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口腔正畸治疗牙周病致前牙移位的临床疗效观察

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摘要 目的:探究口腔正畸治疗牙周病致前牙移位的临床疗效,为牙周病治疗提供依据。**方法:**选择 2011 年 8 月~2013 年 8 月间我院 28 例因牙周病致前牙移位患者(464 颗)。所有患者均进行牙周病治疗,再行口腔正畸治疗,观察患者治疗前后的各项指标变化。**结果:**经治疗,有效率为 67.24%(312/464);与治疗前相比,患者治疗后牙齿松动度、探诊出血率、前牙覆牙合值、前牙覆盖值及牙周袋深度明显减轻或降低,治疗前后比较差异均有统计学差异(均 $P < 0.05$);牙槽骨高度改变无统计学意义($P > 0.05$)。**结论:**通过口腔正畸治疗牙周病致前牙移位,不仅可有效减轻病患牙齿的松动度,改善病患的出血情况,还能有效纠正病患覆牙合覆盖关系以及降低病患的牙周袋深度。安全性好,值得临床推广。

关键词:口腔正畸;治疗;牙周病;前牙移位;疗效

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Clinical Curative Effect of Orthodontics Treatment on The Front Teeth Shifting Induced by Periodontal Disease

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ABSTRACT Objective: To explore the clinical curative effect of orthodontics treatment on the front teeth shifting induced by periodontal disease. **Methods:** 28 cases (464 teeth) of front teeth shifting caused by periodontal disease in our hospital from August 2011 to August 2013 were selected. All patients underwent the treatment of periodontal disease and the orthodontic treatment afterwards, changes of various indexes were observed before and after treatment. **Results:** After treatment, the effective rate was 67.24% (312/464), tooth mobility, anterior teeth overbite, rate of bleeding on probing, overjet, periodontal pocket depth significantly reduced compared with before treatment (all $P < 0.05$), changes of alveolar bone height showed no statistical significance ($P > 0.05$). **Conclusion:** Orthodontic treatment could not only effectively reduce the mobility of teeth but also improve patient bleeding, effectively correct overbite covering relations and reduce periodontal pocket depth. It's safe and worthy of promoting.

Key words: Orthodontics; Treatment; Periodontal disease; Displacement of the front teeth; Effect

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前言

牙周炎是一种对牙龈及牙周组织破坏性极强的炎症。它既是威胁人类口腔健康的头号杀手,被称为是继癌症、心血管疾病之后,威胁人的身体健康的第三大杀手^[1-3]。其临床表现为牙周袋的形成及袋壁的发炎,常常会引起前牙的移位,松动,出现间隔甚至脱落等。这些症状不仅使得病患咀嚼困难,美观受损,还会因咬合创伤加剧病情。以往主要通过对病患行牙周基础治疗术,辅助全身性药物治疗牙周病致前牙移位。此类方法尽管对病情有一定的缓解,但是效果不佳^[4]。基于此,本文通过选择 2011 年 8 月~2013 年 8 月间我院 28 例因牙周病致前牙移位患者旨在评价口腔正畸治疗牙周病致前牙移位的临床疗效,现报道如下。

1 资料和方法

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1.1 临床资料

选择 2011 年 8 月~2013 年 8 月间我院因牙周病致前牙移位的患者 28 例(464 颗)。入选标准:经口腔科确诊为牙周病,且有前牙突出,移位,松动等症状。排除糖尿病,高血压等全身性疾病患者。其中男 10 例,女 18 例。年龄在 25~62 岁间,平均年龄(36.6±9.4)岁。

1.2 研究方法

口腔正畸治疗准备,患者进行以下治疗:(1)保证每天口腔的清洁,饭前饭后均进行漱口,早晚各刷牙一次。(2)对病患口腔中的牙周及根面进行修整,以防细菌滋生而引起的复发。在此同时,对病患口腔内的不良修复体及病变部分进行一次大清除。(3)辅助抗生素,对病患的牙周炎进行治疗,以此达到控制病情反复的目的。当病患牙周病的症状得到改善时,对病患进行口腔正畸治疗。口腔正畸治疗:采用方丝弓矫正技术,不给病患进行带环处理,而是在其进行磨牙处理后使其颊面管粘结。在病患靠近前牙牙龈处设立托槽,并通过钛合金丝对其进行排序。通过多曲唇弓或澳丝使得病患的前牙压后,并在后方采用橡皮链结扎尖牙,使得其支抗能力提高,尖牙有所收敛。根据病

患牙周支持组织的能力及病患反映情况,采用间断加力法对正畸力进行调整。每月分别进行一次复诊,拍片,牙周清洁,并对病患牙槽的生长情况进行检查。疗程一般为6至15个月。定期进行一次复查,防止病情反复。

1.3 疗效评价

采用黄青的评价标准^[5]:有效:前牙回到原位,功能恢复为正常水平,牙周炎的相关症状消失,牙齿无松动迹象,3年内无牙齿脱落现象的发生;无效:病患的牙周炎未得到很好的控制,前牙位移现象无改善,牙齿松动明显,治疗3年内有牙齿脱落及结扎丝断裂现象的发生。

1.4 统计学方法

采用SPSS13.0统计软件分析,计数资料比较采用 χ^2 检验,计量数据以($\bar{x} \pm s$)表示,实施t检验,P<0.05为差异有统计学意义。

2 结果

2.1 治疗后患齿松动度改善情况

经治疗,464颗牙齿有效312颗,有效率为67.24%。与治疗前相比,患者牙齿松动度明显减轻(P<0.05),见表1。

表1 治疗前与治疗后牙齿松动度对比 [n(%)]

Table 1 Comparison of tooth mobility before and after the treatment [n (%)]

指标 Indexes	颗(n)	牙齿松动度 Tooth mobility			
		<1 mm	1-2 mm	2-3 mm	>3 mm
治疗前 Before treatment	464	152(32.76)	202(43.53)	74(15.95)	36(7.76)
治疗后 After treatment	464	312(67.24)	105(22.63)	35(7.54)	12(2.59)
χ^2		42.345	28.800	15.811	12.655
P		0.000	0.000	0.000	0.000

2.2 治疗前后前牙覆牙合及前牙覆盖的对比

治疗后,患者前牙覆牙合值、探诊出血率、前牙覆盖值较治

疗前均明显降低,治疗前后比较差异均有统计学差异(均P<0.05)

表2 治疗前与治疗后前牙覆牙合、前牙覆盖及探诊出血率的对比($\bar{x} \pm s$)

Table 2 Comparison of anterior teeth overbite, overjet and rate of bleeding on probing before and after the treatment($\bar{x} \pm s$)

指标 Indexes	例数(n) Cases(n)	前牙覆牙合(mm)	探诊出血率(%)	前牙覆盖(mm)
		Anterior teeth overbite(mm)	Bleeding on probing rate(%)	Overjet(mm)
治疗前 Before treatment	28	5.00± 1.54	98.6± 10.33	6.51± 1.67
治疗后 After treatment	28	2.34± 0.69	25.4± 4.53	2.75± 1.24
t		3.393	3.819	3.872
P		0.000	0.000	0.000

2.3 治疗前、后牙周袋深度及牙槽骨高度的对比

与治疗前比较,治疗后患者牙周袋深度明显降低(P<0.05),牙槽骨高度改变不明显(P>0.05);表明口腔正畸治疗牙周病致

前牙移位牙周袋深度能有效降低病患的牙周袋深度,具有积极意义。见下表3:

表3 治疗前与治疗后牙周袋深度及牙槽骨高度的对比($\bar{x} \pm s$)

Table 3 Comparison of periodontal pocket depth and height of the alveolar bone before treatment and treatment($\bar{x} \pm s$)

指标 Indexes	例数(n) Cases(n)	牙周袋深度(mm)	牙槽骨高度(mm)
		Periodontal pocket depth(mm)	Height of the alveolar bone(mm)
治疗前 Before treatment	28	4.89± 1.40	5.17± 1.53
治疗后 After treatment	28	3.62± 1.02	5.19± 1.41
t	-	2.560	0.293
P	-	0.032	0.903

3 讨论

牙周病是口腔科中的多发病,患者因口腔感染了细菌而导致牙龈萎缩,致使牙周组织受到严重破坏^[6,7],部分患者还伴随着前牙移位,松动等现象的发生。若治疗不及时,会使得病情加重,牙周组织受损过重以至于不能很好的支撑牙齿,变相的使得病患牙齿畸形发展,面容受损。这不仅使得病患咀嚼困难,而且还给病患的美观及心理带来一定的伤害。随着时代的进步,

生活水平的提高,生活及工作的压力加重,人们对口腔卫生的认识逐渐加强。口腔正畸治疗是正畸学科中较为成熟的一种治疗术,能有效抑制病患的牙齿畸形发展,改善病患的面容,称为目前口腔疾病重要的治疗手段^[8]。

本文通过对比行口腔正畸治疗术后及行口腔正畸治疗术前的各项指标及效果,结果发现,行口腔正畸治疗术后,患者牙齿松动情况明显有所改善。这与赵洪波等人^[9]的报道一致,表明口腔正畸治疗牙周病致前牙移位能有效减轻病患牙齿的松动

度,对牙周病所致的前牙移位有重要的治疗作用。经治疗,病患的前牙覆牙合值较治疗前明显降低,探诊出血量较治疗前明显减少,表明口腔正畸治疗牙周病致前牙移位能有效纠正病患牙合覆盖关系及改善病患的出血情况^[10,11]。有报道表明^[12],探诊出血的主要原因为牙龈炎和牙周炎,一般是口腔卫生不佳,牙垢,牙结石、不良修复体、补牙材料、食物嵌塞等局部刺激因素引起牙龈充血肿胀,在刷牙、咬硬物、吃水果时发生牙龈出血,有时可有少许的自发性渗血。而正畸治疗过程中将这些刺激因素去除后,出血将明显好转。而患者行口腔正畸治疗术后,病患的牙周袋深度明显降低,牙槽骨高度改变不大,表明口腔正畸治疗牙周病致前牙移位牙周袋深度能有效降低病患的牙周袋深度^[13,14]。这可能与行口腔正畸治疗之前先进行了一般的炎症治疗,使得矫正不受影响等因素有关。目前,有报道表明^[15-17],治疗牙周病致前牙移位的关键之处在于对炎症的控制程度,在炎症没有很好控制的情况下,贸然施以正畸力,不但不能纠正畸形牙齿,还会使得病情加重。而正畸治疗可以去除创伤,重建正常咬合关系和上下颌分别为整体支抗的能力,分散咀嚼力。通过正畸力将牙根端部压入,可明显使牙槽骨包绕牙根的厚度加深^[18]。同时在治疗过程中应注意在施以正畸力于倾斜的牙齿时,应做好口腔护理工作,及时清除细菌,防止牙龈发炎^[19,20]。龈下牙石得到根治,在此同时,前牙的咬合功能明显提高,并恢复至正常水平。

综上所述,通过口腔正畸治疗牙周病致前牙移位,不仅可有效减轻牙齿的松动度,改善出血情况,还能有效纠正覆牙合覆盖关系及降低牙周袋深度。具有较好的安全性,值得临床推广应用。

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(下转第 1743 页)

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