

# FIBRINOGEN AS AN INFLAMMATORY MARKER OF THE CONNECTION OF PERIODONTITIS WITH ARTERIOSCLEROSIS

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**Introduction:** Inflammatory illnesses have obvious similarities in basic mechanisms of action of risk factors. Periodontitis, as one of these related illness, is presented in oral cavities with typical clinical picture, of the operation of its risk factors, such as smoking, diabetes and plaque. Operation to control our risk factors is with longitudinal studies and cross-sectional, with the aim to see their possible combination with determinants of risk, with risk predictor and risk indicators. Are these three elements, the combination of which, provides the local outreach of risk factors?

**Materials and methods:** This study aims at evaluating the effect of non-surgical periodontal treatment, in reducing the visible signs of clinical periodontal inflammation, and in the level of markers of inflammation in the blood plasma (the level of fibrinogen and the number of white cells). For this reason, it was drafted the informing consent of patients. Evaluation of periodontal status of patients was used Mühlerman gingival bleeding index and probing respectively to Ramfjord's teeth.

**Results:** Gingival bleeding index undergoes fluctuation of 1 value.

Clinical data have shown that the average of bloodied areas and depth of probing, were reduced in 60% and with 2mm.

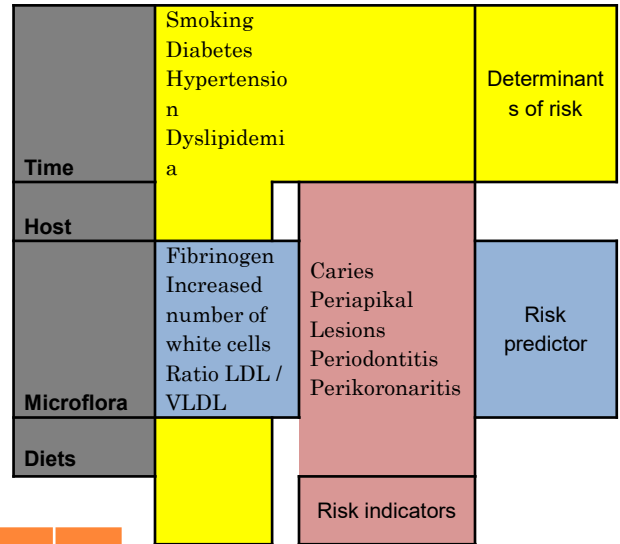
**Table 2.** The interconnection between the two selected indices.

Patients	The affected index 2	Healthy index 2	P
The affected index 1	11	16	0.0003
Healthy index 1	0	27	
Total	11	43	

**Table 3.** The interconnection between age and gender.

Patients	Age under 40 years	%	Age over 40 years	%	Total	%	P
Females	9	16.7%	10	18.51%	19	35.21%	0.3915
Males	12	22.2%	23	42.59%	35	64.79%	
Total	21	38.9%	33	61.1%	54	100%	

**Table 1.** In the table it is shown the way of analyzing the determinants, forecasters and indicators for risk, at longitudinal studies and cross-sectional ones.



Patients	0.1-0.2	0.3-0.4	0.4-
The affected index 1	16	5	6
Healthy index 1	16	11	0
Totali	32	16	6

Patients	0-10Mg/dL	10-20Mg/dL	20-Mg/dL
The affected index 1	11	5	11
Healthy index 1	5	11	11
Totali	16	16	22



**Conclusions:** Non-surgical periodontal treatment significantly reduces the level of inflammatory markers in the blood. Oral Health reduces potential sources of potential periodontal bacteremia with potential of promoting thromboembolism, through interoperability with existing platelets. Non-surgical periodontal treatment reduces the level of fibrinogen that is known as a risk factor to development of arterial thromboembolism.

