

MULTIDISCIPLINE PROCEEDINGS OF
**DIGITAL FASHION
CONFERENCE**

KOREA, REPUBLIC OF

Multidiscipline Proceedings of

DIGITAL FASHION CONFERENCE

September 2024 (*Volume 4, No.5*)

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Available at digitalfashionsociety.org
Published:
서울 합정역
파주출판도시
ISSN 2466-0744
Seoul
Rebuplic of Korea (ROK),

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AUTOLOGOUS PLATELET-RICH PLASMA THERAPY IN HYPERTROPHIC GINGIVITIS OF PREGNANCY: CASE-BASED THESIS**Boymuradov Sh.A****Adilova A.Sh**

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Abstract: Hypertrophic gingivitis of pregnancy (HGP) is a common complication associated with hormonal shifts, microbiome imbalance, and inadequate oral hygiene. Standard treatment with antibiotics may negatively affect fetal development, which necessitates the search for safer alternatives. Autologous platelet-rich plasma (APR) therapy has been shown to possess anti-inflammatory, regenerative, and antibacterial effects without systemic adverse reactions. This paper highlights a clinical case of severe HGP managed with APR therapy after delivery. The results confirm APR as a safe, minimally invasive, and effective therapeutic approach. Its application may improve periodontal health during pregnancy and reduce risks of adverse maternal and fetal outcomes.

Keywords: Hypertrophic gingivitis of pregnancy, platelet-rich plasma, autologous therapy, OHI-S, oral health.

Introduction

Hypertrophic gingivitis of pregnancy (HGP) remains a challenging condition in clinical practice due to its multifactorial pathogenesis and potential complications. In Uzbekistan, as in many other regions, the high birth rate and prevalence of periodontal diseases highlight the relevance of effective and safe treatment options. HGP is typically associated with hormonal fluctuations during pregnancy, dysbiosis of the oral microbiome, and insufficient oral hygiene. While antibiotics are widely used, their safety profile during pregnancy raises concerns, driving interest toward alternative therapies such as platelet-rich plasma.

Case Report

A 23-year-old woman with severe HGP was admitted at 38 weeks of pregnancy. Clinical examination revealed pronounced gingival hyperplasia with bleeding and poor oral hygiene (OHI-S = 3.6, classified as unsatisfactory). Due to the advanced stage of pregnancy and existing anemia, local APR therapy was postponed until after delivery. Seventeen milliliters of venous blood were collected and centrifuged in specialized tubes to obtain APR. Localized injections were performed into the gingival tissues following professional cleaning.

Results and Discussion

Following APR therapy, significant reduction in inflammation, bleeding, and gingival hyperplasia was observed. The patient reported improved comfort and oral hygiene, with no adverse effects noted. APR's regenerative properties stimulated tissue repair, while its autologous origin minimized the risk of allergy or infection. This case supports existing evidence that APR therapy can serve as a safe alternative to antibiotics, especially in pregnant patients where systemic treatment is restricted. Additionally, its affordability and ease of preparation enhance its practical applicability in clinical settings.

Conclusion

APR therapy offers multiple advantages in the treatment of hypertrophic gingivitis of pregnancy: anti-inflammatory and antibacterial activity, tissue regeneration, absence of systemic side effects, and compatibility with pregnancy. It may serve as a valuable tool in clinical practice, improving maternal oral health and reducing potential risks to the fetus. Further controlled studies are required to standardize protocols and evaluate long-term outcomes.