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Research Article

**FEATURES OF THE CLINIC AND TREATMENT OF
DEGENERATIVE-DYSTROPHIC DISEASES OF THE
CERVICAL-BRACHIAL REGION IN DENTISTS (THE STATE
OF THE ISSUE)**¹Razumova S.N., ²Aymaletdinova Z.T., ³Dydykin S.S., ⁴Fokina N.M.¹ Professor, Peoples Friendship University of Russia, Department of Propaedeutic of Dental Diseases, Moscow² Assistant, Peoples Friendship University of Russia, Department of Propaedeutic of Dental Diseases, Moscow³ Professor, I.M. Sechenov First Moscow State Medical University (Sechenov University), operative surgery and topographic Anatomy Department, Moscow⁴ Associate professor, A.I. Evdokimov Moscow state University of Medicine and Dentistry, Dental Department**Abstract:**

Degenerative and dystrophic diseases of the cervical-brachial region represent an important medical and social problem due to the high proportion of the occurrence, as well as the significant material damage caused to society as a result of losses associated with disability. The aim of the study was to review the literature on the subject of the clinical picture, the features of diagnosis and treatment of pain in dentists. It is known that the change in the position of the head and body, especially in the brachiocephalic region, is a professional risk factor for the emergence of dysfunction of the chewing complex, headaches and cervical pains in dentists, dental hygienists and dental technicians. To date, domestic authors seem to reasonably justified the possibility of using combination preparations containing chondroprotectors + hormonal drugs in the treatment of degenerative joint diseases, including spine joints.

Key words: *degenerative-dystrophic diseases of the cervical-brachial region, dentistry, pain, hormones**** Corresponding author:**

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INTRODUCTION:

Degenerative and dystrophic diseases (DDD) of the cervical-brachial region represent an important medical and social problem because of the high proportion of the occurrence, as well as the significant material damage caused to society as a result of losses associated with disability.

Clinical symptoms such as pain level, headaches, shoulder referral and handradiculopathy or numbness are not reliably correlated with radiographic findings of degenerative joint disease in the cervical spine[1]. Patients with back pain and DDD have larger number of degenerate discs, early multilevel degeneration, and predominant upper lumbar degeneration. [2] The prevalence of pain syndrome in the cervical-brachial region among the adult population is 47%, increasing to 50% by 60-70 years[3].

The **aim** of the study was to review the literature on the subject of the clinical picture, the features of diagnosis and treatment of pain in dentists.

RESULTS AND DISCUSSION:

In the literature, one can find data on the pathological effect of forced posture, vibration, noise, exposure to chemical agents, etc.

It is noted that the most common complaints in dentists are headache, neck pain, shoulder and paresthesia. In this case, there is a correlation between the intensity of the pain syndrome and the length of service[4]. An increase in the incidence of cervical pain in dentists compared with employees and farmers (Borenstein DG 2005) is shown.

In the literature there are data [5], physical overstrain, unfavorable working posture of the dentist statistically significantly increase the risk of development of the pathology of the shoulder girdle, accompanied by pain syndrome, in particular: cervical radiculopathy, syndrome of compression of the shoulder rotators. To this end, the author proposed a new proven method for the treatment of patients with myofascial pain syndrome of the sheynopleic region: local injection therapy with tolperisone (2.0) into trigger zones daily, followed by oral administration for 10 days, which increases the effectiveness of treatment. It was proved that with the expressed and moderately expressed myofascial pain syndrome, the appointment of Meadocam injection and the subsequent ingestion of the drug from the group of NSAIDs aceclofenac 450 mg / day can be recommended [6]

It is known that the prevalence of neuroorthopedic

pathology of the shoulder girdle in the group of dentists is significantly higher (29.6%) than in the group of therapeutic physicians (17.5%). In this regard, in the opinion of VA Badalyan. (2013), the high prevalence of musculoskeletal pathology necessitates prevention measures, including the use of optical magnification. In their study (same) indicate a high incidence of pain in young dentists ($95.9 \pm 5.03\%$) as manifestations of musculoskeletal disorders, mainly in the cervical region.

It is known that the change in the position of the head and body, especially in the brachiocephalic region, is a professional risk factor for the emergence of dysfunction of the chewing complex, headaches and cervical pains in dentists, dental hygienists and dental technicians.

Muscular-fascial pain syndromes occupy a separate niche among occupational diseases of dentists. So, because of the violation of the rules of ergonomics, pathology begins to form during the time of study at the university. According to Didenko NM, 63% of students and 92% of dentists and dental technicians are concerned about periodic headaches and neck pain, 7% of students and 17% of faculty members of the dental clinic feel pain constantly.

For some time now, neurologists have begun to pay increasing attention to the fact that local back pain, radicular syndrome and vascular-radicular disorders can occur even in the absence of a herniated intervertebral disc. In such cases, the main antagonistic, radicular or vascular-radicular syndromes are often the development of deforming spondylarthrosis, the level of which is arthrosis of the intervertebral articular joints.

There is an opinion that spondyloarthrosis is the main cause of dorsalgia in 20% of degenerative-dystrophic spine pathology, and in 65% of people older than 65 years [8]. In the literature, one can find data on the effect of pain and stress on the cardiovascular system of general dentists [9]

To date, domestic authors [10] seem to reasonably justified the possibility of using combined preparations containing chondroprotectors + hormonal drugs in the treatment of degenerative joint diseases, including spine joints. Chondroprotective drugs have a positive effect on metabolism in the cartilaginous tissue and intervertebral joints, contributing to slowing the progression of osteochondrosis and spondylarthrosis, increase the hydrophilicity of the MTD, have a delayed anti-inflammatory and analgesic effect and, most

importantly, do not cause significant side effects. In this case, the analgesic effect obtained during the course of treatment with chondroprotectors usually lasts for a long time (up to 6 months), whereas the effectiveness of the analgesic effect of NSAIDs is manifested only during the treatment with drugs of this group.

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