1	Evaluation of the Parameters of the Lipid Peroxidation and
2	Blood System of Blood and Saliva in Patients with Diseases
3	Mucous Membrane of the Oral Cavity and Periodontal Pathology
4	of the Hepatobiliary System
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### 9 Abstract

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In order to support the basic information for designing the soft ground improvement, it is 10 highly recommended to understand the spatial distribution of the geotechnical parameters in 11 the landfill site. Therefore, in the present study, we applied Self-Organizing Map (SOM) to 12 detect the characteristics of spatial distribution of the parameters which have been measured 13 in Songsan Green City. For the purpose, the input dataset for SOM was constructed with the 14 classification by USCS, initial Void ratio, unconfined compression strength, compression index 15 from the stations of 41 in the site. Consequently, the methodology based on the SOM 16 proposed in the present study can be considered that it is highly applicable to detect the 17 spatial distribution of the Parameters and it can be used effectively for the further utilization 18 as a data analysis tool. 19

21 Index terms— consolidation, self-organizing map (som), soft ground, design section, clustering.

### <sup>22</sup> 1 I. Introduction

he study of oral fluid in many clinical and biochemical indicators has advantages over routine methods of laboratory blood test obtained from the finger or from the vein, the use of oral liquid is safe, monitoring and use by patients for self-monitoring is possible.

Oral fluid provides the body with an external and internal environment [1,2,3,8]. The composition of oral fluid includes both organic and inorganic components of salivary glands, blood serum and tissues of the oral cavity. This makes it possible to study the exchange rates in the oral fluid during screening surveys ??Noskov, 2008). Most researchers study the composition and properties of the oral fluid for various dental diseases. However, less attention is paid to changes in the biochemical parameters of the oral fluid in somatic diseases. In this regard, we had to get answers to the questions: does the biochemical composition of the oral fluid adequately reflect that in the blood serum of practically healthy individuals and whether pathology of the hepatobiliary system makes

33 any changes to this relationship.

Gallstone disease (SCI) is a disease of the hepatobiliary system caused by a violation of cholesterol metabolism [4,5]. The following factors can be attributed to the main factors of the risk of developing a CSW: genetic, demographic, dietary, and medical. As is known, certain changes in the internal environment and cell structures can serve as a signal for triggering a stress reaction in the body.

According to some authors, such a signal is the shift of pro-oxidant-antioxidant balance in the direction of activation of lipid peroxidation (LPO) in biological membranes and fluids [6,7,8,9,10,11]. Activation of LPO is a universal means of influencing a living system of a variety of extreme agents, and is the result of increased oxidative catabolism of complex organic structures. Thus, arose the concept of "oxidative stress", actively discussed in the

42 literature.

#### 3 III. RESULTS AND DISCUSSION

To understand the development of free radical processes in the body and the functioning of antioxidant systems, 43 the study of saliva as the most accessible for analysis of the body's biological fluid is promising. In saliva, a 44 number of biologically active compounds have been discovered, including hormonal and mediator nature, which 45 are regulators of the intensity of free radical processes and components of antioxidant systems, the biological 46 role of which is largely unclear. Between saliva and blood plasma there is a close metabolic contact due to 47 the exchange of many compounds. At the same time, the salivary glands possess a powerful own biosynthetic 48 apparatus. We believed that the establishment of the relationship between the intensity of free radical processes 49 and the activity of antioxidant systems in the blood and saliva will promote the wider use of saliva for their 50 evaluation. 51

The purpose of this study is to assess the level of free radical oxidation (SRO) and the effectiveness of antioxidant systems (AOS) of saliva and blood of patients with diseases of the hepatobiliary system.

# <sup>54</sup> 2 II. Material and Methods of Investigation

On the basis of the Department of Hospital Therapeutic Dentistry of the Tashkent State Dental Institute, we 55 examined a group of patients with chronic recurrent aphthous stomatitis against the background of the pathology 56 of the hepatobiliary system, namely chronic cholecystitis, consisting of 27 men and women aged 45 to 65 years. 57 In the history of patients, pain in the right side was noted and ultrasonography of the study showed chronic 58 cholecystitis. The second group consisted of 22 practically healthy people aged 25-40 years (control group). 59 Blood sampling was performed in the morning on an empty stomach by puncturing the ulnar vein with a 60 needle with a wide light without a syringe, from which plasma was subsequently obtained. Saliva sampling was 61 also performed in the morning before eating, having previously offered patients to rinse the oral cavity with a 62 physiological solution. 63 Blood plasma and saliva of patients and donors were determined by the maintenance of malonic dial dehyde 64

catalase and a native smear of The MDA was determined by its reaction with thiobarbituric acid. The anti-radical
system (AMA) includes both extracellular superoxide dismutase (SOD) and other components that eliminate the
superoxide radical (steroids, catecholamines, arginine). The ASA was evaluated by the ability of the SOD to
inhibit the reduction of nitrosinetetrazolium. The catalase activity was determined by the ability of hydrogen
peroxide to form a colored complex with molybdenum salts. The total protein content was determined by Lowry.
Due to a possible change in the water content of the saliva, the activity of the enzymes was calculated on the

protein content.
 The statistical processing of the results was carried out using Student's t-criterion on a computer with the use

73 of a modern package of STATSOFT Statistica 6.0 statistical analysis.

## <sup>74</sup> 3 III. Results and Discussion

At present, non-invasive methods of obtaining biological material acquire an increasing importance for diagnostics.
 In this regard, studies of various processes in saliva can be very promising for modern medicine and biochemical
 practice.

Cytological study of the native preparation in patients with the disease of the hepatobiliary system, prepared from the saliva of patients, showed a large number of flat epithelium (on average in 86% of individuals), which is associated with desquamation of the epithelium and its active regeneration. 12% of individuals in the native smear have a large number of leukocytes, apparently due to chronic inflammatory disease of the oral mucosa (chronic recurrent aphthous stomatitis) and periodontium(chronic generalized catarrhal gingivitis).

The analysis of the parameters of the LPO and AOS system in blood and saliva in the examined persons presented in Table 1 indicates an increased generation of active forms of oxygen (ROS) in saliva more pronounced than in blood plasma.

The primary molecular products of POL-DK are very unstable compounds that quickly transform into a more stable product, malonic dialdehyde (MDA), whose concentration in the blood plasma increases by 31%. In our opinion, lipid peroxidation in liver hepatocytes leads to accumulation of lipoproteins and inhibits the key enzyme of catabolism of cholesterol in the livermicrosomal 7a-hydroxylase, which disrupts the enzymatic regulation of cholesterol metabolism and leads to the maintenance of its stably high level in the blood. Under these conditions, hepatocytes can secrete very low-density lipoproteins (VLDL) into the bloodstream, including oxidized low-

hepatocytes can secrete very low-density lipoproteins (VLDL) into the bloodstream, includin
 density lipoproteins (LDL), which undergo oxidative destruction with the formation of MDA.

93 The accumulation in the plasma of aldehydessecondary products of LPO, can be evidence of enhanced 94 generation of active forms of oxygen (ROS) and activation of LPO in the liver. Oxidative stress is developing 95 -the most important universal pathogenetic mechanism of the course of many diseases. In this condition, AFCs 96 are given a double blow to the focus of inflammation. On the one hand, AFC activates LPO, new AOCs are formed by the mechanism of the arachidonic cascade and MDA formed from arachidonic acid is accumulated 97 MDA and the more toxic secondary product POL-4-hydroxynonenal exert their cytotoxic effect on the lipid layer 98 of biomembranes, leading to a disruption of the bioenergetics of the cells, a decrease in plasticity and an increase 99 in microviscosity, and inactivation of membrane enzymes. On the other hand, ROS (especially O 2and NO) with 100

<sup>101</sup> significant cell damage can activate the nuclear protein P-53, stimulating apoptosis of the cell.

As can be seen from the results of the studies, the catalase activity based on the volume of biological fluids was 102 significantly lower in saliva at the inverse ratio, expressed in units of activity per gram of protein. The level of 103 SUA in saliva, both in terms of volume and per gram of protein, was significantly higher in saliva than in blood 104 plasma. In the latter case, the indicator had a negative sign, which indicates additional generation of superoxide 105 radicals in samples containing blood plasma in comparison with control variants in which biological material was 106 absent. Since ASA is an integral indicator, its increase in saliva under emotional stress can occur due to the 107 inclusion of one or more mechanisms: the biosynthesis reactions of antioxidant compounds that make up SAS 108 directly in the salivary glands, the effect of catecholamines or glucocorticoids, and also through the exchange of 109 ASA components between biological fluids. 110

Thus, as follows from our findings, with cholelithiasis (LCB), an increase in lipid peroxidation activity is 111 observed with an increase in MDA in the plasma and in the saliva of the patients being examined in comparison 112 with donors. One of the real explanations of this phenomenon can be an increase in the activity of the main 113 regulators of SRO -enzymatic and nonenzymatic antioxidants, their active work and powerful compensatory 114 mechanisms of the body in healthy individuals. The main task of functioning of antioxidants is the maintenance 115 of a certain balanced level of AFK, the homeostasis between pro-and antioxidant systems. A key role in the 116 regulation of the level of ROS and, in particular, O2-and in the blood plasma is performed by an antioxidant 117 118 defense enzyme-extracellular superoxide dismutase (SOD) and catalase.

119 Thus, the decrease in the activity of antioxidant enzymes detected by us indicates depletion of this system in 120 the examined patients. In addition, depletion of the level of antioxidants can also be an indirect indicator of the activation of the inflammatory process, since the triggering of the generation of ROS and LPO products is the 121 primary mediators of oxidative stress. The alternation of the processes of mutual enhancement and quenching 122 (inflammation and activation of SRO, as well as inhibition of antioxidants) creates conditions for asymptomatic 123 course of the CLS 15-20 before the first forced visit of the doctor. The data obtained by us testify to the 124 greater informativeness of the determination of the activity indices of SRP and antioxidant systems in saliva in 125 comparison with blood plasma. 126

Taking into account the complex pathogenetic mechanism of the development of the FSW in the pathology 127 of the hepatobiliary system, it seems to us necessary to carry out a rigorous analysis of clinical and biochemical 128 indices, without neglecting the study of LPO intensity, as well as the level of antioxidants, while taking into 129 account the basic mechanisms of their activation and finding out the reasons for this balancing pro-states and 130

antioxidant systems. 131

132 Ultimately, it can help to establish a more accurate diagnosis and early detection of multiple complications of the CSF, not allowing critical states of the organism, when there is already a real threat to human health and 133 life. The position on the protective role of antioxidant systems of saliva from active forms of oxygen and LPO 134 for the mucous membrane of the oral cavity under pathological conditions of the organism is substantiated. <sup>1</sup>

#### 1

Investigated Indi- cators	Healthy Persons (Control) $= 22$		Patients with Chronic $LCBn = 27$ Cholecystitis	
	Plasma	Saliva	Plasma	Saliva
SUA U / g Protein	$50,\!93 \pm 9,\!51$	$5,35 \pm$	$35,\!11\pm2,\!84^*$	$3,14$ $\pm$
		$0,\!62$		0,21*
MDA, $\mu m$	$3{,}74\pm0{,}21$	$2.02 \pm$	$4.91 \pm 0.13^{*}$	$2,68 \pm$
		$0,\!14$		$0.14^{*}$
Catalase, mM / g	$0{,}55\pm0{,}02$	$0,041 \pm$	$0,34 \pm 0,07^*$	$0,015$ $\pm$
Protein		0,01		0,02*

[Note: Note: \* The reliability of the differences P < 0.05]

Figure 1: Table 1 :

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