



OPTIMIZATION OF THERAPEUTIC AND PREVENTIVE MEASURES FOR PERIODONTAL DISEASES OF PREGNANT WOMEN WITH IRON DEFICIENCY ANEMIA

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Abstract.

The attention of scientists is attracted by the task of both maintaining the health of the mother and the fetus as a whole, and studying the state of the oral cavity during pregnancy in order to prevent the formation of a stomatogenic chronioseptic focus (Boychuk-Tovsta O.G., 2018). Pregnancy is a physiological process in which a decrease in adaptive mechanisms is revealed, an increase in the load on biological resources, which leads to changes in the body's environments, including blood and oral fluid. Even deeper changes in the homeostasis of the oral cavity occur during the pathological course of pregnancy (Aleksieva L.L., 2004; Ivanova O. Yu., 2011).

Key words:

Pregnancy, fetus, iron deficiency anemia, periodontal treatment.

The evidence provided by the present study does not support the hypothesis that treatment of periodontal disease during pregnancy in this population prevents preterm birth, fetal growth restriction, or preeclampsia. Periodontal treatment was not hazardous to the women or their pregnancies.

Pregnant women identified by history to be at risk (n=3,737) were examined for periodontal disease. Approximately 1,000 women with periodontal disease were allocated at random to receive periodontal treatment commencing around 20 weeks of gestation (n=542) or 6 weeks after the pregnancy was completed (controls; n=540). The treatment included mechanical removal of oral biofilms together with oral hygiene instruction and motivation at a minimum of three weekly visits, with further visits if required.

Iron deficiency anemia is a common type of anemia — a condition in which blood lacks adequate healthy red blood cells. Red blood cells carry oxygen to the body's tissues. As the name implies, iron deficiency anemia is due to insufficient iron. Without enough iron, your body can't produce enough of a substance in red blood cells that enables them to carry oxygen (hemoglobin). As a result, iron deficiency anemia may leave you tired and short of breath. You can usually correct iron deficiency anemia with iron supplementation. Sometimes additional tests or treatments for iron deficiency anemia are necessary, especially if your doctor suspects that you're bleeding internally. The study of the issue of dental morbidity in pregnant women with somatic pathology remains relevant (Ulasevich L.P., Ulasevich L.P., 2015). This is due to many factors, in particular: a significant prevalence of periodontal tissue disease among the population, an increase in the frequency of extragenital diseases in pregnant women, the effect of infection on the body of a pregnant woman and fetus (Pashkova G.S., 2010; Borisenko L.G., Mirnaya E.A., 2014). A common complication of pregnancy is iron deficiency anemia

(IDA), which ranks first among all complications of the gestational period (Avdeikova E.A. et al., 2018; Vavina O.V., Puchko T.K., Umralieva M.A., 2018).

Every sixth teenage girl (16.5%) in Uzbekistan suffers from anemia. Three quarters of anemic chicks suffer from IDA. The rate of iron deficiency among adolescent girls is alarmingly high, at around 50%. Every fifth woman of reproductive age suffers from anemia. Of this number, 80% suffer from IDA. Half of women of reproductive age are deficient in iron (Mavlyanov I.R. Zharilkasynova G.Zh. 2020).

Causes of iron deficiency anemia include:

- **Blood loss.** Blood contains iron within red blood cells. So if you lose blood, you lose some iron. Women with heavy periods are at risk of iron deficiency anemia because they lose blood during menstruation. Slow, chronic blood loss within the body — such as from a peptic ulcer, a hiatal hernia, a colon polyp or colorectal cancer — can cause iron deficiency anemia. Gastrointestinal bleeding can result from regular use of some over-the-counter pain relievers, especially aspirin.
- **A lack of iron in your diet.** Your body regularly gets iron from the foods you eat. If you consume too little iron, over time your body can become iron deficient. Examples of iron-rich foods include meat, eggs, leafy green vegetables and iron-fortified foods. For proper growth and development, infants and children need iron from their diets, too.
- **An inability to absorb iron.** Iron from food is absorbed into your bloodstream in your small intestine. An intestinal disorder, such as celiac disease, which affects your intestine's ability to absorb nutrients from digested food, can lead to iron deficiency anemia. If part of your small intestine has been bypassed or removed surgically, that may affect your ability to absorb iron and other nutrients.
- **Pregnancy.** Without iron supplementation, iron deficiency anemia occurs in many pregnant women because their iron stores need to serve their own increased blood volume as well as be a source of hemoglobin for the growing fetus.

There were no differences between the control and treatment groups in preterm birth (9.3% compared with 9.7%, odds ratio [OR] 1.05, 95% confidence interval [CI] 0.7-1.58, $P=.81$), birth weight (3,450 compared with 3,410 g, $P=.12$), preeclampsia (4.1% compared with 3.4%, OR 0.82, 95% CI 0.44-1.56, $P=.55$), or other obstetric endpoints. There were four unexplained stillbirths in the control group and no pregnancy losses in the treated group ($P=.12$). Measures of fetal and neonatal well-being were similar in the two groups, including abnormalities in fetal heart rate recordings ($P=.26$), umbilical artery flow studies ($P=.96$), and umbilical artery blood gas values ($P=.37$). The periodontal treatment was highly successful in improving health of the gums ($P<.01$).

Iron deficiency anemia is a clinical and hematological syndrome characterized by a decrease in the amount of iron in the body (blood, bone marrow and depot), in which the synthesis of heme, as well as proteins containing iron (myoglobin, iron-containing tissue enzymes), is impaired. Scientists consider iron deficiency anemia as a total organ pathology, which leads to functional and morphological changes in all organs and tissues (Zanko S.N., 2005; Serov V.N., Dubrovina N.V., Balushkina A.A., 2011; Gorynya L.A., Sergeeva V.V., Soshina A.A. 2012).

In this regard, it becomes necessary to study the dental status and correct the macro- and microelement composition of the oral fluid and blood in pregnant women with gestational iron deficiency anemia. Women. Because women lose blood during menstruation, women in general are at greater risk of iron deficiency anemia. Infants and children. Infants, especially those who were low birth weight or born prematurely, who don't get enough iron from breast milk or formula may be at risk of iron deficiency. Children need extra iron during growth

spurts. If your child isn't eating a healthy, varied diet, he or she may be at risk of anemia. Vegetarians. People who don't eat meat may have a greater risk of iron deficiency anemia if they don't eat other iron-rich foods. Frequent blood donors. People who routinely donate blood may have an increased risk of iron deficiency anemia since blood donation can deplete iron stores. Low hemoglobin related to blood donation may be a temporary problem remedied by eating more iron-rich foods. If you're told that you can't donate blood because of low hemoglobin, ask your doctor whether you should be concerned.

Periodontal disease has been linked with a number of conditions, such as cardiovascular disease, stroke, diabetes and adverse pregnancy outcomes, all likely through systemic inflammatory pathways. It is common in women of reproductive age and gum conditions tend to worsen during pregnancy. Some evidence from observational studies suggests that periodontal intervention may reduce adverse pregnancy outcomes. There is need for a comprehensive Cochrane review of randomised trials to assess the effect of periodontal treatment on perinatal and maternal health.

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