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Modern Featuresetiopathogenesis and Clinic of Purulent-Inflammatory Diseases of the Maxillofacial Region

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Abstract: In purulent surgery, a new clinical situation is being formed, associated with an increase in the number of sluggish purulent-inflammatory diseases. The review analyzes the causes of atypical course and chronicity of purulent-inflammatory diseases of the maxillofacial region.

Keywords: etiology, pathogenesis, clinic, atypical course, purulent-inflammatory diseases, maxillofacial region

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Purulent infection occupies one of the leading places in the structure of morbidity among surgical pathology of the maxillofacial region [4, 13, 16, 18, 21, 25]. Many aspects of purulent-inflammatory diseases are currently undergoing revision due to the constantly changing relationships between different types and strains of microbial pathogens and the human body. The very probability of developing an infectious process, the features of the clinical course, and the prognosis largely depend on the factors that determine these relationships. And not always the pathogenicity of the pathogen acts as a decisive factor. Much more often, the development of an infectious and inflammatory process is provoked by the premorbid situation that is created due to violations of the vital activity of the macroorganism. At the same time, in its responses to pathogen exposure

all physiological systems, not just the immune system, are involved to varying degrees[1, 7, 9, 10, 14]. Despite some success in the diagnosis and treatment of odontogenic purulent-inflammatory diseases, in the last 2-3 decades there has been a steady increase in these diseases, a worsening of the clinical course, a tendency to generalization of the process, severe septic complications and unfavorable outcomes [8, 17, 18, 25]. At the same time, in recent decades, there has been a clear trend towards an increase in the number of atypical torpid forms of purulent-inflammatory diseases with frequent transition of acute processes to chronic ones, and the number of complications and relapses of these diseases has increased [2, 3, 21, 26]. Sluggish abscesses, phlegmons, lymphadenitis, odontogenic, and traumatic abscesses became much more common.

2 osteomyelitis, chronic sialadenitis [2, 4, 6, 22]. They are characterized by poorly expressed general symptoms of the purulent process, lack of clear delineation of the stages of inflammation, weakly expressed focal inflammatory reaction, present significant difficulties for diagnosis and are refractory to traditional therapeutic measures [1, 15, 23]. What causes the atypical course of diseases or their chronization. Most researchers associate induced pathomorphosis of purulent inflammation with both changes in the etiological structure of pathogens of purulent-inflammatory

diseases and changes in the virulent properties of microorganisms [3, 11, 24]. Changes in the clinical picture of purulent-inflammatory diseases are also caused by environmental and social factors, "aging of the population", widespread use of a huge arsenal of medicines with the development of polyvalent antibiotic resistance, and a decrease in both population and individual immunoresistance [5, 19]. We examined and treated more than 900 patients with atypically ongoing and chronic purulent-inflammatory diseases of the maxillofacial region aged from 16 to 64 years. Analytical evaluation of the anamnesis data in the examined patients indicated the presence of a number of premorbid factors that influenced the atypical clinical course and chronization of the disease. It was noteworthy that the inflammatory process in 2/3 of patients developed against the background of chronic concomitant diseases. Background pathology was a factor that destabilized homeostasis and negatively affected the state of adaptive-compensatory reactions of the body. Secondary immunodeficiency caused by infectious, allergic, autoimmune diseases contributed to the development of the disease in an atypical form [2, 5, 7, 9, 10]. Clinical confirmation of this relationship was the cases of primary chronic course of purulent-inflammatory processes in a number of patients. In a significant number of cases, this was the reason for a large number of diagnostic errors during the initial treatment. According to our data, a special place among comorbidities was occupied by diabetes, diseases of the digestive system and chronic alcoholism, against which the most prolonged course of the underlying disease with frequent exacerbations and relapses was observed [12, 22, 23]. One of the significant causes of secondary immunodeficiency is also the presence of odontogenic infection [4, 13, 18]. We identified multiple foci of chronic odontogenic infection in 70 % of patients, which negatively affected the clinical course of purulent-inflammatory diseases [12, 22]. Inadequate and untimely treatment played an important role in the development of these diseases [8, 13, 26]. In turn, the refractoriness of these diseases to traditional treatment was largely due to the fact that they were treated in the same way as acute purulent-inflammatory processes, without taking into account a number of etiopathogenetic features inherent in hyperegic torpid forms of purulent inflammation with a tendency to chronization. To a large extent, the tendency to chronicize the process was probably determined by the lack of local defense mechanisms and tissue structures [6, 26]. Their failure was determined by previous recurrent purulent-inflammatory processes. An important role in suppressing general and local immunological reactions belonged to the substitution of active surgical intervention on the purulent focus with treatment with antibiotics, sulfonamides, often in inadequate doses and insufficient courses. Unsystematic use of antibiotics and immunomodulators often not only did not lead to recovery, but also worsened the course of the disease [4, 13, 18,35]. In modern pathology of the maxillofacial region, due attention is not paid to social factors in the development and clinical course of purulent diseases. We have established that it is the characteristic features of atypical and chronic diseases that are directly related to the social status of patients, their lifestyle and age [12, 18, 22, 23,40]. An important role in shaping the clinical course of the disease in the examined patients was played by living in an ecologically unfavorable and industrially saturated region of the Lower Volga region, which determined changes in immunological reactivity. Nosocomial infection occupies a special place among the causes of chronic purulent-inflammatory diseases. It has a great impact on the patient's body, leads to prolonged treatment periods, serious complications, disability, etc. [18, 20,31]. The increase in the etiological role of hospital infection in the chronization of diseases is due to an increase in the proportion of diseases caused by opportunistic types of microorganisms. This is due to selection

multiple-resistant bacterial strains, the growth of nosocomial infections, chronic and mixed variants of their course, the development of superinfection, etc. Hospitals face a serious problem with the spread of these strains [3, 20,33]. Not only obligate pathogenic microorganisms, but also opportunistic species that are not sensitive to most widely used antibiotics, now act as pathogenic agents in hospitals [3, 11, 24,27]. It should be noted that in the fourth part of the examined patients,

during treatment in the hospital, microbial pathogens changed to another type or genus, which confirms the increasing etiological role of hospital infection in the formation of modern clinical manifestations of purulent-inflammatory diseases of the maxillofacial region. The clinical picture of the atypical and chronic course of these diseases was characterized by a long course of diseases with repeated exacerbations, the lack of a clear distinction between the stages of inflammation, poorly expressed general symptoms of the purulent process, local lesions that tend to spread to surrounding tissues, and the lack of correlation between local and general manifestations of the disease [2, 6, 23]. This was manifested in the fact that, despite a weakly expressed focal inflammatory reaction, there was no tendency to limit the process for a long time, and in most patients the formation of ulcers occurred in a satisfactory general condition and normal or subfebrile body temperature. A number of patients were characterized by the so-called primary-chronic course of the disease. Against the background of functional exhaustion of the body's resistance systems, sluggish (hyperemic) inflammation developed with erased clinical symptoms and a tendency to spread the process [2, 8, 20]. The steady trend of growth in the number of such diseases over several decades in the context of environmental and social disadvantage suggests that this is probably not so much about atypical manifestations of the disease, but about a change in the concept of “norm”. Local symptoms of chronic odontogenic osteomyelitis of the lower jaw were characterized by a sluggish hyperemic course. Atypical manifestations led to an unspecified diagnosis in the acute stage of the disease in almost half of the patients, which led to inadequate medical and surgical treatment. The destructive forms were characterized by prolonged sequestration with repeated exacerbations. With diffuse lesions, progression of the process was observed, in some cases accompanied by a pathological fracture. A distinctive feature of the productive-destructive form was the "creeping" nature of the process, the absence of fistulas in some patients and the shadow of sequesters on radiographs, which disoriented doctors [22, 23]. The development of traumatic osteomyelitis was significantly affected by inflammatory complications of fractures and late delivery of specialized care. Local clinical manifestations were characterized by long-term mobility of fragments in most patients, malocclusion, and the presence of fistulas. In some patients, suppuration from them continued for many months after the consolidation of fragments. The X-ray picture of traumatic osteomyelitis was quite diverse, but mostly marginal destruction and osteoporosis of fragments were observed to varying degrees, sequesters were detected only in a quarter of patients [12, 22,34]. All forms of chronic mumps were characterized by an imperceptible or inapercent onset of the disease, a long course with constant progression of the process and periodic exacerbations. Features of clinical symptoms and the degree of its severity depended on the form and stage of the disease, while the activity of the process was largely determined by the state of the immune status. Most of the patients had a bilateral lesion [22,36,41]. Despite the differences in the etiology, pathogenesis, and morphogenesis of atypically ongoing purulent -inflammatory diseases of the maxillofacial region, many similarities were found in the nature of clinical manifestations, torpidity of the course,and in some cases incurable. Long-term clinical course of the disease with frequent exacerbations led to the development of chronic endogenous intoxication in these patients in compensated, subcompensated or decompensated stages, the severity of which was directly dependent on the duration of the disease, the number of exacerbations, background pathology, previous treatment and other causal factors [11, 12, 18,40]. Clinical and laboratory analysis of atypically ongoing purulent-inflammatory diseases of the maxillofacial region indicated that intoxication led to a breakdown of homeostatic mechanisms at different levels of regulation, causing chronizationадекватной of adequaterespiration.

Of the inflammatory-reparative reaction, being in some cases the cause of its "imperfection". At the same time, the stereotypical kinetics of the process was violated and distorted, inflammation and regeneration were separated, i.e. inflammation in this category of patients lost its protective and adaptive character. The observed violations of the autoregulatory mechanisms of healing led to the

formation of a pathological self-supporting system, which to a certain extent goes beyond the regulatory influence of the body. Obviously, this is primarily due to the insufficient" effectiveness " of inflammation in many atypically ongoing and chronic purulent-inflammatory diseases. Thus, the conducted analysis indicates that new and unusual manifestations have appeared in the clinical picture of purulent-inflammatory diseases, which significantly complicate their diagnosis. Patients with an atypical course of purulent-inflammatory diseases of the maxillofacial region or with signs of its chronization belong to the group with an unfavorable clinical prognosis, which requires the creation of new scientifically based approaches to their treatment.

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