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## **THE ANALYSIS OF DENTAL STATUS IN PATIENTS WITH CHRONIC OBSTRUCTIVE PULMONARY DISEASES**

Chronic obstructive pulmonary diseases (COPD) are characterized by immune, microcirculation and metabolism disorders that arises on the background of activation systemic inflammatory reaction and accompanied by osteoporosis, cachexia and cardiovascular and neuroendocrine disorders that are aggravating factors of periodontal disease [1]. All the listed above has negative influence on the dental status, which makes our research topical [2, 3].

We have conducted an analysis of the oral cavity condition in 11 patients with COPD II – III stage. The control group consisted of 10 healthy persons, which are comparable by age and sex .

According to the standards approved by the Ministry of Health of Ukraine № 128 of 19.03.2007, general clinical, laboratory and instrumental examinations was conducted for all patients. During a comprehensive study of the oral cavity condition dental criterion and indices such as: Green-Vermilion, PMA, PI, CPI, SBI, PBI were evaluated.

In comparison with a control group there are increases of diseases of tongue and more common affection of periodontal tissues were founded in the dental status of patients with COPD.

Thus, periodontal pockets of patients with COPD was  $3,6 \pm 0,2$ , the deposition of tartar – in 72.2% of cases, gum recession – in 69.4% of cases, which were exceeded the control group to 21.4%.

The main positions of general treatment of periodontal disease are:

1. Antibiotic therapy for patients with COPD have to be strictly limited by cases of infectious exacerbations of the main disease.

2. Anti-inflammatory therapy – should give preference to non-steroidal anti-inflammatory drugs.

3. Drugs for the improvement of microcirculation and drugs with angioprotective actions.

4. Antioxidants.

5. Immunomodulatory therapy

6. Restorative and vitamin therapy.

Summary. COPD is an important aggravating factor that contributes to progressive course of disease and periodontal complex. Therefore, during the complex treatment of periodontal disease should be tailored to suit the pathogenesis, clinical course and treatment of the underlying disease.

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