

Список литературы:

1. Архипова И.С. TERMINOLOGIAMEDICALATINA. Учеб. пособие по латинскому языку для студ. медицинских вузов / И.С. Архипова, М.Б. Дрикер, О.Г. Олехнович, О.Ю. Ольшванг и др. – Екатеринбург: УГМУ, 2019. – 223 с.
2. Большой толковый словарь русского языка: современная редакция / Д.Н. Ушаков. – М.: Дом Славянской кн., 2008. – 959 с.
3. Словарь архитектурных терминов [Электронный ресурс]. URL: <https://www.architime.ru/dictionary.htm> (дата обращения: 14.03.2021).
4. Толковый словарь русского языка с включением сведений о происхождении слов / отв. ред. Н.Ю. Шведова. – М., 2011: Азбуковник. – 1175 с.

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ОПЫТ ИССЛЕДОВАНИЯ ЗАРУБЕЖНОЙ НАУЧНОЙ МЕДИЦИНСКОЙ
ЛИТЕРАТУРЫ ОБ ОСОБЕННОСТЯХ ЛЕЧЕНИЯ ПУЛЬПИТА**

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**RybakovaA. E., PenkovaE.A., TimeevaL.V.
RESEARCH EXPERIENCE OF FOREIGN SCIENTIFIC MEDICAL
LITERATURE ON THE FEATURES OF PULPITIS TREATMENT**

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Аннотация: в статье рассмотрены исследования о распространенности и эпидемиологии эндодонтических патологий, присутствующих у пациентов, посещавших консультацию в Школе стоматологии Картахенского университета, проанализированы знания стоматологов относительно консервативного подхода в лечении глубоких кариозных поражений (ДКЛ) зубов с обратимым пульпитом.

Annotation: The article reviews studies on the prevalence and epidemiology of endodontic pathologies present in patients who attended a consultation at the School of Dentistry of the University of Cartagena, analyzes the knowledge of dentists regarding a conservative approach to the treatment of deep carious lesions (DCL) of teeth with reversible pulpitis.

Ключевые слова: здоровье пульпы зуба, стоматологи, эндодонтическая терапия, обратимый пульпит, решения по лечению, эндодонтия, пульпа, бактериальный пульпит.

Key words: dental pulp health, dentists, endodontic therapy, reversible pulpitis, treatment solutions, endodontics, pulp, bacterial pulpitis.

Introduction

Analyzing several sources from medical foreign literature, we can say that pathologies of endodontic origin are the main cause of emergency care in dental practice. Epidemiological studies aim that dental caries is the most common etiological factor in the occurrence of pulp disease, in terms of the depth and prevalence of this, anaerobic and gram-negative microorganisms are one of the most important causes that can affect the pulp. [3]

The aim of the report - study of literature in English on the topic of pulpitis

Materials and methods of research

Materials are foreign sources that provide statistics and surveys.

methods:

- theoretical - literature analysis;
- empirical: comparison of statistics on the localization of pulpitis in graduate and undergraduate studies, comparison of different approaches to the treatment of pulpitis.

Research results and discussion

In the article on the epidemiology and prevalence of pulpous and periapical pathologies, we find the following statistics:

In this article, the survey was conducted among dentists with pulp diseases (what teeth are susceptible to pulpitis).

The article compares the work of graduate and undergraduate students, how often they have the cases of pulp disease and susceptible teeth to pulpitis. It turned out that a greater percentage of affected teeth were on the upper incisors in the undergraduate program (Figure 1). In graduate school, the most affected dental organs were molars (Figure 2). This was explained by the fact that if these teeth require endodontic treatment, they are rarely treated in student clinics, so in most cases they are sent directly to the graduate school of endodontics.

Next, the survey was conducted on the most common type of pulpitis. The most common diagnosis of pulpitis in patients who attended the School of Dentistry was asymptomatic irreversible pulpitis in both undergraduate and graduate school. However, another study conducted by Gonzáles et al⁶ found that symptomatic irreversible pulpitis was the most common in this survey. The authors of the article explained this by the fact that in the School of Dentistry of the University of Cartagena, most patients who come with spontaneous pain are immediately treated in an emergency clinic. While the second most common diagnosis was a healthy pulp with 27.4%, retaining some similarity to the present study. [1]

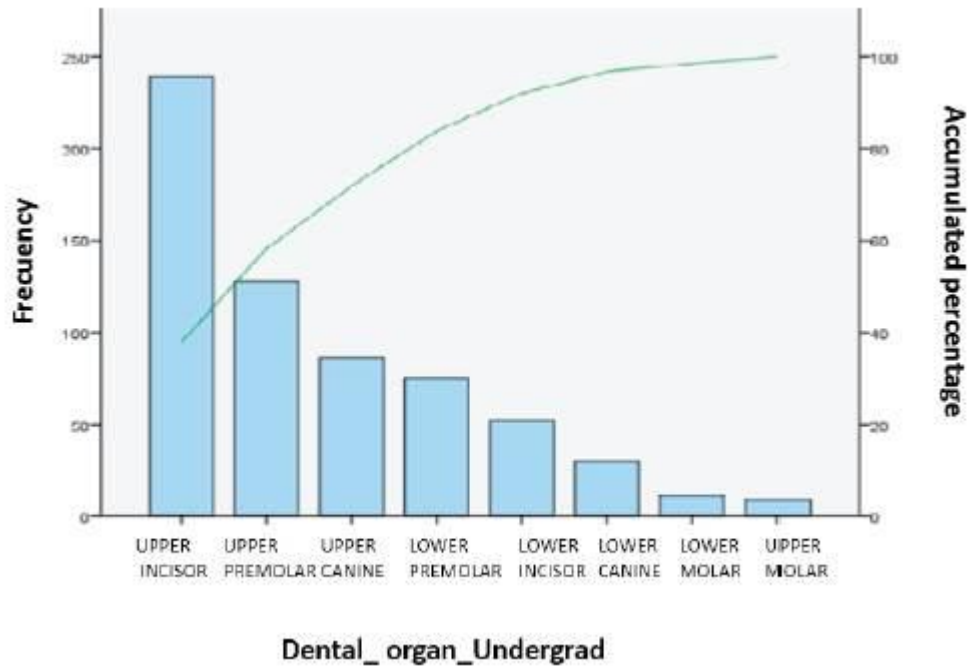


Figure 1

Dental organs affected by an endodontic pathology (undergraduate program)

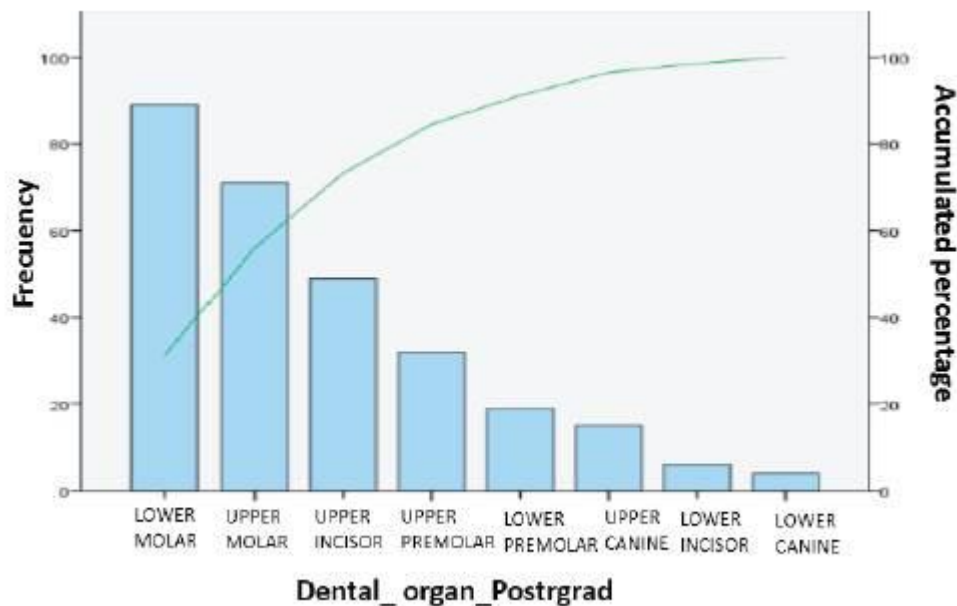


Figure 2

Dental organs affected by an endodontic pathology (postgraduate program)

As a result of this study, some conclusions were drawn:

- endodontic pathologies mainly affected the female population over 45 years of age;
- the most common etiology was bacterial, and the most common pulp pathology was asymptomatic irreversible pulpitis, affecting mainly both the upper incisors and lower molars.

From the article "Knowledge of dentists, settings and determining factors of a conservative approach in the treatment of teeth with reversible pulpitis and deep caries" we have studied various methods of treatment. They will be discussed further.

3 cases for dentists were presented in this study. In the first case, the patient was treated with sensitivity on the right upper molar (pain when chewing and sensitivity to cold).

X-rays showed the presence of a deep carious cavity, reaching the inner half of the dentin. There is a soft, yellowing carious tissue in the center of the lesion, carious dentin is moist, yellowish in color. A positive thermal pulp test was detected.

The statistics of this study showed that reversible pulpitis was the most frequent diagnosis (87.1%). Caries removal was selected as the best treatment option by 83.8% of dentists. - staged caries removal - the most frequently chosen method (60.2%).

The second case in the survey is the sensitivity to cold of the lower right first molar. Clinical X-ray examination showed a deep carious lesion reaching the inner half of the dentin with opaque sides (active lesion). There was a soft carious tissue in the center of the lesion; carious dentin was moist and yellow in color. A positive pulp sensitivity test is available.

The results of the survey of the second experiment showed that 72.8% of the respondents agreed with the diagnosis of reversible pulpitis, and 25.6% considered the pulp to be healthy. With regard to treatment, 87.9% chose total caries as the best option, choosing one-stage and two-stage treatment - 71.0% and 16.9%, respectively.

In the final case, the patient described pain when chewing and sensitivity to sugar on the right first molar of the lower jaw. X-ray examination revealed a deep carious lesion reaching the inner half of the dentin. Soft carious tissue was found in the center of the lesion, the carious dentin is moist and dark brown. A positive thermal test of pulpar sensitivity was recorded, but unlike the first and second cases, the pain response to the stimulus was not prolonged after the test.

In case 3, 69.7% of dentists chose reversible pulpitis as the diagnosis, and 19.7% agreed on irreversible pulpitis as a possible diagnosis. Most of respondents (63.4%) chose any of the types of total caries excavation, and more than a quarter of dentists (26.8%) indicated that it would perform in this case root canal treatment. Very few dentists (less than 2%) selected pulpotomy as a treatment option.

Summarizing all the answers of doctors, approximately 8% of respondents in each of the 3 cases chose partial caries removal as a treatment option, and this option is much more often chosen by dentists who have completed courses in caryology over the past 5 years.

Analyzing this article, we conclude that among the dentists included in the study sample, there is no single method of treating teeth with DCL and reversible pulpitis. Total caries removal is still the chosen treatment method for DCL with reversible pulpitis. Few dentists have chosen partial caries removal, and a high percentage of them believe that the cariogenic microorganisms must be removed, otherwise the caries will progress. A joint assessment of the respondents suggests that new knowledge and ideas about caries lesions and a more conservative approach to DCL have not yet been

incorporated by some Spanish dentists into their usual clinical practice. Although dentists have broad access to scientific knowledge, this knowledge does not use into everyday clinical practice. [2]

Conclusion

Having studied the collected materials and statistics about pulpitis, we can confirm that is difficult to determine the type of pulpitis and methods of its treatment.

References

1. Crespo-Gallardo Isabel. Dentist's knowledge, attitudes and determining factors of the conservative approach in teeth with reversible pulpitis and deep caries lesions / Martin-Gonzalez Jenifer, Jimenez-Sanchez Maria C., Cabanillas-Balsera Daniel, Sanchez-Dominguez Benito and Segura-Egeacorresponding Juan J. [electronic resource] // US National Library of Medicine. URL: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6343973/>.
2. Carmona Lorduy Martha. Epidemiology and prevalence of pulp and periapical pathologies. Fundacion Universidad del Norte, Division de Ciencias de la / PupoMarrugo Stella, Hernandez Aguilar Karolaine, Gomez Ariza Luisa. [electronic resource] // RevistaSaludUninorte: electronic scientific journal – 2018 – vol. 34, № 2. URL: <https://www.redalyc.org/jatsRepo/817/81759552006/html/index.html>.
3. A Clinician's Guide to Clinical Endodontics. Pulpal Diagnosis [electronic resource] // URL: <https://www.dentalcare.com/en-us/professional-education/ce-courses/ce562/pulpal-diagnosis>.

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Рябов В. В., Устинов А. Л.
ВСПЫШКА ЗАГАДОЧНОЙ БОЛЕЗНИ НА УРАЛЕ В 1930-Е ГОДЫ:
ЭПИДЕМИЯ ДИВЕРСИОННОГО ХАРАКТЕРА

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