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OXIDATIVE STRESS AND ANTIOXIDANT SYSTEM IN THE ORAL FLUID OF PATIENTS WITH CHRONIC GENERALIZED PERIODONTITIS

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Introduction. The role of oxidative stress in periodontitis has been studied for decades. The main source of reactive oxygen species is thought to be neutrophils, which are the first line of defense against bacteria. During the process of respiratory inflammation, a superoxide radical is formed. This may then be released into the phagosomal and extracellular space causing the subsequent formation of other radical and non-radical derivatives. Nanoforms of pharmaceuticals, in particular liposomes, can solve the problem of giving new unique properties to known active pharmaceutical ingredients and consequently increase therapeutic efficacy. The efficacy and safety of Lipoflavon for systemic and local use in different clinic branches reflect the versatility of the mechanism of action of phospholipid liposomes and quercetin with an emphasis on antioxidant, antihypoxic, membrane-protective and immunomodulatory activity.

The **aim of this study** is to measure lipid peroxidation (MDA as an end product of oxidative stress) and corresponding antioxidant activity (SOD) in patients with CGP of I-II degrees of severity and assess the influence of periodontal treatment with gel from the Granules of Quercetin (GQ) and Liposomal Quercetin-Lecithin Complex (LQLC) on these parameters.

Material and Methods. Oral fluid (OF) sampling of all observed patients was taken every morning before treatment and one, six and twelve months after the treatment for biochemical researches. The patients of basic group recieved base therapy with the local application LQLC (injection form of «Lipoflavon») as a suspension, prepared ex tempore, containing 137.5 mgs of lecithin and 3.75 mgs of Quercetinum. The state of prooxidant-antioxidant protection was determined by the level of MDA and SOD. Level determination MDA was performed by the method Uchiyma M. & Michara M. in the modification of Volchegorsky I.A. et al. according to the test with thiobarbituric acid (TBA). Superoxide dismutase activity determined by the method of oxidation of quercetin in the modification of VA Kostyuk and co-authors.

Results and discussion. The level of MDA in patients of control group was 4.62 \pm 0.23 µmol/l, whereas that SOD was 4.73 \pm 0.11 y.o.

The level of MDA of the patients with I-II degrees of severity in the basic group through 1 month after treatment was $4.23 \pm 0.79 \ \mu mol/l$ and level of SOD was $5.12 \pm 0.17 \ y.o.$, which was 8% lower than and 1% higher than that in the C groups. The patients in the comparison group through 1 month after treatment were determined with MDA - $5.14 \pm 0.48 \ \mu mol/l$ and SOD - $4.88 \pm 0.17 \ y.o.$, which was 11% and 3% higher than that in the C groups.

Conclusion. Considerable therapeutic efficacy of the LQLC for treatment patients with CGP, especially that of I-II degrees of severity is based on its marked anti-inflammatory and periodontoprotecting effects.