

AN EFFECTIVE METHOD OF TREATING CHRONIC RECURRENT APHTHOUS STOMATITIS IN PATIENTS WITH INFECTIOUS PATHOLOGIES OF THE GENITOURINARY SYSTEM AND THEIR TREATMENT METHODS

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Relevance. Chronic recurrent aphthous stomatitis (CHAS) remains one of the urgent problems of practical dentistry, which is confirmed by its high prevalence and lack of effectiveness of treatment methods. With inflammatory pathology of the genitourinary tract, clinic and course, pathological processes in the oral cavity are characterized by the appearance of aphthae, occurring with periodic remissions and frequent exacerbations. In the mucous and submucous membranes of the oral cavity of patients, a violation of immunological parameters, microbiological flora and atypical manifestations of the primary and secondary damaging elements of the mucous membrane are detected. The age of such patients often ranges from 20 to 40 year old patients, and before puberty, persons of both sexes are equally affected, according to the author (Pindbord data) women prevail among adult patients

Based on the foregoing, the study of the specificity of the clinical course of CHRAS in patients with infectious pathology of the genitourinary tract, which haunts patients with their constant unfavorable clinical and psychological symptoms, creates problems for people not only in the medical field, but also with adverse effects on their quality of life.

The purpose and objectives of the study: was the study of the effectiveness of complex methods of treatment and prevention in patients with CHAS against the background of infectious diseases of the genitourinary system based on clinical and laboratory studies.

Materials and research methods: On the basis of the Department of “Dentistry, Pediatric Dentistry and Orthodontics” and “Urology” of TashIUV, where it is located in the “Consultative and Diagnostic Medical Center” of the Institute and the 1st Clinical Hospital in Tashkent, 180 patients aged 25 to 45 years suffering from CHRA were examined. mild,

moderate and severe. Of these, 120 against the background of infectious pathology of the genitourinary tract. The examined patients were divided into 60 patients (1st main group (OG) and 1st comparative group (SG) and 60 patients with CRAS but without pathology of the genitourinary system. Of these, 20 patients were practically healthy as a conditional control group (UKG)

Clinical and dental research and hygienic assessment of the condition of the oral cavity (PR) was carried out by generally accepted methods. In order to study the biochemical composition of displaced saliva, PR, sialic acid levels were studied (by the method of T.L. Hess et al.); photometrics in FEK (KFK-2MP); alkaline phosphatase (ALP) activity was determined; determined the amount of total calcium in saliva; studied the color reaction with o-creosolphthalein complex (o-CPK); the concentration of inorganic phosphorus in saliva was determined. In order to assess the level of secretory immunoglobulin A (Sig A, G, A) in saliva, radial immunodiffusion (RID) in a gel was carried out (G. Mancini. A. Carbonara. 1965).

In the exhaustive group - antihistamines, sedatives, multivitamin preparations and polyoxidonium were included in the general treatment; in the local oral cavity sanitation (filling carious cavities, prosthetics according to indications with ceramic teeth), rinsing "Parsley Juices" and "Clove essential oil".

In hypertension, antihistamines, sedatives, and multivitamin preparations were included in the general treatment regimen; For local treatment, a cotton swab dipped in Aloe Vera oil was placed on the aphthous elements in the oral cavity.

In group II (CG), where the general treatment included the softened root "Ginger" inside, every day in the morning one teaspoon per 100 g. A glass of water and ointment solcoseryl dental adhesive paste (SDAP) "Solcoseryl".

All clinical information of the dental and urological status was entered in the form No. 043 / of the medical records of the dental patient and in a specially designed map of the symptoms describing the pathologies of the genitourinary system and kidneys. All pathology was diagnosed by ICD-10.

According to the results of the analysis of the amount of IgG, we did not find an increase in it, however, in our case, inhibition of the B - cell component of the immune system occurred,

since chronic inflammation initiated by urogenital infection developed. The amount of IgG in patients with CHRA against the background of pathology of the genitourinary tract was 11.2 ± 0.16 g / l compared with the CG: 12.8 ± 0.4 g / l (normal: 7.5-15.45 g / l); the IgA content in the 1st group of patients was 2.45 ± 0.48 g / l compared with the control of 1.9 ± 0.08 g / l (normal: 1.25-2.5 g / l).

According to the results, in the blood of patients with XRA and ureaplasmosis, XRA + chlamydiosis and XRA + mycoplasma, the levels of total protein are significantly higher than in USG: - Levels of alpha 2-globulins, beta-globulins and gamma-globulins with XPA and ureaplasmosis are significantly higher than with USKG; the levels of albumin and alpha 1-globulin are significantly lower with XPA and ureaplasmosis compared with USG; - Among the protein fractions with XPA and chlamydia, changes in the percentage of alpha 2 globulins and gamma globulins were detected, they were significantly increased compared with USG; And the fractions of albumin, alpha globulins and beta globulins with XPA and chlamydia are significantly reduced compared with USG; - A, the levels of albumin and gamma-globulins with XPA and mycoplasmosis are significantly reduced compared with USG; - The levels of alpha 1 and alpha 2 globulins and globulins beta in XPA and mycoplasmosis are significantly higher than in USG. VARIATIONS HRAS + xlamidioze imeyut mecto ctatichecki znachimye obpatnye koppel'yatsionnye zavichimosti mezhdu neopganichekim focfopom and ACAT, obschim kaltsiem and kpeatininom, timolovoy ppoboy and schelochnoy focfatazoy, obschim kaltsiem and schelochnoy focfatazoy, cialovymi kiclotami and schelochnoy focfatazoy, schelochnoy focfatazoy and general belkom, neopganichekim focfopom and obschim calcium, non-organic phosphorus and sialic acids, total calcium and sialic acids.

According to the analysis obtained by clinical, dental and laboratory studies, with etiopathogenetic therapy which includes antihistamines, sedatives, multivitamin preparations, polyoxidonium and local treatment, PR sanitation, rinsing PR with "Parsley Juices" and "Clove essential oil" are more effective than other treatment methods. The effectiveness of the results is confirmed with clinical objective and subjective symptoms, as well as the results of the clinic - laboratory tests like; immunodeficiency of T-cell and B-cell

lymphocyte units with individual characteristics and a significant scatter of indicators in each patient with CPAS, as well as biochemical analyzes - with CPAS and CKD, especially in infectious lesions of the genitourinary tract in the Russian Federation, there is a decrease in alkaline phosphatase activity, total calcium and inorganic levels phosphorus, SIgA and increased ALAT and Ksb. ($p < 0.001$).

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