

RESEARCH OF THE STRUCTURE OF SOMATIC PATHOLOGY IN PATIENTS WITH APHTHOUS STOMATITIS

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Abstract:

One of the most important areas of modern dentistry is geriatric dentistry. To date, a large body of data on the dental status of the elderly and geriatric population has been published in the literature. Age-related biological changes are known to affect the condition of dental hard tissues, periodontal tissues, and oral mucosa. Geriatric patients receive dental treatment for oral mucosal diseases (COPD) of all taxonomic groups. Traumatic lesions, oral candidiasis, skin diseases, inflammatory (glossitis) and non-inflammatory (glossodynia) diseases of the tongue associated with psycho-emotional disorders, precancerous diseases and malignant neoplasms are often present. General (hypertension, diabetes, diseases of the gastrointestinal tract and hepatobiliary system) and local factors (inadequate hygiene, lack of teeth, irrational prostheses, galvanic current) play an important role in exacerbating the severity of COP and periodontal disease in the elderly. An important risk factor in the elderly may be multiple periodontal diseases causing adverse drug reactions (NPRs) that complicate the course of COP. The combination of general and local adverse factors undoubtedly leads to a worsening of the disease course (decreased salivary secretion, microbial colonization) and deterioration of quality of life in this category of patients. The aim of this study is to investigate the frequency of combination of COP disease with oral somatic pathology and local factors in elderly patients.

Introduction

Materials and methods: In the clinical centers of Uzbek Regional Dental and Orthopedic Department, 120 patients (96 women (80%) and 24 men (20%)) aged 55-85 years with periodontal disease, oral mucosa and perioral (PZO), sent to the department of therapeutic dentistry from other medical institutions in Samarkand, or independently. The dental status of the patients (%) was examined. All patients provided informed consent for examination, treatment, and follow-up, and completed a health questionnaire. The main objectives of the dental examination were collection of complaints, anamnesis of life and disease, visual examination, and dental checkup.

Periodontal examination included examination of tooth mobility, presence and depth of clinical pockets, orthopantomograms, and index scores such as simple hygiene index (OHI-s), bleeding index (SBI), and periodontal index (PI). Examination of the sores and skin determined the primary and secondary morphologic components of the lesion, and topographic maps were determined. For each diagnosed patient, a personalized topographic map (PTC) was created showing the dynamics of observation and treatment, reflecting the location of the lesion at the time of initial treatment. All study participants underwent a physical examination and clinical examination by a local therapist to identify physical pathology and, if necessary, by a dermatologist, gastroenterologist, endocrinologist, and neuropsychiatrist. The results of the analyses were recorded in individual advisory opinion forms. Other laboratory procedures included: - general clinical blood tests - ELISA (for pale treponema, HIV, hepatitis B and hepatitis C) - capillary blood glucose concentration measurements - blood pressure measurements (detection of hemodynamic disturbances) - oral orthodontic appliances according to multifunctional laboratory protocols, wearer's Evaluation of galvanic current (GT) These are specific microbiological, cytological and histological tests.

RESULTS AND DISCUSSION After examining the patients, the following diseases were identified: - periodontal disease - 90% (108 patients); - diseases of the tongue (glossitis, glossodynia, burning tongue syndrome) - 28.3% (34 patients); - traumatic lesions (trauma, galbanosis, leukoplakia) - 27.5% (33 patients.) - skin lesions (CPL, CV, vesiculobullous) - 25% (30 patients); - candidiasis - 9.2% (11 patients); - high-grade precancerous lesions - 7.5% (9 patients); - cancer of the oral mucosa, tongue and lips - 2.5% (3 patients). Somatic pathology (based on PCR data) of the examined subjects is shown in Figure 3.3. Patients with complaints (dryness, burning, pain and difficulty in chewing of the oral mucosa) and clinical symptoms corresponding to microbial infection of the oral cavity were examined at the Clinical Diagnostic Laboratory (CDL) in Samarkand, where a biological material fungus of the genus *Candida* was found. Analysis of the results of the microbiological investigation revealed a two-component microbial association in the biological material in 11 cases, which contained *Candida* spp. fungi at various concentrations (104, 106, and 108 CFU). *Candida albicans* was often associated with *M. lacunata*, *S. salivarius*, *S. viridans* and *E. faecium* at CFU concentrations. On clinical and microbiological examination, candidiasis was associated with galbanosis in 9.2% (11 cases), hyperplasia in 27% (3 cases), erythematous (atrophic) in 73% (8 cases), candidiasis in 63.6% (7 cases) and candidiasis in 11.5% (8 cases). All *Candida albicans* isolates were susceptible to fluconazole, ketoconazole, and itraconazole; analysis of PCP data and isolated taxa of COP disease established an association between COP disease and somatic cell pathology. Diseases of the gastrointestinal tract, GBS and CCC, were associated with tongue lesions (glossitis, glossodynia) and candidiasis. Endocrine and cardiovascular diseases were associated with trauma, squamous cell leukemia, and galbanosis. Skin diseases (rubella, vesiculobullous) and precancerous diseases of the SOPR were often documented against

a background of common somatic diseases (gastrointestinal, CVD, CCC, endocrine system). Dental clinical examination of the oral cavity revealed that of the 120 geriatric patients, 80 (67.7%) had missing teeth, 38 (32.2%) were completely missing, and 2 (1.6%) had retained occlusion. Of the 80 patients requiring orthodontic treatment, 12 (15%) were not receiving orthodontic treatment for various reasons; 48 (60%) had dentures with no oral defects; 20 (25%) had non-removable prosthetics such as perforated artificial crowns, chipped ceramics, gingival recession, short dental crowns, etc. Thirty-eight patients required orthodontic treatment because of a missing prosthesis. Of the 38 patients with complete defects, 23 (60.5%) had removable dentures with no defects and 15 (39.5%) had improper bases for removable and clasp dentures and worn prosthesis). Analysis of BP parameters showed that 38 of the 80 patients had improper dentures, and 21 (55.2%) had galvanic currents greater than 150 mv. - In 80% of the cases, there was poor hygiene in geriatric patients with COP disease; in 42%, irrational dentures were found; and in 55.2%, galvanosis was found.

Conclusion:

The results of this study substantiate the need to: - Improve the level of knowledge of dentists regarding interactions with physicians of internal diseases.

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