

ПРОВЕДЕНИЕ ЛЕЧЕБНЫХ МЕРОПРИЯТИЙ В ПРОЦЕССЕ ИЗУЧЕНИЯ ВЛИЯНИЯ ГЕРПЕТИЧЕСКОГО СТОМАТИТА НА ОРГАНЫ И ТКАНИ ПОЛОСТИ РТА, ПРОТЕКАЮЩЕГО У ИНФИЦИРОВАННЫХ TORCH

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ПРОВЕДЕНИЕ ЛЕЧЕБНЫХ МЕРОПРИЯТИЙ В ПРОЦЕССЕ ИЗУЧЕНИЯ ВЛИЯНИЯ ГЕРПЕТИЧЕСКОГО СТОМАТИТА НА ОРГАНЫ И ТКАНИ ПОЛОСТИ РТА, ПРОТЕКАЮЩЕГО У ИНФИЦИРОВАННЫХ TORCH. ЖКМП.-2023.-Т.4.-№4.-С

Поступила: 12.09.2023
Одобрена: 14.09.2023

Принята к печати: 05.12.2023

Аннотация: Инфицированных TORCh занимает особое место в распространенности заболеваний слизистой оболочки полости рта у инфицированных пациентов, а также в сложности диагностики и лечения герпетических стоматитов на фоне этого заболевания. Это состояние объясняется тем, что начальные стадии патологии протекают без выраженных симптомов, отсутствием возможности получить достаточную информацию об изменениях как в клинических, так и в лабораторных исследованиях, а также отсутствием единых этиопатогенетических взглядов среди специалистов.

Ключевые слова: Пациенты с инфицированными TORCh, стоматология, герпетический стоматит.

TORCH INFITSIRLANGAN BEMORLARDA KECHADIGAN GERPETIK STOMATITNING OG‘IZ BO‘SHLIG‘I A‘ZO VA TO‘QIMALARIGA TA‘SIRINI O‘RGANISH JARAYONIDA DAVOLASH CHORA-TADBIRLARINI AMALGA OSHIRISH

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Qabul qilindi: 12.09.2023
Ko‘rib chiqildi: 14.09.2023

Nashrga tayyorlandi: 05.12.2023

Annotatsiya: TORCh infitsirlangan bemorlarda og‘iz bo‘shlig‘i shilliq qavati kasalliklarining keng tarqalganligi, va ushbu kasallik fonida gerpetik stomatitlarni tashxislash va davolash murakkabligi bilan alohida o‘rin egallaydi. Bu holat, patologiyaning boshlang‘ich bosqichlarining aniq belgilarisiz kechishi, ham klinik, ham laborator tekshiruvlarda o‘zgarishlar to‘g‘risida etarlicha ma‘lumotlar olish imkoniyatining yo‘qligi hamda mutaxassislar orasida yagona etiopatogenetik qarashlar yo‘qligi bilan tushuntiriladi.

Kalit so‘zlar: TORCh infitsirlangan bemorlar, stomatologiya, gerpetik stomatit.

CARRYING OUT THERAPEUTIC MEASURES IN THE PROCESS OF STUDYING THE EFFECT OF HERPETIC STOMATITIS ON THE ORGANS AND TISSUES OF THE ORAL CAVITY, OCCURRING IN INFECTED TORCH

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Received: 12.09.2023
Revised: 14.09.2023

Accepted: 05.12.2023

Annotation: Infected TORCh occupies a special place in the prevalence of diseases of the oral mucosa in infected patients, as well as in the complexity of the diagnosis and treatment of herpetic stomatitis against the background of this disease. This condition is explained by the fact that the initial stages of pathology proceed without pronounced symptoms, the lack of opportunity to obtain sufficient information about changes in both clinical and laboratory studies, as well as the lack of unified etiopathogenetic views among specialists.

Keywords: Patients with infected TORCh, dentistry, herpetic stomatitis.

Relevance: TORCh occupies a special place in the prevalence of diseases of the mucous membrane of the oral cavity in patients with infectious diseases, and the complexity of the diagnosis and treatment of herpetic stomatitis against the background of this disease.

Scientific sources state that " ... studies over the past twenty years have shown that TORCh-infested patients have up to 42% of oral diseases, and with various viruses, up to 80% of these diseases..." observations have been recorded.

At the same time"... The predominance of oral mucosal diseases in TORCh-infested patients as well as between 78.3% and 95.3%..." the observation testifies to the prevalence of pathology. This situation is explained by the fact that the initial stages of pathology go without clear signs, the inability to obtain sufficient data on changes in both clinical and laboratory tests, and the lack of a single etiopathogenetic view among specialists. This will treat and prevent the problem. From an epidemiological point of view, they are characterized by their omnipresence, the variety of mechanisms, pathways, and factors of the spread of pathogens, the high sensitivity of the population to them. Toxoplasmosis, rubella, SMVI and common herpes are also combined with relative safety for immunocompromised individuals and a very high epidemiological risk for the fetus and newborn.

The purpose of the study: to identify herpetic stomatitis in patients with TORCh infective, early diagnosis, complex (with the help of stomaspheres) and improvement of antiretroviral treatment.

Research materials and methods: during the research period, 150 patients with TORCh-infused herpetic stomatitis aged 20-35 who applied to the CARMEN PLUS medical center, of which 58 patients were examined for men, 92 patients for women and 30 non-TORCh infectious patients of the same age contingent for the control group.

Results and analyzes: during our study, we first studied the division of the background of the underlying disease in our patients. In this we have studied the main and comparative group of patients divided into types of herpetic stomatitis. Chronic relapsing herpetic stomatitis prevailed in these due to the fact that our main group of patients had been injected with TORCh. In accordance with this, we have divided our comparison group patients also into types of herpetic stomatitis. The comparative group was dominated by acute herpetic stomatitis. In our opinion, the main group of patients who were studied had a recurrence of herpetic stomatitis as a result of TORCh infections, and based on this, we conducted our study in accordance with the background of the main disease and antiretroviral therapy (Table 3.1).

3.1- table

Division of patients with herpetic stomatitis.

Species	Main (n=150)		Compare (n=30)		$\chi^2= 2,010; r = 0,734$
	abs	M (%)	abs	M (%)	
Acorn	18	12	21	70	
Chronic relapsing	132	88	9	30	

During the study, the location of the elements of damage to the herpetic stomatitis as a result of TORCh infections is more often observed on the mucous membrane of lung – 24 patients (16.0%), in 23 patients (15.3%) – on the mucous membrane of the retromolar sphere, in 19 patients (12.7%) the mucous membrane of the tongue is damaged, in 27 patients (18.0%) – on the mucous membrane of the) were observed in the patient – on the palate, in 11 (7.3%) patients – on the soft palate, and in 9 (6.0%) patients – on the lip mucosa (table 3.2).

3.2 - table

Location of herpetic stomatitis elements as a result of TORCh infections.

Location	Main (n=150)		Compare (n=30)		m
	abs	M(%)	abs	M(%)	
Bucca	24	16,0	11	36,7	2,03
Retromol. area	23	15,3	2	6,7	2,03
Language	19	12,7	4	13,3	2,03
Sub-lingual sphere	27	18,0	3	10,0	2,03
Gum	21	14,0	4	13,3	2,03
Palate	16	10,7	3	10,0	2,03
Velume palate	11	7,3	1	3,3	2,03
Lip	9	6,0	2	6,7	2,03

In our main group of patients, no healthy parodont and mild Grade parodont were found during the study. 51.33% of patients had a mid-level periodont and 48.67% of patients had a mid-level periodont. Mid-level parodont dominated. In our comparison and control group patients, a healthy parodont dominated (63.3% and 53.3%). The comparison group found a mid-level parodont of 23.4% in our patients. A severe degree of parodont was found in 1 patient in a comparison group. A severe degree of parodont did not occur in our control group patients. During the study, complaints of patients were heard and an objective examination was carried out. In patients with TORCh infective, patients with herpetic stomatitis had

greater incidence of pain in the gums, bleeding from the gums, unpleasant odor from the mouth compared to other study groups. In comparison and control group patients, however, dry mouth, bruxism, pain in the tongue and lips, unpleasant taste in the mouth, a feeling of irritation in the tongue, White Carache in the tongue were found 2.5 times less than in the main group.

Conclusion: the effect on oral organs and tissues in TORCh-infected patients suggests that the intensity and prevalence of caries in TORCh-infected patients, the level of oral hygiene, and the condition of periodontal tissues are several times higher than in healthy people. This is an important impetus for the development of dental care in patients with this contingent TORCh infusion.

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