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ROLE OF PREMORBID CONDITIONS IN THE DEVELOPMENT AND CLINICAL COURSE OF ODONTOGENIC PURULENT-INFLAMMATORY DISEASES IN CHILDREN

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Relevance

Odontogenic purulent-inflammatory diseases in children often develop against the background of systemic disorders that can significantly influence the severity, progression, and outcomes of the pathological process. Premorbid conditions, including chronic infections and metabolic disturbances, may reduce the resistance of the organism and contribute to the spread of infection. However, their role in the clinical course of odontogenic infections in children remains insufficiently defined.

Keywords

Odontogenic infection, children, premorbid background, comorbidity, anemia, chronic tonsillitis, disease severity

Aim. To assess the impact of premorbid conditions on the development and clinical features of odontogenic purulent-inflammatory diseases in children.

Materials and methods. The study included 239 children aged 3 to 17 years with odontogenic purulent-inflammatory diseases. Patients were divided into three groups: Group I (n=105) and Group II (n=95) included children with premorbid conditions, while Group III (n=39) consisted of children without premorbid background. Clinical and comparative analysis of comorbid conditions and disease characteristics was performed.

Results. Premorbid conditions were identified in a substantial proportion of patients, with an overall frequency exceeding 100%, indicating the presence of multiple comorbidities in a considerable number of children.

The most common premorbid conditions included chronic tonsillitis (15.5%), anemia (15.5%), ethmoiditis (11.0%), adenoid hypertrophy (8.5%), and chronic bronchitis (7.5%), reflecting the predominance of chronic inflammatory and systemic disorders affecting the upper respiratory tract and general health status.

The presence of premorbid background was associated with a more complicated clinical course of odontogenic infection, characterized by a higher incidence of phlegmon formation, more extensive involvement of anatomical regions, and a tendency toward progression of the inflammatory process. In contrast, patients without premorbid pathology demonstrated a comparatively milder and more localized disease course.

Clinical symptoms such as pain, general weakness, and functional impairment were observed across all groups; however, their intensity, duration, and progression were more pronounced in

children with comorbid conditions. This suggests that premorbid status contributes not only to disease severity but also to the dynamics of clinical manifestation and recovery.

Conclusion. Premorbid conditions significantly affect the development and progression of odontogenic purulent-inflammatory diseases in children. The presence of comorbid pathology is associated with a more severe clinical course and should be considered in diagnosis, risk assessment, and treatment planning.

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