, and as a consequence, increasing the sensitivity of teeth to chemical irritants, non-carious lesions and progression of caries. In this case, a pregnant woman cannot do without consulting a dentist, because only he will be able to help choose the means to preserve the enamel.(4)

Very often, expectant mothers do not go to treat their teeth, justifying this by the fact that it is impossible to do anesthesia (pain relief) during pregnancy, and they are afraid to treat their teeth without an injection. I can reassure you: it is possible to do pain relief, and more often it is even necessary. Because dental intervention is often a very strong stress factor for a person, and the expectant mother, of course, does not need extra stress. Such modern anesthetics (pain relievers) such as Ultracaine and Ubistezin (the active substance articaine) do not penetrate the blood-placental barrier and, as a result, do not cross the placenta to the fetus and do not cause any changes in the course of pregnancy, bearing and fetal development. So now it is possible and necessary to achieve adequate anesthesia without harm to the child. Sometimes treating a mother without an injection is much more harmful for the child, because mom experiences pain, fear, discomfort and all this affects the future baby not in the best way.

Since we discussed the need for dental treatment while pregnant, now let's dwell on the period of pregnancy that is most favorable for any dental manipulations. Pregnancy is conventionally divided into three approximately equal periods - three trimesters. In the early stages of pregnancy (first trimester), all the main





bookmarks are formed and, accordingly, there are critical points in the course of pregnancy. In the late stages of pregnancy (third trimester), when the fetus is already practically formed, complications during pregnancy associated with both the development of the fetus and the body of the pregnant woman are possible. For many women, dental treatment is very stressful. Therefore, in the first trimester, when the expectant mother and the embryo are most sensitive to stressful situations, and in the last weeks of pregnancy, when many have an overreaction to some life situations, it is advisable to postpone complex interventions and the creation of unnecessary stressful situations. Thus, the second trimester is the safest for dental and other dental procedures during pregnancy. (1) However, the first and third trimester are not absolute contraindications for dental procedures.

Another issue that worries expectant mothers at a dental appointment is the need to take X-rays. Of course, taking X-rays for pregnant women is contraindicated. X-rays can interfere with the development of fetal cells and lead to adverse effects. Indeed, at the time of the laying of organs and systems, a failure in at least one cell or its chromosome can lead to an abnormal development of the entire organ. The first and third trimesters of pregnancy are considered especially dangerous in this sense, as already mentioned earlier. Surprisingly, the second trimester is considered much less dangerous. What to do if the picture is necessary, but it is undesirable to take it? If troubles cannot be avoided, then you need to try to at least reduce the consequences to zero. Today, digital radiography is far from uncommon, when pictures are taken not on film, but on a digital sensor. Such a sensor is an order of magnitude more sensitive than a film, and, therefore, requires much less radiation. And also, before taking the picture, the technician will put on you a lead apron, which will protect you from the negligible dose of X-rays that are necessary in this situation.

If the tooth nevertheless collapsed, then it is better to remove it during pregnancy no earlier than 14 weeks, when the placental barrier is formed. Immediately before childbirth, teeth should not be extracted, since an open hole after tooth extraction can become a source of infection.

If you have leg cramps - report this not only to the gynecologist, but also, oddly enough, to the dentist. The most common cause of leg cramps is calcium deficiency. If the calcium deficiency is not eliminated in time, teeth will begin to decay, since the growing fetus will still take from your bones as much calcium as it needs for normal development. The source of calcium is dairy products (milk, kefir, yogurt, cottage cheese, cheese) and fish. Calcium from vegetables and fruits is poorly absorbed. (3)





In view of all of the above, we can conclude that if a woman during pregnancy has any problems with her teeth, then it is not only possible to eliminate these problems, but it is simply necessary.

Future mothers! Forget your fears! If for some reason you did not have time to heal your teeth before pregnancy, then think about the health of your future baby.

## **Factors affecting dental health during pregnancy (2)**

- **Hygiene**

Poor or irregular oral hygiene contributes to the buildup of plaque and calculus. They are the cause of dental and gum disease. In order not to have to treat teeth during pregnancy, you need to undergo professional cleaning once every 3 months, and at home use not only a toothbrush and paste, but also a rinse aid, irrigator and floss.

- **Emotional condition**

Pregnant women are very emotional, sensitive and reactive to what is happening, but stress has a negative impact on health. At this time, cortisol is released, a hormone that lowers immunity. As a result, the number of microbes in the mouth grows.

- **Heredity**

Dental problems often arise from a genetic predisposition. Therefore, if the closest relatives often have problems with their teeth, then a pregnant woman should especially carefully monitor their condition.

The most favorable period for dental treatment in women during pregnancy is the second trimester. At this time, you can safely prevent tooth decay, treat and restore teeth.

Dental treatment in early pregnancy is only possible if there is severe pain. In other situations, it is better to wait a bit.

By the 6th month of pregnancy, the body of the expectant mother is weakening, so in the third trimester it is not worth treating teeth if there is no urgency.

## **Caries in pregnant women**

Caries is the most common dental disease in pregnant women. This is due not only to a change in the processes in the body of the expectant mother, but also to an addiction to sweet foods, as well as poor oral hygiene.





Many women postpone caries treatment until the postpartum period, considering it more favorable. But by this time, the degree of damage to the tooth tissues has increased significantly, and, having turned to the dentist after childbirth, you need to be prepared for the fact that the treatment will be longer, more complicated and expensive.

An increased risk of tooth decay during pregnancy may be associated with a temporary deterioration in oral hygiene, changes in dietary preferences, and an increase in carbohydrate content in food. In addition, due to hormonal changes in pregnant women, the functional activity of the salivary glands often decreases, salivation decreases, and the process of enamel remineralization slows down [6].

Often in pregnant women, especially with early and late toxicosis, an increased sensitivity of intact teeth to chemical, thermal and mechanical stimuli is determined, as well as non-carious lesions in the form of wedge-shaped defects and vertical pathological abrasion. The development of these conditions can be promoted by early preeclampsia [2]. The state of health of a woman affects the intrauterine formation and mineralization of tooth enamel in a child, therefore, the treatment and prevention of caries in a pregnant woman is an antenatal prevention of dental caries. According to modern views on the etiopathogenesis of caries in early childhood, the leading role in its occurrence is given to the factor of transmission of cariogenic microflora from the mother in the first years after birth. The formation of the microflora of the oral cavity occurs in stages. The fetus has a practically sterile oral cavity in utero. After birth, contact with the environment triggers the process of colonization of the microbiota [6].

Colonization of the oral cavity by bacteria in an infant is easier than in adults, due to the functional immaturity of the mechanisms of secretory immunity. Thus, a lower level of antibodies in saliva and the presence of a special form of secretory immunoglobulin A, which can be destroyed by enzymes of a number of pathogens, increases the risk of an infectious process.

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