

Examination of patients with different forms RFL MMOC

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Abstract: *Lichen planus (LP) is one of the most common, often recurrent and therapy-resistant dermatoses localized to the oral mucosa. The incidence of the disease varies from 30 to 35% among the entire pathology of the oral mucosa (OOM), affecting mainly women of the climacteric period and menopause [Kubanova A. A. 2010, Perlamutrov Yu.N. 2010, Julia S. Lehman 2009]. Psychoemotional stress is considered to be one of the triggering factors in the onset of LPO OCPR, and the activity of the processes of free radical oxidation of lipids and the lack of capacity of the antioxidant potential of the body determine the ineffectiveness of therapy, as a result of which it can be concluded that it is necessary to include drugs with antioxidant and anxiolytic properties in the traditional treatment regimen.*

Keywords: *lichen planus, oral mucosa, cytokinin.*

Purpose of the study. Improving the treatment of patients with exudative-hyperemic and erosive-ulcerative forms of lichen planus of the oral mucosa.

Currently, there are no clear statistical data on the frequency of isolated lesions of the oral mucosa with lichen planus. According to various literature sources, it varies from 3.5 to 78%. For example, E. I. Abramova (1966) notes that out of 294 patients with CPL SOPR, only 23% had smooth skin at the same time. According to Rohde (1951-1965), when examining 585 patients with CPL, only 13.5% of patients had isolated lesions of the oral mucosa. Homstein et al. (1980) described the observation of 374 patients with CPL: a change in the SOPR was present in 54% of patients, while only 26.5% had it isolated. Over the past 20 years, the frequency

of occurrence of isolated forms of CPL SOPR has increased by 2 times, so according to Sirak S. V. and Khanova S. A. (2013), the frequency is from 60 to 80% [5, 7].

Thus, CPL SOPR is one of the most complex and urgent problems of modern dermatology and dentistry.

The purpose of the study. Improving the treatment of patients with exudative-hyperemic and erosive-ulcerative forms of lichen planus of the oral mucosa

Materials and methods of research. The examination of patients was carried out by the author of the dissertation work together with highly qualified dermatovenerologists who conduct medical and consultative reception of patients with diseases of SOPR and CCG at the Department of Skin and Venereal Diseases of BUKHMI. When conducting clinical and laboratory studies, the ethical principles adopted by the Helsinki Declaration of the World Medical Association (World Medical Association Declaration of Helsinki, 1964, 2000 edit.) were observed. The clinical examination of patients carried out during the research work, as well as all the clinical and laboratory data obtained, were recorded in the individual patient registration card developed at the Department of Skin and Venereal Diseases of the BUKHMI.

Due to the fact that the studied forms of CPL SOPR have a high potential for malignancy, the clinical study followed the algorithm of the diagnostic process, which has its own characteristics in patients with chronic diseases of SOPR that occur against the background of polymorbid local and systemic disorders, which largely determines the timeliness and effectiveness of treatment of this pathology.

The clinical examination of patients was conducted according to the generally accepted scheme and included: collection of passport data, identification of patient complaints, thorough collection of life history and disease history, examination of the vestibule of the oral cavity and the oral cavity itself. In addition, all patients were referred for consultation to other specialists (therapist, cardiologist, gynecologist, neurologist, urologist, endocrinologist, gastroenterologist, dentist), to exclude severe decompensated somatic pathology that does not allow them to participate in research work. The obtained data were recorded in the protocols of the clinical trial.

Before the start of treatment, all patients with exudative-hyperemic and erosive-ulcerative forms of CPL SOPR were sent to the dentist for oral sanitation.

During the collection of the medical history of the disease, the patient's complaints related to the processes that occurred in the oral cavity (painful sensations, acute pain, itching, a feeling of tension, tightness, burning, discomfort) were clarified. Changes in color, shape, relief, unusual appearance of the mucous membrane; the association of complaints with eating, brushing teeth, talking, taking medications, using specific oral hygiene products; bad breath, tooth mobility was recorded; the general complaints of the patient (malaise, subfebrile body temperature, irritability, sleep disorders, anxiety, carcinophobia, socialization disorders), the time of their occurrence, possible causes, the presence and effectiveness of previous treatment, and the timing of relapses are also evaluated. Anamnesis of life and anamnesis of the disease were carefully collected, since this suggests the cause of the development of the pathological process. Special attention was paid to concomitant pathology, previous diseases, the presence of allergic reactions, hereditary factor, diet regime and nature (food consistency, regularity, the predominance of any products in the diet), the type of activity of the patient and related occupational hazards, bad habits. In women, the

regularity of the menstrual cycle and the time of menopause were recorded. Oral care skills were also recorded (when and how many times the patient brushes his teeth, pastes used, brushes, additional oral care products).

The patients were examined in natural and artificial light. The external examination included an assessment of the patient's appearance, carefully examined the skin (color, the presence of pathological elements on the skin, the condition of the nail plates, the scalp) and the red border of the lips (color, examination of the corners of the mouth, the presence of pathological rashes), evaluated the state of regional lymph nodes.

When examining the vestibule of the oral cavity and mucous membrane, the color (pale pink, jaundice, cyanotic, pale, presence of hyperemia), humidity (dry, moderately moist, moist), consistency (normal, slightly edematous, edematous), hygienic condition, the presence or absence of orthopedic structures were evaluated, special attention was paid to the presence of metal prostheses made of dissimilar metals. The patient's tongue was carefully examined to see if there were any dental impressions or plaque on it. The condition of the filamentous papillae was assessed (in normal condition, hypertrophied, smoothed).

After assessing the condition of the oral cavity, the presence or absence of primary morphological elements was revealed: a spot (erythema, roseola, hemorrhages, telangiectasias, pigmented spots), a papule (round, semicircular, pointed, oval, pin - shaped), a vesicle (its contents are serous, purulent, hemorrhagic, mixed), a plaque, a tubercle, a node, a bubble (the condition of the tire), a cyst (the contents of the cyst), as well as secondary pathological elements (erosion, ulcer, crust, scar).

Based on complaints, anamnesis, and visual assessment of the pathological process in the oral cavity, patients were diagnosed with CPL SOPR. The classification developed by A. L. Mashkillayson in 1984 and improved at the

Department of Skin and Venereal Diseases of the BUKHMI was used.

Assessment of the state of the SOPR in patients with CPL was carried out using the criteria developed by Borovsky E. V. and co-authors in 2001: the presence of papules up to 2 mm in diameter of whitish-pearlescent or gray-white color on the mucous membrane, which can merge with each other, forming bizarre patterns; the presence of plaques, erosions and ulcers; grayish-white plaque on the surface of the lesions, which is not removed when scratching with a spatula; the presence of itching and/ or burning; characteristic chronic long-term course with alternating periods of remission and exacerbations.

The severity of the disease was determined by the area of the affected surface: severe - >3 cm², medium - (S from 1 to 3 cm²), light - <1 cm²).

Research results. The study included 122 patients with a diagnosis of lichen planus of the oral mucosa (exudative-hyperemic and erosive-ulcerative forms) aged 18 to 80 years, the average age was 56.28 ± 3.78 years. The average age of men (n=32) was 58.09 ± 5.12 years, women (n=90) - 54.47 ± 2.44 years. A comparative assessment of the age characteristics of patients with various forms of CPL SOPR was carried out. Thus, it was found that the average age of patients with exudative-hyperemic form KPL RESISTANCE was significantly lower than in patients with erosive-ulcerative form of dermatosis: exudative - hyperemic form - $50,54 \pm 2.38$ years, erosive-ulcerative - $62,02 \pm 5.18$ years (P<0.05).

As a result of examination of the patients included in the study to identify the characteristics of the course and determine the main characteristics of the clinical picture were analyzed localization of the lesions of lichen

planus and severity of dermatosis (Fig.1)

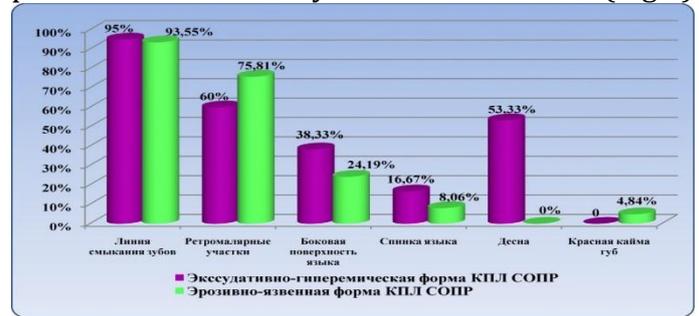


Figure 1. Localization of foci of lesion of CPL SOPR.

The figure shows that the most common localization of pathological changes in lichen planus were the mucous membrane of the cheeks along the line of closing of the teeth and retromalar areas of the SOPR. It is interesting to note that the comparative analysis revealed a significant difference in the number of patients with a certain localization of exudative-hyperemic and erosive-ulcerative forms of CPL SOPR: on the back of the tongue in 16.67% and 8.06% (p<0.05), on the gum 53.33% and 0%(p<0.05) and on the CKG 0 and 4.84% (p<0.05), respectively.

In the exudative-hyperemic form of CPL, a severe course was observed in 41 patients (68.33%), the average severity of the course - in 12 (20.0%) and mild - in 7 (11.67%). In the erosive-ulcerative form, the severe course of CPL SOPR was recorded in 34 patients (54.84%), the moderate severity - in 18 (29.54%), the mild - in 10 (15.62%). Thus, the prevalence of the common process ($8 > 3$ cm²) was noted in patients with exudative-hyperemic form of CPL and moderate severity (S from 1 to 3 cm²) - in erosive-ulcerative form. However, the severity of subjective symptoms in the erosive-ulcerative form of CPL SOPR indicates a more severe course of this form of dermatosis.

Conclusion. A high proportion of polymorbidity was found in COPD with a significant predominance of cardiovascular pathology (90.32%) in erosive-ulcerative form, which was accompanied by pain syndrome (95.16%) and short periods of remission (1.04 ± 0.12 months) with patients' adherence to carbohydrate-rich

foods (77.42%). The exudative-hyperemic form of CPL SOPR was characterized by a more extensive area of the lesion of the oral mucosa, as well as relapses of the disease 1-2 times a year in 86.27% of patients.

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