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TRANSITIONAL FEATURES OF ACUTE HERPETIC STOMATITIS IN CHILDREN AND MODERN APPROACHES TO TREATMENT

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ABSTRACT:

Herpesviruses are widespread us in the human population. They capable of hitting almost everyone organs and systems, induce neoplastic static processes and development of atherosclerosis, have an adverse effect, and sometimes a fatal effect on the body nism of the fetus and newborns.The article presents characteristic peculiarities of herpetic stomatitis in children. It describes differential diagnostic symptoms. The treatment approaches are given depending on the severity degree of the disease.

KEYWORDS: herpes virus, infection, groprinosin, Oral infection, gingivostomatitis.

INTRODUCTION:

Herpetic gingivostomatitis is a manifestation of herpes simplex virus type 1 (HSV-1) and is characterized by high-grade fever and painful oral lesions. While herpetic gingivostomatitis most commonly occurs in children from ages 6 months to 5 years, it may also occur in adults. HSV-1 is usually spread from direct contact or via droplets of oral secretions or lesions from an asymptomatic or symptomatic individual. Once a patient is infected with the herpes simplex virus, the infection can recur in the form of herpes labialis (cold sores) with intermittent re-activation occurring throughout life.

Herpetic stomatitis

Herpetic stomatitis is a viral infection of the mouth that causes sores and ulcers. These mouth ulcers are not the same as canker sores, which are not caused by a virus. Gingivostomatitis is a highly contagious infection of the mouth. Its main symptoms include pain, swollen gums, blisters, and sores. These sores can develop on the tongue, under the tongue, and on the cheeks inside the mouth, as well as on the lips and gums. It usually spreads through the saliva of an infected individual or by direct contact with a lesion or sore.

Gingivostomatitis is most common in young children, usually under 6 years old, but can also occur in adults. Older people may experience more severe symptoms. Gingivostomatitis is sometimes called herpetic stomatitis because it is usually the result of infection by the herpes simplex virus. Herpes simplex also causes cold sores. However, it is important to note that many different factors can cause the irritation and sores in the mouth that are characteristic of gingivostomatitis.

The general medical term for inflammation of the mouth and lips is stomatitis. Factors that can cause stomatitis include: herpes viruses enteroviruses, such as the coxsackievirus, bacteria, allergies, exposure to irritating chemicals or other substances, radiation and chemotherapy

Symptoms

MATERIALS AND METHODS:

The symptoms of gingivostomatitis include: pain around the gums and mouth, red, swollen gums blisters on the gums, lips, tongue, cheeks, and roof of the mouth, ulcers in the mouth, fever, drooling, especially in children, bad breath, and reluctance to eat or drink.

Some cases of gingivostomatitis may be subclinical, which means that the symptoms are not severe, or easy to identify and diagnose.

In other cases, some individuals may go through a period of feeling feverish and having general malaise before the sores develop. Swollen gums and sores in the mouth make eating and drinking uncomfortable. This can cause children to refuse food and drinks. One study found that 89 percent of children with gingivostomatitis drank less than usual. To prevent dehydration and poor nutrition, adults should monitor children's consumption and ensure they are getting enough fluids.

Adopting a diet consisting of soft foods and avoiding citrus or carbonated beverages can help. In some cases, a person can apply numbing medication to provide relief at mealtimes.

DISCUSSION AND ACKNOWLEDGEMENT:

Causes:

Herpetic stomatitis is an infection caused by the herpes simplex virus (HSV), or oral herpes. Young children commonly get it when they are first exposed to HSV. The first outbreak is usually the most severe. HSV can easily be spread from one child to another. If you or another adult in the family has a cold sore, it could have spread to your child and caused herpetic stomatitis. More likely, you won't know how your child became infected.

Etiology

The causative agent is Herpes simplex virus type 1 (HSV-1), which belongs to the alphaherpesvirus group. The virus is enveloped and has a linear double-stranded DNA genome. HSV-1 is mostly responsible for oral, ocular, and facial infections as it has a tropism for oral epithelium. While most cases of herpetic gingivostomatitis are associated with HSV-1 infection, some adult cases have been reported where HSV-2 was isolated from the oral lesions. Oral infection with HSV-2 is probably transmitted through orogenital contact and has also been observed in HIV-positive patients and patients undergoing immunosuppressive therapy.

Epidemiology

Primary herpetic gingivostomatitis typically occurs in children younger than the age of 5 years, but can also occur in adolescents and adults. HSV-1 is usually acquired in childhood by coming into contact with the oral secretions. It is estimated that almost 90% of the world's population is seropositive for HSV-1 by 35 years of age, and half of the individuals carrying the virus will experience reactivation in the form of herpes labialis. Herpetic gingivostomatitis is equally distributed amongst gender and race groups and is not found to have a particular seasonal or geographic distribution.

Treatment:

Treating gingivostomatitis focuses on providing relief from the painful symptoms and getting rid of the infection.

Standard ways to reduce the discomfort associated with gingivostomatitis include:

Taking over-the-counter pain relievers, as directed rinsing the mouth with a saltwater solution (1/2 teaspoon of salt in 1 cup of warm water) using medicinal mouthwashes drinking plenty of water; eating soft, bland foods, such as applesauce, mashed bananas, and warm oatmeal, that make eating less painful.

A doctor may also prescribe acyclovir, which also helps treat chickenpox, herpes simplex, and shingles. Studies have found that the use of acyclovir:

shortened the duration of symptoms by 20–50 percent led to more rapid healing of sores helped people return to regular eating and drinking habits faster.

Symptoms of gingivostomatitis usually disappear without medical treatment within 1 to 2 weeks, but the infection may recur. People also need to take steps to prevent the spread of gingivostomatitis, particularly among young children. The condition spreads through saliva and by touching the sores, so it is sensible to try to avoid close contact with infected people, and not to allow children with gingivostomatitis to share toys or personal items.

OGS treatment involves the appointment etiotropic, pathogenetic and symptomatic remedies. Prescribed pain medications before each meal topically on the oral mucosa: 5-10% solution anesthesin in peach oil, gels with lidocaine, gels with articaine, etc. After eating, antiseptic treatment of the oral cavity solution rum furacillin 1: 5000, 3% solution , hydrogen peroxide, 0.1% solution of rivanola, 0.12% chlorhexidine solution, 0.01% , solution of miramistin, spray "Hexoral". It is also possible to use binder's means: a strong solution of freshly brewed tea, sage broth, etc. Antiviral drugs are prescribed tea during the period of rash: 5% ointment with aci- clovir is applied to the lesions 5 times a day. Less effective oxo linen, tebrofen, florenal, alpisarin ointment. In severe cases acyclovir is prescribed internally based on 40–80 mg / kg / day 5 times a day.

However, clinical experience has been applied treatment of antiviral medicinal drugs showed that none of they are not able to completely eliminate remove herpes viruses from the body and prevent recurrence of herpes infections.

Given the constant persistence herpes viruses in the body, their suppressive strong influence on the immune system, in complex therapy of herpetic infection factions include immunobiological drugs. Immunomodulators are prescribed in the acute period of the disease and in the early stage convalescence, and later - for prevention of relapse.

As an etiotropic therapy for of herpesvirus infections in many European countries and the Republic of Belarus Groprinosin is used successfully.

Groprinosin (inosine pranobex) - complex synthetic preparation, possessing universal immuno- modulating properties and direct antiviral activity:

- Enhances differentiation T lymphocytes to killer T cells;
- Modulates the relationship between T-suppressors and T-helpers;
- Activates chemotaxis and phagocytosis;
- Stimulates the synthesis of antiherpetic antibodies;
- Activates the complement system and synthesis of endogenous interferon;
- Suppresses the replication of viruses the binding to ribosomes affected virus cells and violation of transcription and translation of viral i-RNA. With acute herpetic stomatitis.

CONCLUSION:

Those Groprinosin is prescribed to children from the 1st year of life at the rate of 50-100 mg / kg per 3-4 doses (after meals), on average 5-7 days. For preventive purposes, it is mean at a dose of 50 mg / kg per day 3 times in week for 3-9 weeks. For the prevention of acute herpes it is necessary to protect drive strict sanitary control with the use of individual masks hygiene products and dishes, cleanliness control stats of hands, a ban on kissing a child and samples of his food, regularly ventilated room installation, etc.

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