



PREVENTIVE USE OF ORAL CARE FOR CHRONIC RECURRENT AFTHOUS STOMATITIS

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Summary

Over the past decade, the problem of prevention and treatment of chronic diseases of the oral mucosa has been given considerable attention by domestic and foreign researchers. An exacerbation of recurrent stomatitis can be caused by the condition of the body, the seasonality of allergic reactions, changes in hormonal levels and other reasons. In patients, as a rule, violations of the immunological status are found that correlate with the severity of the clinical course. In everyday clinical practice, patients who seek dental care for diseases of the oral mucosa present one of the most difficult problems in dentistry due to difficulties in diagnosis and treatment. The problem is further complicated by the fact that so far no measures have been developed for the community-based prophylaxis of oral diseases.

Keywords: chronic recurrent atphosis stomatitis, phytocontaining product, mouthwash, oral diseases, prevention.

Аннотация

Сўнгти ўн йил давомида оғиз бўшлиғи шиллиқ қаватининг сурункали касалликларининг олдини олиш ва даволаш муаммоси маҳаллий ва ҳорижий тадқиқотчилар томонидан катта эътиборга олинган. Сурункали стоматитнинг рецидив ҳолатлари организмнинг умумий ҳолати, аллергик реакцияларнинг мавсумийлиги, гормонал ўзгаришлар натижасида рўй бериши мумкин. Беморларда иммунологик ҳолатнинг бузилиши, касалликнинг клиник кечишининг оғир ўтишига сабаб бўлади. Клиник амалиётда оғиз бўшлиғи шиллиқ қавати касалликлари билан мурожаат қилган bemorlarга ташхис қўйиш ва даволаш стоматологияда энг қийин муаммоларидан бири хисобланади. Ҳозирги кунда шундай касалликларнинг профилактикаси бўйича чора-тадбирлар ишлаб чиқилмаганлиги сабабли муаммо янада мураккаблашади.





Калит сўзлар: сурункали рецидив афтоз стоматит, оғиш бўшлиғини чайиш учун мўлжалланган воситалар, оғиз бўшлиғи касалликлари, профилактика

Аннотация

В течение последнего десятилетия проблеме профилактики и лечения хронических заболеваний слизистой оболочки полости рта уделяется значительное внимание отечественных и зарубежных исследователей. Обострение рецидивирующего стоматита может быть вызвано состоянием организма, сезонностью аллергических реакций, изменением гормонального фона и другими причинами. У больных, как правило, обнаруживают нарушения иммунологического статуса, коррелирующие с тяжестью клинического течения. В повседневной клинической практике, пациенты, обратившиеся за стоматологической помощью с заболеваниями слизистой оболочки полости рта (СОПР), представляют одну из наиболее сложных проблем в стоматологии из-за трудностей в диагностике и лечении. Проблема усложняется еще и тем, что до настоящего времени каких-либо мер коммунальной профилактики болезней СОПР не разработано.

Ключевые слова: хронический рецидивирующий афтозный стоматит, профилактика, ополаскиватели полости рта, заболевания полости рта.

Introduction

Chronic recurrent aphthous stomatitis is one of the diseases of the oral mucosa, which manifests itself with the appearance of aphthous rashes with remission and recurrent periods [1,2]. Chronic recurrent aphthous stomatitis is one of the most common diseases of the oral mucosa. According to A.I. Ribakov and G.V. Banchenkov (1978), this accounted for 5% of all patients with oral thrush. According to the World Health Organization, up to 20% of the world's population suffers from stomatitis at some point in their lives [4,5]. Most patients were found to be between 20 and 40 years of age. Before puberty, people of both sexes are equally often ill, but women predominate among adults [3,5]. Factors that contribute to the recurrence of the disease include damage to the oral mucosa, stress, exacerbation of diseases of the gastrointestinal tract, climatic phenomena of nature, vitamin deficiency. There are various theories about the origin of chronic recurrent aphthous stomatitis, such as viral, immune, infectious, allergic, neurogenic [4,7]. Hormonal conditions in the body can also be a cause of recurrence of stomatitis [9]. A characteristic morphological element of chronic recurrent aphthous stomatitis are aphthae, which appear





anywhere in the oral cavity and have a developmental period of 7-10 days. They are often surrounded by a hyperemic border, covered with a yellowish-white fibrous layer on the background of a circular non-inflamed mucous layer. Patients complain of burning sensation in the abdomen, pain when eating and talking. Often the general condition of the patients worsens, headache, insomnia and subfebrile fever can be observed [9,10,11].

The etiology and pathogenesis of chronic recurrent aphthous stomatitis are not fully understood. The role of microbiocenosis of the oral mucosa in the pathogenesis of chronic inflammatory processes [4, 6, 8].

Purpose of the Study

To determine the prophylactic role of oral care products in chronic stomatitis.

Materials and methods

The work was carried out from 2021 to 2022 at the private clinic "Shifo Bakhsh Denta". 55 patients with a history of chronic recurrent aphthous stomatitis were admitted to the clinic with dental pathology. Of these, 23 (main group) used rinses designed for oral care continuously for 6 months. The rinse aid belongs to the company Colgate, contains extracts of chamomile, sage, eucalyptus, which have anti-inflammatory, antiseptic, hemostatic effect. The second control group consisted of 22 patients who did not take prophylactic measures against chronic stomatitis within 6 months. The characteristics of the patient groups included in the study are shown in Table 1.

Table 1 Characteristics of the groups of patients included in the study

№	Indicators	Groups	
		1 main group	2 control group
1	Number of patients	23	22
2	Average age	$39,6 \pm 1,62$	$40,51 \pm 2,03$
3	Gender, %	Men	54,0
		Women	46,0

The diagnosis of chronic stomatitis was studied on the basis of anamnestic data. Particular attention was paid to the state of oral hygiene. State of Oral Hygiene J.K. Green and J.R. Determined by the OHI-S (DI-S) index on Vermillion (1964). The index allows the identification of dental caries and tartar, which are critical to oral hygiene. Evaluation of views can be done visually. Results are expressed in points with hygiene status criteria - good, satisfactory and unsatisfactory.





Colgate phyto-tool for rinsing is recommended 3 times a day for 1 month, then once a day for 5 months after brushing teeth. The results of the study were performed using the method of mathematical processing of variation statistics.

Results and its Discussion

According to the results of the examination of oral hygiene, the periodontal index of the main and control groups, ie the degree of occurrence of signs of inflammation of the periodontal tissues, was assessed as the same. The periodontal index of inflammatory symptoms was determined to be 2.25 ± 0.06 points compared to 4.65 ± 0.09 . This was determined as the degree of damage to periodontal tissue was unsatisfactory. As a result of prophylactic measures taken by the main group of patients within 3 months, the hygiene index reached a satisfactory level (56.5%), and after 6 months the results reached a good level (78.2%). The hygiene index in the control group reached a satisfactory level in 31.8% of patients within 6 months. In the main group of patients, the hygienic condition of the mouth after 6 months was significantly poorer than that of the control group.

In the first major group, the recurrence period of the disease was found to be reduced. According to the results, in the first group of patients - 19.1 ± 0.1 ($P < 0.05$), compared with the second - 11.2 ± 0.1 ($P < 0.01$). According to the results obtained after 6 months, in 76% of patients in the main group ($P < 0.05$), compared with 44% ($P < 0.01$) patients in the control group, there was a decrease in the number of aphthae, pain and burning sensations, hyperemia of periodontal tissue.

Conclusions

As a result of prophylactic measures taken by the main group of patients within 3 months, the hygiene index reached a satisfactory level (56.5%), and after 6 months the results reached a good level (78.2%). The hygiene index in the control group reached a satisfactory level in 31.8% of patients within 6 months. In the main group of patients, the hygienic condition of the mouth after 6 months was significantly poorer than that of the control group.

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against chronic recurrent aphthous stomatitis, i.e., the use of rinsing agents within 6 months, are effective.

Patients reported an improvement in subjective sensations, pain and burning sensations in the oral cavity decreased or disappeared. As a prophylactic measure, it is recommended that rinsing agents can be used 3 times daily in the first month, and in subsequent months, rinsing can be reduced to 1 time (after dental hygiene). Taking all this into account, it should be noted that the means designed for the care of the oral cavity have shown their effectiveness and were considered to be able to be used as a preventive measure.

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