

## Results of the Study of Indicators of Phosphorus-Calcium Metabolism in Patients with Partial Secondary Adentia

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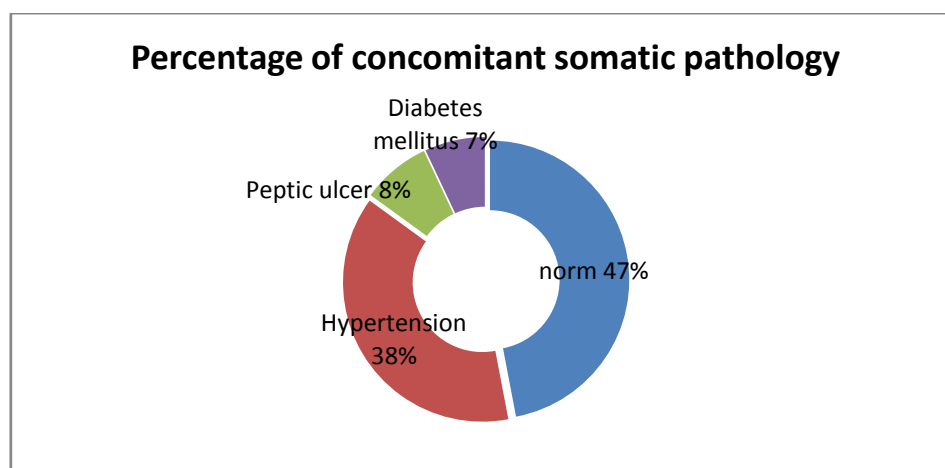
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**Annotation.** When studying the state of calcium-phosphorus metabolism in connection with the successful implantation of dental implants in patients with partial adentia, the levels of ionized calcium, inorganic phosphate and alkaline phosphatase activity were studied. The study of biochemical parameters in the bone structure of the jaw makes it possible to predict the course of osteointegration processes during the installation of dental implants. Early rejection of intraosseous implants occurs against the background of increased activity of alkaline phosphatase.

### Materials and research methods

We performed a clinical and laboratory examination of 72 patients with dental defects who applied for dental treatment at the age of 40 to 65 years. Among the surveyed women there were 45 (62.5%) people, men - 27 (37.5%). The structure of concomitant pathology (Fig.1) included: hypertension - 27 (38%), gastric ulcer - 6 (8%), diabetes mellitus - 5 (7%). The control group included 34 practically healthy people of both sexes.



**Fig. 1 Structure of the comorbidities of the examined patients.**

Serum levels of calcium-regulating hormones were determined in the examined patients: parathyroid hormone (PTH), calcitonin (ctn), calcitriol (ctp). PTH and Ct were determined using the reagents TSH-ELISA(HEMA, Russia) and CALCITONIN-ELISA(HEMA, Russia). Determination of the level of ctp was detected by the ELISA method of the 1,25 Vitamin D ELISA kit (Immundiagnostik, Germany). As markers of bone formation in the blood serum, we studied the level of osteocalcin (OCC) by the ELISA method with the N-MIDO steocalcin kit (Canada).

The concentration of ionized calcium in the sediment was checked using a selective easylyte Calcium analyzer. The regulatory range is 1.12–1.32 mmol / l. Determination of the concentration of inorganic phosphorus in plasma was performed on a BT 3000 biochemical analyzer (Italy) using Diasys kits (Germany). This method is based on the reaction of inorganic phosphorus with molybdenum to form a complex of hetero folic acid.

The use of surfactants allows free proteins to avoid the filtration stage. The absorption capacity at 340/380 nm is directly proportional to the concentration of inorganic phosphate in the sample.

Thenormalrangeis 0.81-1.45 mmol / l.

The activity of alkaline phosphatase (IF) was determined using Olympus kits (Japan) in an AU640 automatic biochemical analyzer (Japan). The method for determining IF activity is based on the recommendations of the International Federation of Clinical Chemistry (IFCC).The activity of alkaline phosphatase was determined at pH 10.4 by measuring the rate of conversion of p-nitrophenyl phosphate to p-nitrophenol in the presence of magnesium and zinc ions, 2-amino-2-methyl-1-propanol as a phosphate acceptor. The rate of change in p-nitrophenol assimilation values was measured chromatically at 410/480 nm and was directly proportional to the IF activity in the sample. The standard range is 30-120 IU / l.

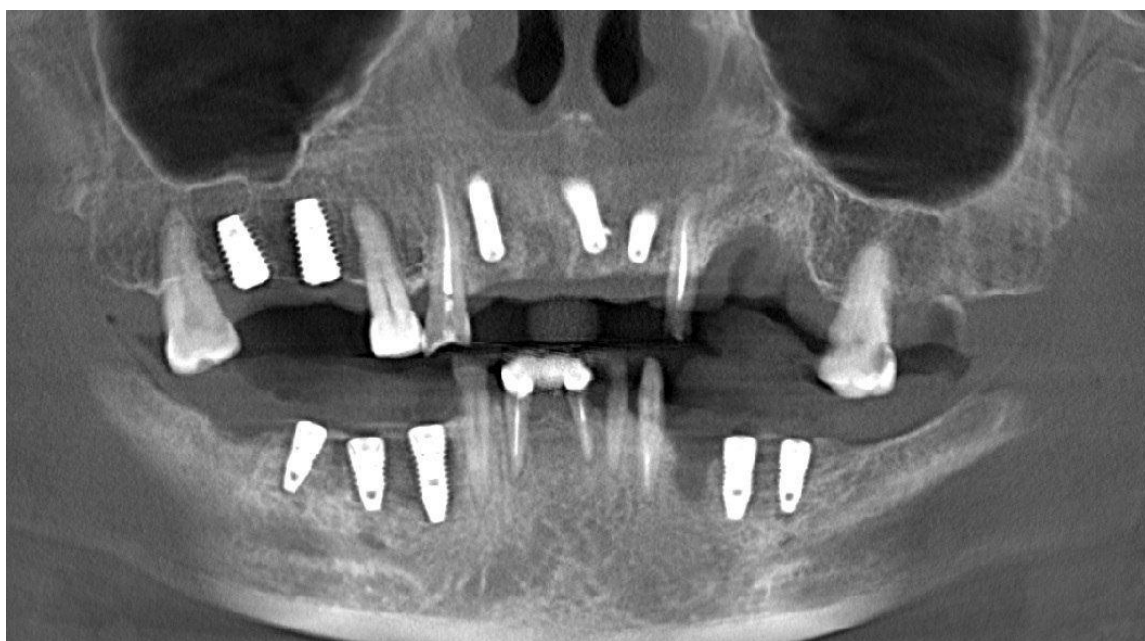
Methods of parametric and nonparametric statistics were used to process the obtained data using the program Statistica 6.0

## **Results and its discussion.**

### **Results of the study of the level of calcium-regulating hormone.**

In this study, the structural and functional state of bone tissue was determined in 72 patients who were scheduled for this type of treatment, and the densitometric parameter density index-(IP,%) was determined.During the study, only 25 (34.7%) patients had normal indicators. The remaining 47 (65.3%) patients were found to have structural and functional bone tissue disorders in the form of osteopenia of

varying severity in 36 (79.6%) and osteoporosis in 11 (23.4%) people. Analysis of ultrasound densitometry data showed that significantly low IP rates were observed in all age groups, but a large degree of decline and the frequency of detection of osteoporosis were observed at the age of 60-65 years. Osteopenia was found in age group 45-50 years in 7 (14.8 percent), aged 50-59 years in 20 (42.5 per cent), aged 60-65 years in 6 (12,7%); osteoporosis aged 42 to 49 years was observed in 4 (36,4%), aged 50-59 years, 6 (54.5%) and aged 60-65 years, 1 (9%) patients.



**Figure: 1. Cone-beam computed tomography of the upper and lower jaw. Missing teeth in the upper and lower jaw. Atrophy of the alveolar process along the height of the distal upper jaw.**

In the mechanism of development of structural and functional disorders of bone tissue, the main role is assigned to the state of hormonal regulation of bone formation and resorption. [12, 13]. The main calcium-regulating hormones are calcitonin, calcitriol and parathyroid hormone, the levels of which were determined in 52 patients who underwent dental implantation (Table 1). Deoxypyridinoline / creatinine is a marker of bone resorption, which enters the vascular bed when osteoclasts destroy bone tissue [10,11]. The analysis showed a significant increase in the level of deoxypyridinoline in the examined patients -  $6.26 \pm 0.22$  (KG  $4.65 \pm 0.82$ ;  $p < 0.01$ ), which indicated the activation of osteoclasts and the predominance of bone resorption processes. From Table 2, in the group of patients with osteoporosis, the content of deoxypyridinoline was significantly higher than the KG index -  $6.99 \pm 0.36$  ( $p < 0.001$ ) and significantly higher than the indicator of the group of patients in whom densitometric examination determined osteopenia -  $6.24 \pm 0.29$  ( $p < 0.05$ ). When analyzing the parameters of ultrasound densitometry, taking into account nosological forms and gender, it was revealed that all indicators of the structural and functional state of bone tissue in postmenopausal women, as well as in diabetes mellitus, were significantly low ( $p < 0.001$ ).

**Table 1**  
**Levels of calcium-regulating hormones in groups**

Calcium-regulating hormones	Indicators of the control group	Indicators of the group of examined patients
Calcitonin	23,3 ± 2,01; p < 0,001	3,56 ± 2,01
Calcitriol	60,8 ± 3,86; p < 0,001	20,38 ± 2,75
Parathyroid hormone	43,37 ± 2,16; p < 0,01	51,33 ± 2,43

**The level of calcium-regulating hormones in patients with impaired structural and functional properties of bone tissue**

	117,0 ± 4,97; p < 0,001	79,11 ± 3,44
Calcium-regulating hormones	Patients with osteoporosis	Patients with osteopenia
Calcitonin	2,17 ± 1,04; p < 0,001	3,46 ± 1,08; p < 0,001
Calcitriol	15,23 ± 2,11; p < 0,001	21,71 ± 2,76; p < 0,05
Parathyroid hormone	53,46 ± 2,17; p < 0,01	42,53 ± 3,09; p < 0,001
Osteocalcin	68,19 ± 5,71; p < 0,001	81,94 ± 3,65; p < 0,001
Deoxypyridinoline/ Creatinine	6,99 ± 0,36 p < 0,001	6,24 ± 0,29; p < 0,05
Osteocalcin		

**The results of the study of the indicators of phosphorus-calcium metabolism.**

When studying the state of calcium-phosphorus metabolism in connection with the successful implantation of dental implants in patients with partial adentia, the levels of ionized calcium, inorganic phosphate and alkaline phosphatase activity were studied. The data obtained are presented in Table 3.

Table 3

**Indicators of phosphorus-calcium metabolism in patients requiring dental implantation (n = 72)**

Indicator	Results	Laboratory norm
Catotal (mmol / l)	2,39 ± 0,11	2,15-2,58
Ca (mmol / l)	1,26 ± 0,05	1,12-1,32
P (mmol / l)	1,09 ± 0,17	0,86-1,45
Alkaline phosphatase (IU/l)	179 ± 44	98-280

The total plasma calcium content in patients requiring dental implantation ranged from 2.08 to 2.61 mmol / l, with an average of  $2.39 \pm 0.11$  mmol/l, and the amount of ionized calcium ranged from 1.18 to 1.33 mmol/L, with an average of  $1.26 \pm 0.05$  mmol/l.



**Figure: 2. Examination of the oral cavity. Lack of teeth. View from the occlusal surface. Open sinus lifting was performed with simultaneous installation of implants in the area of 25-27 teeth.**

The level of inorganic phosphate in the plasma of patients requiring dental implantation ranged from 0.86 to 1.44 mmol / l, on average  $1.09 \pm 0.17$  mmol / l alkaline phosphatase activity in the range from 121 to 354 U/L, on average  $179 \pm 44$  U/L and exceeded the physiological norm in only 2 patients. The results of comparing the parameters of phosphorus-calcium metabolism in the preoperative period and with the success of implantation of dental implants in patients with partial adentia are presented in Table 4.

Table 4

**Characteristics of patient groups depending on the case of rejection of dental implants**

Indicator	Group I (n=47___)	Group II (n=25___)	P=
Catotal (mmol / l)	$2,36 \pm 0,13$	$2,38 \pm 0,11$	0,6
Ca (mmol / l)	$1,25 \pm 0,05$	$1,28 \pm 0,04^*$	0,001
P (mmol / l)	$1,12 \pm 0,16$	$1,07 \pm 0,16$	0,09
ALKALINE PHOSPHATASE	$174 \pm 31$	$183 \pm 33$	0,9

Analysis of the parameters of phosphorus-calcium metabolism in different groups showed that the level of total calcium was comparable in both groups, regardless of the success of implantation of DI and ranged from 2.17 to 2.54 mmol/l in patients without rejection of DI and from 2.08 to 2.54 mmol/l in patients with rejection of the dental implant ( $p < 0.01$ ) below the indicators obtained in the second group, where the level of  $\text{Ca}^{2+}$  ranged from 1.19 to 1.33 mmol/l. In individuals with successful implantation of DI, the content of inorganic phosphorus in blood plasma in the range from 0.85 to 1.33 mmol/l. In the second group, fluctuations in the phosphate level were in the same range from 0.9 to 1.33 mmol/l. There was no statistically significant difference between the groups in the level of inorganic phosphate.

Determination of the activity of alkaline phosphatase in the groups of subjects showed that in patients of the first group it was from 121 to 247 IU/l. In the second group, the activity of the enzyme was slightly higher and ranged from 140 to 354 U/l. At the same time, the average values of ALP from statistically significant ones did not differ between the groups.

Thus, in the group of patients with unsuccessful implantation of dental implants, higher levels of free ionized calcium were determined at comparable levels of total calcium, inorganic phosphate, at the same time, it should be noted that the activity of alkaline phosphatase in the group of patients with an unfavorable outcome of dental implantation was not statistically significant differences, in patients with rejection of dental implants was higher.

A correlation analysis was performed to establish the relationship between the frequency of rejection of DI and the indicators of mineral metabolism. The results are presented in table 5.

**Table 5**

**Results of correlation analysis of the amount of integration of CI and indicators of mineral metabolism.**

The analyzed indicators	Correlation coefficient g (Spearman)	P=
IIIΦ	0,5	0,002
$\text{Ca}^{2+}$	0,4	0,003

Thus, a positive linear correlation was found between the level of alkaline phosphatase activity ( $r=0.5$ ) and the content of ionized calcium in blood plasma ( $r=0.4$ ) and the number of failed dental implants. There were no statistically significant correlations between other indicators and cases of early rejection of dental implants.

## Conclusions

Based on the correlation analysis, it was proved that unsuccessful integration of dental implants was observed in patients with an increased content of ionized calcium and an increase in the activity of alkaline phosphatase in blood plasma.

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