Analysis of the Effect of Periodontal Restoration Before Oral Restoration and Its Influence on the Quality of Patients

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Abstract: Objective: to investigate and analyze the effect and quality of prosthodontic treatment of oral periodontoplasty. Methods: from January 2019 to December 2020,60 patients who had undergone prosthodontics in our hospital were enrolled in the study. The patients were randomly divided into Control Group (N = 30, routine restoration) and Experimental Group (N = 30, routine restoration combined with periodontoplasty). Results: The effective rate of the experimental group was higher than that of the control group. The scores of appearance and function and prognosis of SF-36 were significantly higher than that of the Control Group. The data comparison showed the difference (P & Lt; 0.05) , which had statistical significance. Conclusion: The effect of periodontal restoration is very definite, which can improve the quality of restoration and the quality of life of patients. It is worth becoming the first choice of clinical restoration.

1. Introduction

Dental restorations are commonly used to treat dentition defects and missing teeth. The scope of restoration is not only limited to teeth, but also involves the treatment and treatment of periodontal diseases. Some patients after oral repair treatment infection, bleeding, pain and other complications, serious and even teeth damage, loose restoration and so on. With the development of society, people pay more and more attention to the beauty of their own oral teeth, so it is very important to choose more safe and effective prosthodontic techniques, this study analyzed the quality and effectiveness of periodontal prosthodontics before it was used as a prosthodontic procedure, as follows:

2. Information and Methods

From January 2019 to December 2020,60 patients were randomly divided into Control Group (N = 30) and Experimental Group (N = 30) . There were 16 males and 14 females in the control group, the average age was (34.23 ± 1.24) years The experimental group consisted of 15 males and 15 females, the average age was (35.51 ± 1.32) years. The causes for all patients included, but were not limited to, abnormal or damaged alveolar Ridge, anterior tooth dislocation, and gingival marginal disharmony. Inclusion criteria: all patients met the criteria for prosthodontic treatment; patients and

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their families were informed of the study and voluntarily chose the prosthodontic method; and the study was approved by the hospital leadership. Exclusion criteria: History of orthodontic treatment; associated oral ulcers; menstruating women; associated with severe cardiovascular disease or infectious disease. The basic data of the two groups were compared (P & GT; 0.05) , and there was no significant difference between the two groups.

After routine blood coagulation, blood routine examination and ECG examination, the patients in the control group were repaired by routine means, the OCCLUSAL force test and oral CT were done, and the plaster cast was made for the patients and the prosthesis was made, try It on and adjust it. On this basis, the patients in the experimental group were treated with periodontoplasty, disinfection and anesthesia were carried out before the patients'prosthodontic treatment, and the gingival area was determined and then resected by high-frequency electric knife, the gingival margin and Alveolar Ridge were cleaned, repaired, the periodontal ligament fibers were scraped and the upper periodontal plug was treated with a turbine drill.

Study the observational indicators, the final result was obtained by comparing the curative effect (effective rate = (effective cases + good cases)/total cases 100%) , the appearance and function score (the higher the score, the better the appearance and function) , and the quality of life score. Quality of life score: This is the SF-36 quality of life scale developed by the U.S. Medical Board research team, the scale includes eight domains: vitality, physical role, physical function, physical pain, emotional role, social function, mental health and general health. It is divided into 36 items with scores ranging from 0 to 100, scores were positively correlated with patients'quality of life.

Statistical methods, all the statistical data in this study were entered into SPSS21.00 for data processing, calculation and analysis, and the mean ± standard deviation was used to describe the measurement data if it was normal distribution, and independent sample t test was used for group comparison The counting data were expressed by frequency or percentage, the intergroup comparison was conducted by 2 test, all tests were conducted by two-side test, and the difference was statistically significant when $p < 0.05$.

3. Results

3.1 The Curative Effect of the Two Groups Was Compared. the Effective Rate of the Experimental Group Was Significantly Higher Than That of the Control Group (P < 0.05).

Table 1 Comparison of Therapeutic Effect between Two Groups

Group,	number of cases	apparent effect	good,	atrophy,	repair effective rate (%)
Control Group	30	10	13	7	76.67%
Experimental Group	30	14	15	1	96.67%
X^2	-	-	-	-	5.192
p	-	-	-	-	0.023

3.2Vsual and functional scores of the two groups were compared in Table 2. The visual and functional scores of the experimental group were significantly higher than those of the control group ($p < 0.05$).

Table 2 Comparison of Visual and Functional Scores between the Two Groups

Group,	Number of examples	Appearance Score (marks)	Functional Score (score)
Control Group	30	27.35±2.14	29.24±2.11
Experimental Group	30	38.82±2.07	37.24±2.08

t	-	21.101	14.789
p	-	0.000	0.000

3.3The quality of life (Qol) score of the two groups was compared with that of the control group ($p < 0.05$) . The QOL score of the experimental group was significantly higher than that of the control group ($p < 0.05$) .

Table 3 Comparison of Prognostic Quality of Life Scores between the Two Groups

Group,	Number of examples	Quality of life score (Minutes)
Control Group	30	64.42±2.64
Experimental Group	30	86.08±2.23
t	-	34.330-
p	-	0.000

4. Discussison

The prosthodontic technique can help the patient to restore the periodontal tissue and the tooth function through various instruments, but the periodontal health of the patient will have an influence on the final result of the patient during the prosthodontic process, in particular, the appearance and function of teeth. Therefore, periodontal restoration before restoration can further optimize the oral environment, improve the stability of the restoration, reduce bleeding, relieve pain, and improve the prognosis of patients. The results showed that the effective rate of the experimental group was higher than that of the control group, and the scores of appearance and function and rognosis of SF-36 were significantly higher than that of the control group. The data comparison showed the difference (P & Lt; 0.05) , which had statistical significance. To sum up, the effect of periodontal restoration is very exact, and can improve the quality of restoration, improve the beauty and guarantee function, which has higher clinical value.

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