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Treatment of Inflammatory Periodontal Diseases with Preparations Based on Hyaluronic Acid

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Abstract: This article evaluates the efficacy of hyaluronic acid -based preparations in the treatment of inflammatory periodontal diseases, including gingivitis and periodontitis. Hyaluronic acid, a biocompatible glycosaminoglycan, exhibits anti-inflammatory, antibacterial, and tissue-regenerative properties. The review synthesizes current literature on hyaluronic acid's mechanisms of action and clinical outcomes, emphasizing its role in reducing inflammation, promoting wound healing, and potentially mitigating antibiotic resistance. Hyaluronic acid -based therapies present a promising adjunct to conventional periodontal treatments, warranting further investigation to optimize treatment protocols and confirm long-term safety and efficacy in clinical practice.

Key words: Hyaluronic acid, inflammatory periodontal diseases, gingivitis, periodontitis, antiinflammatory, antibacterial, wound healing, adjunctive therapy.

Introduction

Inflammatory periodontal diseases, comprising gingivitis and periodontitis, are prevalent conditions affecting oral health worldwide. These diseases are characterized by inflammation of the supporting tissues surrounding teeth, leading to progressive tissue destruction and, if left untreated, tooth loss. Current treatment strategies primarily involve mechanical debridement and adjunctive antibiotic therapy to control bacterial infections and inflammation. However, these approaches have limitations, including antibiotic resistance and the need for repeated interventions. Recently, there has been growing interest in exploring alternative therapies that can enhance the outcomes of conventional treatments. One such promising avenue is the use of hyaluronic acid, a naturally occurring glycosaminoglycan widely recognized for its biocompatibility and multifaceted biological properties. HA is known to possess anti-inflammatory, antibacterial, and tissue-regenerative capabilities, making it an attractive candidate for therapeutic applications in periodontal diseases.

This article aims to explore the current understanding of hyaluronic acid-based preparations in the management of inflammatory periodontal diseases. It will discuss hyaluronic acid's mechanisms of action, summarize existing clinical evidence supporting its efficacy, and highlight its potential advantages as an adjunctive therapy in periodontal care. Furthermore, the review will underscore the need for further research to elucidate optimal treatment protocols and to establish the long-term safety and efficacy of hyaluronic acid in clinical practice. By consolidating these insights, this review seeks to contribute to the advancement of therapeutic strategies aimed at improving outcomes for patients with inflammatory periodontal diseases.

Materials and Methods

Literature Search Strategy: A comprehensive literature search was conducted using electronic databases including PubMed, Scopus, and Web of Science. Keywords such as "hyaluronic acid," "periodontal diseases," "gingivitis," and "periodontitis" were used to identify relevant articles .

Inclusion Criteria: Studies included in this review were selected based on their relevance to hyaluronic acid-based preparations in the treatment of inflammatory periodontal diseases. Included studies encompassed randomized controlled trials, cohort studies, case series, and systematic reviews.

Data Extraction: Relevant data from selected studies were extracted, including study design, participant characteristics, intervention details (type and concentration of hyaluronic acid), comparator treatments (if applicable), outcomes assessed (e.g., clinical parameters, inflammatory markers), and follow-up duration.

Data Synthesis and Analysis: Data synthesis involved summarizing findings from individual studies to evaluate the efficacy and safety of hyaluronic acid-based preparations in treating inflammatory periodontal diseases. Meta-analysis was considered where appropriate, although variability in study methodologies and outcome measures may preclude formal statistical pooling.

Quality Assessment: The quality of included studies was assessed using appropriate tools such as the Cochrane Risk of Bias Tool for randomized controlled trials and the Newcastle-Ottawa Scale for cohort studies. Studies were evaluated for methodological rigor and potential sources of bias.

Ethical Considerations: This review involved analysis of previously published data and did not require ethical approval.

Limitations: Potential limitations of the review include heterogeneity among study designs and methodologies, variations in hyaluronic acid formulations and treatment protocols, and the predominance of observational evidence over randomized controlled trials.

The findings of this review aim to provide a comprehensive overview of the current evidence regarding hyaluronic acid-based preparations in the treatment of inflammatory periodontal diseases, highlighting their potential as adjunctive therapies in periodontal care.

Results and Discussion

Efficacy of hyaluronic acid-Based Preparations: Several studies have investigated the efficacy of hyaluronic acid in the treatment of inflammatory periodontal diseases, including gingivitis and periodontitis. Hyaluronic acid, known for its anti-inflammatory properties, has shown promising results in reducing gingival inflammation and improving periodontal tissue healing. Clinical trials have demonstrated that hyaluronic acid-based gels or solutions applied locally can effectively reduce clinical parameters such as gingival bleeding, probing pocket depth, and clinical attachment loss.

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A meta-analysis: pooled data from randomized controlled trials and reported a significant reduction in gingival inflammation and pocket depths following HA treatment compared to controls or placebo. The study also highlighted HA's potential in enhancing wound healing processes by promoting fibroblast migration and collagen synthesis within periodontal tissues.

Mechanisms of Action: The therapeutic effects of hyaluronic acid in periodontal diseases are attributed to its unique biological properties. Hyaluronic acid acts as a lubricant and shock absorber in joints and connective tissues, contributing to tissue hydration and elasticity. In periodontal tissues, hyaluronic acid serves multiple roles: it modulates inflammatory responses by interacting with cell surface receptors, such as CD44 and RHAMM, thereby reducing cytokine release and neutrophil infiltration. Additionally, hyaluronic acid exhibits antibacterial properties by inhibiting bacterial adhesion to host tissues and interfering with biofilm formation.

Safety and Tolerability: Hyaluronic acid-based preparations are generally well-tolerated with minimal adverse effects reported in clinical studies. Local application of hyaluronic acid gel or solution is associated with transient discomfort or mild irritation at the site of application, which typically resolves spontaneously. Systemic absorption of hyaluronic acid following local administration is negligible, further supporting its safety profile in periodontal therapy.

Limitations and Future Directions: Despite the promising findings, several limitations warrant consideration. Variability in hyaluronic acid formulations, treatment protocols, and outcome measures across studies complicates direct comparisons and meta-analysis. Most studies are of short duration, necessitating long-term investigations to evaluate hyaluronic acid's sustained efficacy and safety in periodontal maintenance. Furthermore, large-scale randomized controlled trials are needed to establish standardized treatment protocols and to validate hyaluronic acid's clinical benefits across diverse patient populations and disease severities.

Conclusion

In conclusion, hyaluronic acid has emerged as a promising adjunctive therapy in the management of inflammatory periodontal diseases, including gingivitis and periodontitis. This review has synthesized current evidence demonstrating hyaluronic acid's efficacy in reducing gingival inflammation, improving clinical parameters such as probing pocket depth and clinical attachment level, and promoting periodontal tissue healing. Hyaluronic acid's multifaceted mechanisms of action, including its anti-inflammatory, antibacterial, and tissue-regenerative properties, underscore its potential as a valuable addition to conventional periodontal treatments. Despite the encouraging findings, further research is warranted to optimize hyaluronic acid formulations, establish standardized treatment protocols, and validate its long-term safety and efficacy in diverse patient populations. Large-scale randomized controlled trials with longer follow-up periods are needed to confirm these benefits and assess hyaluronic acid's impact on preventing disease progression and maintaining periodontal health over time. In clinical practice, hyaluronic acid-based preparations offer a well-tolerated and biocompatible option for enhancing periodontal care outcomes. Their ability to mitigate inflammation and support tissue repair without significant adverse effects makes them particularly attractive for use in combination with traditional periodontal therapies. Moving forward, continued exploration of hyaluronic acid's therapeutic potential and integration into evidence-based treatment protocols holds promise for improving overall oral health and quality of life for individuals affected by inflammatory periodontal diseases.

REFERENCES:

- 1. Laurent TC, Fraser JR. Hyaluronan. FASEB J. 1992;6(7):2397-2404. Doi:10.1096/fasebj.6.7.1563590
- 2. Jentsch H, Pomowski R, Kundt G, Göcke R. Treatment of gingivitis with hyaluronan. J Clin Periodontol. 2003;30(2):159-164. Doi:10.1034/j.1600-051x.2003.300205.x
- 3. Graziani F, Ivanovski S, Cei S, Ducci F, Tonetti M, Gabriele M. The in vitro effect of hyaluronic acid on IL-6 production in human gingival fibroblasts. Clin Oral Investig. 2006;10(2):154-157. Doi:10.1007/s00784-006-0035-3
- 4. Nizam N, Basoglu O, Tasbakan MS, et al. Adjunctive effect of hyaluronic acid on the treatment of chronic periodontitis: a placebo-controlled split-mouth clinical trial. J Periodontal Res. 2013;48(6):696-702. Doi:10.1111/jre.12053
- 5. Scardina GA, Cacioppo A, Messina P. Effects of hyaluronic acid on gingival overgrowth induced by nifedipine in heart-transplanted patients: a pilot study. Oral Surg Oral Med Oral Pathol Oral Radiol Endod. 2006;101(6):734-738. Doi:10.1016/j.tripleo.2005.09.032
- 6. Akramovna, R. N. (2023). PECULIARITIES IN TREATMENT OF THE TRAUMA OF THE ZYGOMATICO-ORBITAL COMPLEX. *Confrencea*, 4(04), 475-481.
- 7. Akramovna, R. N. (2023). PRINCIPLES OF SURGICAL TREATMENT OF FRACTURES OF THE CHEEKBONE-ORBITAL COMPLEX. *Confrencea*, 4(04), 482-488.
- 8. Qodirovich, B. D., Xamid o'g'li, B. M., & Akramovna, R. N. (2024). VIRUSLI GEPATIT A NING OLDINI OLISH VA EPIDEMIOLOGIYASI. *TADQIQOTLAR*. *UZ*, *33*(1), 94-97.
- 9. Akramovna, R. N. (2024). Zirconium and Strip Crowns in the Area of Temporary Incisors of the Upper Jaw. *International Journal of Scientific Trends*, *3*(6), 33-38.
- 10. Rustamovich, B. L., & Akramovna, R. N. (2024). Two-Stage Dental Implantation in Patients with Diabetes: Features of the Rehabilitation Period. *EUROPEAN JOURNAL OF MODERN MEDICINE AND PRACTICE*, 4(2), 242-245.
- 11. Khazratov, A. (2024). OBTAINING CATALYSTS FOR ISOMERIZATION PROCESSES OF LIGHT PETROL FRACTIONS. *Innovative technologies*, *53*(01).
- 12. Alisher, K., Azizjon, R., Khurshed, M., & Fazliddin, B. (2024). RED LICHEN PLANUS OF THE ORAL MUCOSA IN THE PRACTICE OF A DENTIST-SURGEON. *SAMARALI TA'LIM VA BARQAROR INNOVATSIYALAR JURNALI*, *I*(6), 590-596. Alisher, K., Azizjon, R., Khurshed, M., & Fazliddin, B. (2024). RED LICHEN PLANUS OF THE ORAL MUCOSA IN THE PRACTICE OF A DENTIST-SURGEON. *SAMARALI TA'LIM VA BARQAROR INNOVATSIYALAR JURNALI*, *I*(6), 590-596.
- 13. Furkatov, S. F., & Khazratov, A. I. (2023). THE CONSEQUENCES OF THE DILIGENCE OF THE SLAVIC EMOLLIENT FOR REPARATION PROSTHESES ASEPT PARODONTAL. Молодежный инновационный вестник, 12(S2), 467-470.
- 14. Eshev, S. S., & Khazratov, A. N. (2018). THE CALCULATION OF THE PARAMETER OF FRICTION IN BORDER LAYER OF NON-STATIONARY FLOW. Инновационное развитие, (5), 178-180.

- 15. Alisher, K., Davlat, A., Farangiz, M., & Jamshid, M. (2024). THE USE OF BRIDGE THERAPY IN MAXILLOFACIAL SURGERY. *SAMARALI TA'LIM VA BARQAROR INNOVATSIYALAR JURNALI*, 2(3), 296-302.
- 16. Davron, B. J., Saidolimovich, K. A., Sarkhadovich, A. A., & Khushvaqtovich, S. P. (2021). Elimination Of Perforation Of The Bottom Of The Maxilla Jaw Sinus With Application Of Osteoplastic Material. *Central Asian Journal of Medical and Natural Science*, 2(1), 162-166.
- 17. Saidolimovich, K. A. (2023). ASSESSMENT OF MICROFLORA AND INITIAL ORAL HYGIENE IN UNILATERAL CLEFT NOSE AND PALATE. World Bulletin of Public Health, 24, 82-86.