



GENERAL CHARACTERISTICS OF RECURRENT HERPETIC STOMATITIS IN THE MOUTH

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Dedicated to representatives of the Herpesviridae family, pathogenic for humans, which include HPV-1, HPV-2, Varicella-Zoster, cytomegalovirus, Epstein-Barr virus, human herpesviruses 6, 7 and 8 types. The most attention is paid to the herpes simplex virus, as it most often causes lesions in the oral cavity. The main characteristics of the virus, skin lesions, the pathogenesis of the infection, the features of the clinical manifestations of the acute and chronic course of the disease are discussed. The issues of treatment of the disease are covered in detail, the stages of treatment of patients with herpes infection recommended by domestic specialists are given. Affective problems in the treatment of chronic herpetic infection. Particular attention is paid to the etiotropic therapy of the disease, namely the use of drugs from the group of acyclic nucleosides, such as acyclovir, valaciclovir, famciclovir. Their important role is noted both in the complex treatment of manifestations of herpes infection and in the prevention of recurrence of the disease in patients with chronic forms of herpes. Since frequent relapses of the disease in chronic forms of herpes seriously impair the patient's quality of life, it is important to exclude the effect of provoking factors. If this is not possible, the patient should be prescribed a course of prophylactic therapy. The lecture shows one of the recommended regimens for prophylactic antiviral treatment. In addition, the purpose and place of vaccination in complex treatment are shown, some possible vaccination algorithms are shown. The importance of clinical observation of patients with chronic herpetic infection and therapy at the stage when there are no clinical symptoms is emphasized.

Key words: herpetic stomatitis, herpes infection, mechanism of development, symptoms, treatment, diagnosis, relapse prevention,

Introduction

The treatment of patients with recurrent herpes is a complex task, and chronic herpes infection is a poorly controlled disease. In the human body, the herpes virus integrates





into the host genome, where it stays for life, periodically activated, causing relapses that worsen the quality of life of the patient [1-2]. Currently, 8 pathogenic viruses of the Herpesviridae family have been identified: HPV-1, HPV-2, Varicella-Zoster, cytomegalovirus, Epstein-Barr virus, human herpes virus types 6, 7 and 8. The list of human diseases caused by viruses of the family includes labial herpes, herpes of the skin and mucous membranes, ophthalmic herpes, chicken pox, herpes zoster, congenital lesions of the central nervous system, sialadenitis, infectious mononucleosis, hairy leukoplakia, infectious mononucleosis, chronic fatigue syndrome, Kaposi's sarcoma and others. According to WHO, up to 95% of the world's population is infected with one or more strains of the herpes virus. Etiology of the disease Dental manifestations are most often associated with infection with the herpes simplex virus type 1, which causes acute and recurrent herpetic stomatitis, herpes zoster (in 10-20% of cases, the cause of these diseases is the herpes simplex virus type 2). 3]. Other manifestations include chicken pox and herpes zoster (varicella zoster virus), hairy leukoplakia (Epstein-Barr virus), Kaposi's sarcoma (human herpes virus type 8). Herpes simplex virus type 1 is characterized by a short reproductive cycle, high cytopathic activity and the ability to exist in the nerve ganglia in a latent form. The source of the herpes virus can be sick people with clinically visible manifestations of the disease, virus carriers with a latent infection. Infection with the herpes virus occurs more often by contact (through household items, kisses, sexual contacts), less often transplacentally (during the reactivation of the infection during pregnancy), in acute and chronic variants of the disease. The issues of treatment of the disease are covered in detail, the stages of treatment of patients with herpes infection recommended by domestic specialists are given. Affective problems in the treatment of chronic herpetic infection. Particular attention is paid to the etiotropic therapy of the disease, namely the use of drugs from the group of acyclic nucleosides, such as acyclovir, valaciclovir, famciclovir. Their important role is noted both in the complex treatment of manifestations of herpes infection and in the prevention of recurrence of the disease in patients with chronic forms of herpes. Since frequent recurrences of the disease in chronic forms of herpes seriously impair the patient's quality of life, it is important to exclude the effect of provoking factors. If this is not possible, the patient should be given a course of preventive therapy. One of the recommended preventive antiviral treatment regimens is given in the lecture. In addition, the goals and place of vaccination in complex treatment are shown, some possible vaccination algorithms are given. The importance of dispensary observation of patients with chronic herpes infection and therapy at the stage when there are no clinical symptoms is emphasized by transplantation, transfusion, airborne droplets (more typical for chickenpox and



herpes zoster). Pathogenesis After entering the body, the virus invades epithelial cells, replicates and destroys them [4]. Affected cells die. Characteristic vesicles appear on the mucous membranes and skin. Then the virus endoneurally, perineurally penetrates into sensitive nerve endings and paravertebral ganglia, replicates in the nuclei of neurons. Through the efferent nerve fibers, the virus again reaches the skin and mucous membranes - new rashes appear. After 2-4 weeks, the herpes simplex virus is eliminated from tissues and organs, but in a latent state, the virus persists throughout a person's life in the paravertebral ganglia and is reactivated under the influence of various provoking factors. These include hypothermia or overheating, stressful situations, overwork, insolation, trauma of the mucous membrane, surgical interventions, menstruation, prolonged insolation (ultraviolet radiation), intoxication, vitamin deficiency, allergies, overwork, exacerbation of chronic diseases, taking immunosuppressants (corticosteroids, cytostatics). The role of mutations in the regulatory region of the IL28B gene in the body's resistance to viral infections is shown. Clinic Typical manifestations of herpetic infection in the oral cavity are acute and chronic herpetic stomatitis. The period of rashes of acute herpetic stomatitis [5] is characterized by the appearance of single or grouped multiple small (1-2 mm) bubbles with transparent content. The bubbles become cloudy, burst in 1-3 days, and against the background of a decrease in temperature, erosion and foci of necrosis form in their place. Erosions are small, rounded, with necrosis in the center, covered with a fibrinous coating, they can merge, forming larger erosions with scalloped edges. Characterized by soreness of the affected areas, difficulty in eating, salivation. Depending on the severity, the general condition of the patient, the number of elements, and the duration of the disease vary (table). With a relapse of the disease, the intoxication syndrome is less pronounced or absent. The appearance of bubbles is preceded by a sensation of itching, numbness, burning, tension or pain. Typical localization of rashes: the border of the red border of the lips with the skin, the skin around the lips, the wings of the nose, the hard palate, the gums, less often the tongue, cheeks. Bubbles with transparent contents, located in groups, become cloudy, quickly open with the formation of erosion. Erosions are painful, small, rounded, covered with a fibrinous coating, they can merge, forming larger erosions with scalloped edges and separate small erosions around. Erosions on the lips are covered with crusts. Regional lymphadenitis is noted, which persists for some time after recovery. Depending on the frequency of relapses, the following forms of recurrent herpes are distinguished: mild (1-2 relapses in 3 years), moderate (1-2 relapses per year), severe (4-5 relapses per year or permanently). Diagnosis Currently, the following laboratory methods are most commonly used: cytomorphological, immunofluorescent and enzyme immunoassays





for the detection of virus antigens, polymerase chain reaction (PCR). The materials studied during the isolation of HSV, depending on the localization of herpetic lesions, may be the contents of vesicles, scraping of cells from the mucous membrane, and blood. Characteristic in the cytomorphological study of the biological contents of the vesicles and scrapings from erosions in herpetic infection Table Criteria for the severity of acute herpetic stomatitis Severity Mild Moderate Severe Intoxication no noticeable signs pronounced 100 and > vesicles, merging and forming extensive erosions The appearance of elements occurs once occurs in 2-3 stages occurs in 2-3 stages Body temperature up to 37.5 ° C up to 38.5 ° C up to 41 ° C Duration up to 5 days up to 7 days 10-12 days or more is detection after staining in a smear Smears are viewed under a fluorescent microscope. A smear is considered positive if it contains at least 3 morphologically unchanged epithelial cells with intense specific fluorescence and localization typical for HSV in the nucleus or nucleus and cytoplasm simultaneously. The main role in the identification of infection is played by PCR diagnostics - a highly specific method that allows you to determine the presence of viral DNA in the patient's body, even with persistent and latent infection. The disadvantage of the method is a long execution time and false negative results with a low amount of viral DNA in the test sample. Treatment Domestic experts distinguish 4 interrelated stages of treatment of chronic herpetic infection [4]: 1) treatment in the acute period of the disease (relapse); 2) therapy in remission; 3) specific prevention of recurrence of herpes infection using herpes vaccines; 4) dispensary observation and rehabilitation. Treatment in the acute period depends on the severity and to the maximum extent implies general (diet, bed rest, antiviral drugs, non-steroidal anti-inflammatory drugs, desensitizing, interferons) and local (painkillers, antiseptics, antiviral ointments (acyclovir, herpferon, fenistil pencivir, herpenox) , proteolytic enzymes, interferons and keratoplasty). However, the main, basic, etiologic and mandatory treatment is the appointment of antiviral drugs. The main direction is the use of highly specific antiviral drugs - acyclic nucleosides [6]. The first acyclic nucleoside used in clinical practice was acyclovir, which is prescribed for acute infection at 200 mg 5 times a day for at least 5 days, for chronic recurrence - 200 mg 4 times a day. Subsequent research allowed the development first of the L-valine ester of acyclovir - valacyclovir, which has 5 times greater bioavailability. Therapy should be started as soon as possible after the first symptoms appear. The manufacturer's recommended regimens for the treatment of orofacial herpes: valacyclovir 500 mg 2 times a day for 5-10 days. There is a one-day regimen for the treatment of labial herpes: 2 g in the morning, 2 g 12 hours later. There is a scheme for a preventive course of antiherpetic therapy [7] recommended for patients with chronic forms of the





disease to prevent relapse at a high and undesirable risk of its occurrence: Valvir 500 mg 2 times a day 2-3 days before the trigger factor and then continue according to the scheme. Still later, famciclovir was created, which transforms in the body into penciclovir, which has 100 times greater affinity for the thymidine kinase of the virus, the highest bioavailability and the longest residence time in an infected cell (up to 20 hours). Due to the high cost of therapy, systemically famciclovir is prescribed for severe lesions of genital herpes, herpes zoster. Penciclovir itself is part of the Fenistil Penciclovir cream, used for local treatment and in dentistry. In case of recurrent herpes after relief of the main clinical manifestations on the 8-15th day of recurrence, treatment is recommended to be continued. To stimulate the completion of the immune response, immunomodulators or adaptogens of plant origin are used. The use of drugs with an immunomodulatory effect (interferons and their inducers) continues. With severe immunosuppression, consultation with an immunologist is necessary. Restorative, physiotherapeutic treatment, sanitation of foci of chronic infection is carried out. It is necessary to eliminate the dryness of the lips, the possibility of chronic injury to the mucosa. Compliance with the regime of work and rest is shown. Vaccination is carried out in patients with frequent relapses after achieving a stable clinical and immunological remission, 2-3 months after the end of the relapse (if possible). The purpose of vaccination is the activation of cellular immunity, immunocorrection and specific desensitization of the body. One of the basic vaccination schemes with an antiherpetic cultural dry inactivated vaccine with moderate efficiency: 0.2 ml of the vaccine is injected intradermally into the flexor surface of the forearm 1 time in 4 days, 5 injections in total. 10 days after the first, the second course is carried out. For a stable prophylactic effect, it is necessary to conduct repeated courses of vaccination 139 in 3-6-12 months 6-8 times. Vaccination is recommended to be carried out in a hospital setting. The effectiveness of vaccination is called into question by a number of authors. Dispensary observation and rehabilitation of patients with herpes infection includes observation, sanitation of chronic foci of infection, re-use of the vaccine to prevent relapses, hardening of the body, normalization of work and rest, elimination of stress and bad habits, dryness and cracked lips (hygiene-herpes lipsticks, anti-herpes). The patient should be informed about the provoking factors for the recurrence of the disease and try to establish which factors contribute to the exacerbation of the disease in him.





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