EUROPEAN INTERNATIONAL JOURNAL OF MULTIDISCIPLINARY RESEARCH AND MANAGEMENT STUDIES

VOLUME04 ISSUE01
DOI: https://doi.org/10.55640/eijmrms-04-01-37 Pages: 204-209

THE COMBINATION OF DISEASES OF THE ORAL MUCOSA, THE RED BORDER OF THE LIPS WITH SOMATIC PATHOLOGY AND LOCAL FACTORS OF THE ORAL CAVITY OF GERONTOLOGICAL PATIENTS

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ABOUT ARTICLE

Key words: Traumatic lesions, oral candidiasis, skin diseases, inflammatory (glossitis) and non-inflammatory diseases.

Received: 20.01.2024
Accepted: 25.01.2024
Published: 30.01.2024

Abstract: One of the most important areas in modern dentistry is geriatric dentistry. To date, a large amount of data on the dental status of the elderly and geriatric population has been published in the literature. It is known that age-related biological changes affect the condition of the hard tissues of the teeth, periodontal tissues and oral mucosa.

INTRODUCTION

Geriatric patients undergo dental treatment for diseases of the oral mucosa (COPD) of all taxonomic groups. Traumatic lesions, oral candidiasis, skin diseases, inflammatory (glossitis) and non-inflammatory diseases of the tongue with psychoemotional disorders (glossodynia), precancerous diseases and malignant neoplasms are often found. General (hypertension, diabetes mellitus, diseases of the gastrointestinal tract and hepatobiliary system) and local factors (insufficient hygiene, lack of teeth, irrational prosthetics, galvanic currents) play an important role in exacerbating the severity of COP and periodontal diseases in the elderly. An important risk factor in the elderly may be multiple periodontal diseases that cause adverse drug reactions (NPR), which complicate the course of COP. The combination of general and local adverse factors undoubtedly leads to a deterioration in the course of the disease (decreased saliva secretion, microbial colonization) and a deterioration in the quality of life of this category of patients. The aim of the study was to study the frequency of combination of COP disease with somatic pathology and local factors of the oral cavity in elderly patients.

Materials and methods: At the clinical base of the Uzbek Regional Department of Dentistry and Orthopedics, 120 patients (96 (80%) women and 24 (20%) men) aged 55-85 years with periodontal diseases, oral mucosa and border zones of the oral cavity (PZO) were examined, sent to the department of therapeutic dentistry from other medical institutions the centers of Samarkand or independently observed (%)) were examined for dental status. All patients received informed consent for examination, treatment and follow-up, and a health questionnaire was filled out. The main objectives of the clinical dental examination were to collect complaints, anamnesis of life and disease, external examination and dental examination. The periodontal examination included the study of dental mobility, the presence and depth of clinical pockets, the study of orthopantomograms and index scores such as the simple hygiene index (OHI-s), the bleeding index (SBI) and the periodontal index (PI) With the help of sores and skin examination, primary and secondary morphological elements of the lesion were determined, and the topographic map was determined. the map (according to the Roed-Peterson&Renstrup methodology, modified by Gileva O.S. et al.). For each patient who was diagnosed, a personalized topographic map (PTC) was created with the dynamics of observation and treatment, reflecting the location of the lesion at the time of initial treatment. All study participants underwent a physical examination and clinical examination by a local therapist to identify physical pathology and, if necessary, by a dermatologist, gastroenterologist, endocrinologist and neuropsychiatrist. The results of the analyses were documented in an individual advisory opinion. Other testing procedures included: - general clinical blood test - ELISA (for pale treponema, HIV, hepatitis B and hepatitis C) - measurement of glucose concentration in capillary blood - measurement of blood pressure (to detect hemodynamic disorders) - orthodontic devices in the oral cavity, according to the protocol of the multifunctional laboratory, Assessment of galvanic current (GT) in people wearing They are specific microbiological, cytological and histological studies.

RESULTS AND DISCUSSION

During the examination of patients, the following categories of diseases were identified: - periodontal diseases - 90% (108 patients); - diseases of the tongue (glossitis, glossodynia, burning tongue syndrome) - 28.3% (34 patients); - traumatic lesions (trauma, galbanosis, flat leukoplakia) - 27.5% (33 patients.); - skin lesions (CPL, CV, vesiculobullosis) - 25% (30 patients); - candidiasis - 9.2% (11 patients); - precancerous lesions with high malignant potential - 7.5% (9 patients); - cancer of the mucous membrane of the oral cavity, tongue and lips - 2.5% (3 patients). The somatic pathology of the examined patients (according to PCR data) is shown in Figure 3.3. Patients with unspecified complaints (dryness, burning, pain and difficulty chewing the oral mucosa) and clinical symptoms corresponding

to microbial infection in the oral cavity were examined in the clinical diagnostic laboratory (CDL) of Samarkand, where the biological material fungi of the genus Candida have been discovered. An analysis of the results of a microbiological study showed that in 11 cases a two-component microbial association was found in the biological material, including various concentrations (104, 106 and 108 CFU) of fungi of the genus Candida. Candida albicans was often associated with M. lacunata, S. salivarius, S. viridans and E. faecium in CFU concentrations. During clinical and microbiological examination, candidiasis was diagnosed in 9.2% (11 patients), hyperplastic in 27% (3 patients), erythematous (atrophic) in 73% (8 patients); candidiasis was complicated by galbanosis in 63.6% (7 patients); Candidiasis was complicated by galbanosis in 11.5% (8 patients). All isolated strains of Candida albicans were sensitive to fluconazole, ketoconazole and itraconazole; based on the analysis of PCP data and isolated taxonomic groups of COP disease, an association between COP disease and somatic cell pathology was established. Diseases of the gastrointestinal tract, GBS and CCC were associated with tongue lesions (glossitis, glossodynia) and candidiasis. Endocrine and cardiovascular diseases have been associated with trauma, squamous cell leukemia, and galbanosis. Skin diseases (rubella, vesiculobullosis) and precancerous diseases of the SOPR were often recorded against the background of general somatic diseases (gastrointestinal tract, CVD, CCC, endocrine system). Dental clinical examination of the oral cavity showed that out of 120 geriatric patients, 80 (67.7%) had missing teeth, 38 (32.2%) had complete absence and 2 (1.6%) had preserved occlusion. Of the 80 patients in need of orthopedic treatment, 12 (15%) did not receive orthopedic treatment for various reasons, 48 (60%) had dentures without defects in the oral cavity, and 20 (25%) needed orthopedic treatment due to defects in non-removable prosthetics, such as perforated artificial crowns, chipped ceramics, gum recession and short crowns. 38 patients needed prosthetics. Of the 38 patients with complete defects, 23 (60.5%) had removable dentures without defects and 15 (39.5%) had removable dentures with inappropriate bases of removable and clasp dentures and worn artificial teeth). Analysis of BP parameters showed that 38 out of 80 patients had unreasonable dentures, in 21 (55.2%) galvanic currents exceeded 150 mv: - 100% of cases of COP disease in geriatric patients were associated with somatic pathology. - In 80% of cases, unsanitary conditions were noted in geriatric patients with COP disease, in 42% - irrational prostheses, in 55.2% - galvanosis.

CONCLUSION

The results of the study substantiate the need to: - increase the level of knowledge of dentists on interaction with doctors of internal diseases.

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