

Šećerna je bolest metabolička bolest koja nastaje kao posljedica poremećaja u stvaranju i lučenju inzulina ili njegovu djelovanju. Kod tako oslabljena organizma pušenje duhana vjerojatno više oštećuje stomatognati sustav nego u zdravih osoba.

Žene s potvrđenom dijagnozom šećerne bolesti (N = 90) podijeljene su u dvije skupine: žene fertile dobi (N = 51) te žene u menopauzi i postmenopauzi (N = 39). Sve su žene ispunile anketni list s općim podatcima i pitanjem o pušenju. Izvršen je klinički pregled s pomoću stomatološkoga zrcala i parodontne sonde. Vrijednovan je klinički nalaz zubnoga statusa, gingive i parodonta (indeks krvarećeg sulkusa i dubina parodontnih džepova) te stanje oralne sluznice.

Pušenje nije statistički znatno utjecalo na zubni status ni u fertile žena ni u žena u menopauzi i postmenopauzi. ($p > 0,05$). Klinički nalaz gingive i parodonta statistički se znatno razlikovao samo u žena u menopauzi i postmenopauzi ($*p < 0,05$) koje puše u usporedbi s onima koje ne puše. U žena fertile dobi nije bilo statistički znatne razlike ($p > 0,05$). Klinički nalaz oralne sluznice analiziran je samo u dobnj skupini menopauza i postmenopauza. Razlika je bila statistički znatna ($*p < 0,05$). U skupini fertile žena raščlamba nije izvršena zbog premalog broja podataka.

Oslabljeni imunološki sustav zbog zajedničkoga djelovanja šećerne bolesti, pušenja i nedostatka ženskih spolnih hormona (u menopauzi i postmenopauzi) znatno oštećuje oralnu sluznicu, gingivu i parodont. Vjerojatni razlog tomu je njihova čvrsta povezanost osobito hematogenim putem s ostalim dijelovima organizma. Pušenje nije znatno utjecalo na tvrda zubna tkiva vjerojatno zbog njihove anorganske naravi i kompaktnosti građe.

Influence of Smoking on the Stomatognathic System in Women With Diabetes

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The aim of the study was to check the influence of smoking on the stomatognathic system in women with

diabetes. Diabetes is metabolic disease that occurs as a result of disorders in creation or secretion of insulin, or its effect. On a weakened organism smoking will probably do more harm on the stomatognathic system than on a healthy one.

Women with confirmed diagnosis of diabetes (N = 90) were divided into 2 groups: fertile women (N = 51) and women in the menopause and postmenopause (N = 39). All women completed the given paper forms on general data and their smoking habits. A clinical examination was performed using a stomatological mirror and parodontal probe. Clinical findings of the dental status, gingiva, parodontal tissue (bleeding sulcus index and depth of parodontal pockets) and the status of oral muscosa were evaluated.

Smoking did not show statistically significant influence on the dental status either on fertile women or on women in the menopause and postmenopause ($p > 0.05$). Clinical findings of the gingiva and parodontal tissue showed statistically significant difference in women in the menopause and postmenopause ($*p < 0.05$) who smoke in relation to women who do not. In fertile women no statistically significant difference was found ($p > 0.05$). Clinical findings of oral muscosa were only analyzed in the age group of menopausal and postmenopausal women. The difference was statistically significant ($*p < 0.05$). In the group of fertile women analysis was not performed due to the small number of specimens.

Weakened immunological system due to the synergistic influence of diabetes, smoking and the lack of feminine sex hormones (in the menopause and postmenopause) significantly damages oral muscosa, gingiva and parodontal tissue. The probable explanation was their firm correlation especially throughout the blood circulation with the other parts of the organism. Smoking did not significantly influence the hard dental tissue, probably because of its inorganic origin and compact structure.