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Relevance. Diseases of the oral mucosa can manifest themselves by various nosological processes of the oral cavity, but sometimes even against the background of pronounced inflammatory processes, stomatitis, gingivitis and many other diseases do not form, often this is due to systemic viral processes, for example, coronavirus infection [12.14.15]. At the same time, clinical symptoms can be very diverse, or even absent even against the background of changes in the immune and microbial landscape of the oral cavity. With the progression of the disease, the spread of the process to the palate, gums, palatine tonsils, larynx, digestive tract may be noted. It is important to isolate weakened individuals, individuals with immunodeficiency conditions who have been on long-term use of antibacterial agents, corticosteroids and antineoplastic drugs [1.3.4.7.9]. The persistence and recurrent nature of such inflammatory lesions requires not only the usual hygienic measures for the care of the oral cavity and teeth, but also appropriate justified therapy aimed at stimulating the protective forces of the oral mucosa. The oral cavity is anatomically and functionally connected with the pharynx, inflammatory diseases of which are currently in the focus of attention of otolaryngologists due to their wide prevalence, and mainly in people of working age. These diseases are dangerous because they can cause the development of severe complications from the cardiovascular system, kidneys and joints [12.14.15.16].

Respiratory viral infections have manifestations on the mucous membrane of the oral cavity, recognizing which, the dentist can be the first to diagnose the disease. As for the coronavirus infection, we still don’t know much. Unfortunately, there are more questions than answers. In this regard, we believe that a timely study of local immunity against the background of coronavirus infection during a pandemic will be able to answer many questions not only from dentists and immunologists, but also from doctors of related specialties. All these factors explain the wide interest in the problem of correction of violations of local and systemic immunity. Immunomodulatory drugs include drugs that have immunotropic activity and restore the functions of the immune system in therapeutic doses [2.4.6.8.10]. It is clear that immunocorrector drugs are needed that have the properties of a vaccine of local action - it stimulates the defenses of the oral mucosa. Acting through a system of immunological mechanisms, it causes such effects as an increase in the activity of phagocytes with a qualitative improvement in phagocytosis; an increase in the content of lysozyme in saliva, which has bactericidal activity, induction of interferon; stimulation and an increase in the number of immunocompetent cells responsible for the production of antibodies; stimulation and an increase in the content of sIgA, which plays a significant role in the mucosal protection system. The immune responses of the mucous membranes are based on intermolecular and intercellular interactions [5.11.15.16]. However, it is the mucous membranes, due to their topographic position, that are the first to be attacked by pathogens and interact with antigens (AH). The mucous membranes have a complex of factors of nonspecific and immune protection, providing in most cases a reliable barrier to the penetration of pathogens. There are cellular and secretory local immunity, each part in turn refers to specific (adaptive) and non-specific (innate, natural). Natural local immunity is carried out by the barrier properties of the integuments, their production of antimicrobial substances, normal microflora of an organ or tissue, phagocytic reaction, as well as mechanical removal or enzymatic cleavage of the damaging agent. Specific
(adaptive) local immunity is provided by secretory IgA, sensitized lymphocytes and, probably, by selection of cell populations resistant to the damaging agent. Non-immune nonspecific protection factors include: lysozyme; hydrochloric acid of gastric juice; digestive enzymes (proteases); bile; antagonism of normal intestinal microflora; mucus and glycocalyx; normal intestinal peristalsis; secretory activity of the small intestine (in the crypts of intestinal villi, a liquid is secreted that flushes pathogenic agents into the intestinal lumen).

The purpose of the study.
Mechanisms of local immunity of the oral mucosa against the background of coronavirus infection to substantiate the principles of immunocorrective therapy based on the identified changes.

Material and methods: It was verified that patients were in contact with those who had COVID-19 disease. Other infectious diseases have also been identified. At the time of examination, the general condition of the patient is very serious. Welcome, without glasses. Answers the questions correctly. To hurt. The skin and visible mucous membranes are pale, without rash. The nose-lip triangle and fingers-toes have a slightly bluish hue. Body weight is normal. The tongue is clean, dry. There are no deformities in the musculoskeletal system, but intuition and behavior in both legs of the patient are not fully observed until the chest becomes numb. Breathing through the mouth-nose, with the participation of auxiliary muscles. Mixed wheezing is heard against the background of auscultative bubbly breathing. Exhalation and inhalation are observed in hansirash. Respiratory conduction is not audible from the left side (SpO2 - 84-86% when it comes to patients with acute respiratory failure and taking into account the severity of the patient's behavior.) the patient begins with oxygen therapy with warm and moistened oxygen through a nasal cannula. After that, the symptoms of respiratory failure in the patient improve somewhat due to a decrease in axvoli. SpO2-increased to 95%. The heart tones are muted, rhythmic. Peripheral vascular stroke has an average fullness and tension. The abdomen is soft, painless, intestinal peristalsis is audible. The appearance of constipation was independent, it was not present during the examination. Diuresis is carried out through a urethral catheter, colored yellow.

Conclusions.
In medicine, this is called "has not shown its effectiveness." dExamethasone is another story. It is a systemic corticosteroid hormone. Since the 60s, it has been used in autoimmune rheumatoid processes. Corticosteroid hormones have a very wide range of indicators: antiallergic, decongestant (which is important for COVID-19), anti-inflammatory. Compared with the immunosuppressive "Plakvinil", which belongs to the category of C preparators (very weak), "dExamethasone" was more successful. Another difference is the duration of immunosuppression, that is, suppression of the immune response. At "Plakvinil" it is long-lasting, so his rheumatologists prescribed chronicles. Dexamethasone has a short one. It is done once a day. After this time, the hormone may no longer be in the body — it is easily injected and excreted. At the same time, he can also successfully remove the hyperergic reaction with pulmonary edema. Therefore, sometimes you don't need to invent a bicycle, but just remember what our predecessors did. In medicine, you always work on the fact. An important point: there are significantly fewer official diagnoses than pathological processes that are realized in the human body. The doctor looks at the body, analyzes, and understands how it reacts. It acts based on the clinic: there is not enough protein - it makes up and so on.

REFERENCES.


7. Khabibova, N. N. (2021). Examination of patients with different forms RFL MMOC Sobirov Sh. S.


