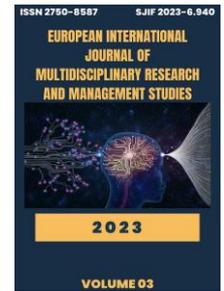


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**IMPROVING THE DIAGNOSIS AND TREATMENT OF PRECANCEROUS DISEASES OF THE
ORAL MUCOSA***Jurayeva Oygul Alisher qizi**Samarkand State Medical University, Uzbekistan**Ortikova Nargiza Xayrullayevna**Samarkand State Medical University, Uzbekistan***ABOUT ARTICLE****Key words:** Atrophic, persistent growth, pre-cancer, static concept.**Received:** 17.03.2024**Accepted:** 22.03.2024**Published:** 27.03.2024**Abstract:** Precancerous diseases of the oral mucosa are an urgent problem of modern dentistry. Precancerous is an atrophic, persistent growth that has not yet become cancerous. Thus, pre-cancer is a dynamic, not a static concept. Being an unstable pathological form, precancerous tumors do not have their own clinical manifestations and reflect the clinic of previous pathology.**INTRODUCTION**

Precancerous diseases of the oral mucosa are an urgent problem of modern dentistry [1, 10, 11]. Precancerous is an atrophic, persistent growth that has not yet become cancerous. Thus, pre-cancer is a dynamic, not a static concept. Being an unstable pathological form, precancerous tumors do not have their own clinical manifestations and reflect the clinic of previous pathology. At certain stages of progression, the process is reversible, and timely and rational treatment can prevent the development of a malignant tumor [2, 9, 13]. One of the factors in the development of precancerous conditions of oral tissues is intolerance to metals and their alloys [5, 8]. According to clinical studies, it occurs in 15-43% at various times after prosthetics and can be caused by: galvanic syndrome, allergic reactions to alloys and toxic damage caused by corrosion products of materials [3, 8]. They are also associated with the general condition of the body and, as a rule, develop against the background of complex pathology of the gastrointestinal tract, endocrine and cardiovascular systems [4, 7]. The clinical picture of intolerance to metal prostheses is manifested by a violation of taste, a feeling of

"passage", increased or decreased salivation and local inflammation of the oral mucosa [6, 12]. The diagnosis and treatment of patients with precancerous conditions in the tissues and organs of the oral cavity are the subject of serious debate. This is due to delayed dental care, insufficient oncological alertness of patients and the lack of clear algorithms for early diagnosis and subsequent treatment of patients with such conditions [2, 14]. In addition, orthopedic treatment for such patients is offered in the form of removal or installation of new similar structures, without taking into account the presence of inflammatory and destructive lesions of the mucous membrane, intolerance to metals and their alloys and background pathology [3, 4]. In this regard, the purpose of this study was to improve the diagnosis and treatment of patients with precancerous diseases of the oral mucosa.

METHODS

100 patients with selective precancerous diseases of the oral mucosa and the red border of the lips, whose average age was 57.1 ± 0.2 years, were examined on the basis of the Department of Orthopedic Dentistry of the Federal State Budgetary Educational Institution "PIMU" of the Ministry of Health of the Russian Federation. The most common disease was erosive ulcerative form of lichen planus (PL), which occurred in 47 patients (47%) and formed the main observation group. The control group consisted of 20 practically healthy women without diseases of the oral mucosa. Participation criteria: gender - female; age - 40-69 years; absence of bad habits (smoking, alcohol consumption); concomitant diseases in remission (gastritis, gastroduodenitis, hypertension, arthritis); absence of HIV, hepatitis and tuberculosis. The study was conducted in accordance with the principles of evidence-based medicine. All subjects were standardized by gender, age category and type of disease. The study was conducted in accordance with the Helsinki Declaration (Helsinki, Finland, 1964), revised in Edinburgh (Scotland) in 2000 and approved by the Ethics Committee of the Federal State Budgetary Educational Institution "PIMU" of the Ministry of Health of the Russian Federation. Informed consent was obtained from each patient. The clinical examination included a doctor's interview, anamnesis collection, visual examination, palpation of regional lymph nodes and examination of the dentition. The examination took into account the age of the prosthesis, the type of material used, the presence of allergic reactions or drug sensitization. At the first stage, all patients underwent direct autofluorescence screening on an AFS-D (Polironik) device to identify early foci of abnormal luminescence and determine the size of the pathological component. The procedure was performed on the 1st, 7th, 10th, 14th and 21st days of treatment and 1-3-6-12 months after treatment. To assess the dynamics of epithelialization of pathological elements, photodocumentation and measurement of the longitudinal (a) and transverse (b) dimensions of the affected surface of the mucous membrane were performed. The area of one ulcer

or erosion was calculated using the formula $S = a \times b$. In the presence of several pathological elements, the total area of the affected surface was calculated using the formula $S = S_1 + S_2 + S_3 + n$. In addition, cytological material was scraped off the surface of the elements and collected, which was placed on slides. The smear examination was carried out according to the methodology of GBUZ NO "City Hospital No. 35" in Nizhny Novgorod. If the patient has removable and non-removable dentures, the biopotential was measured using the Multites IPL 301 device. Measurements were carried out three times at the points "metal-metal", "metal-nonmetal" and "metal-mucosa". Pairs in which a potential difference of at least 120 mV was detected in all three measurements were analyzed. It was assumed that metal inclusions present in at least two of these pairs are involved in the generation of galvanic currents in the oral cavity. In addition, laboratory studies were conducted to assess mucosal immunity by the concentration of immunoglobulins of class G, A, secretory type A and lysozyme of oral fluid, as well as the balance coefficient (Csb) of local immune factors in the oral cavity (Tolkacheva N.I., 1983). Comprehensive treatment of precancerous diseases includes several stages. First, local traumatic factors are eliminated (removal of sharp edges of teeth, crowns and low-quality prostheses made mainly of various metals), specialized hygiene is carried out. Patients with intolerance to metals and their alloys were prescribed Enterogel as detoxification therapy, Kestin as a desensitizer, Trichopol and Delazil as anti-inflammatory drugs, Galavit as an immunomodulator and Aevit as vitamin therapy. The duration of treatment was 14 days. For local treatment, oral antiseptics (0.05% chlorhexidine solution, 0.02% furacilin) with warm baths, the use of Celestoderm ointment for 10-14 days and the application of gauze napkins with rosehip or sea buckthorn oil were recommended. A month after complete epithelialization of erosive and ulcerative elements, temporary teeth made of bis-acrylic plastic were installed in the patient and the material for a permanent prosthesis was individually selected (patent for the invention "Method of individual selection of materials for the manufacture of intraoral dental orthopedic structures" L.N. Kazarina, E.V. Sergel, No. 2646471 05.03.2018). Non-removable prosthetics was performed within a period of 3 to 6 months, without taking into account metal-containing structures. The treatment of patients with precancerous diseases of the oral mucosa is characterized by the use of insulating systems (Cofferdam, Optidam) in preparing teeth for prosthetics, gentle recession of the gingival margin, disinfection of the mucosa after removal of casts or installation of structures and subsequent application of rosehip or sea buckthorn oil. It should be noted that the condition of the soft tissues of the oral cavity was also monitored at the treatment stage. The results were analyzed using STATISTICA version 6.0 (StatSoft, USA) and Microsoft Excel using one-dimensional statistics methods. The results are presented in the form $M \pm m$, where M is the arithmetic mean, m is the standard deviation. The differences and relationships between the indicators were considered reliable and determined

using the Student's t-test with Bonferroni correction if the significance level of p for the corresponding statistical criterion did not exceed 0.05.

RESULTS AND DISCUSSION

The results of the study showed that 93.6% of patients had pain syndromes. They complained of pain, especially when eating spicy, sour or salty food. Taste sensitivity and dysesthesia of the oral cavity were present in 74.4% of patients. In 46.8% of patients, the disease developed due to a broken prosthesis or injury, while in other cases it was provoked by severe stress. The analysis of concomitant diseases showed that 40 patients (85.1%) had comorbid conditions, that is, two or more diseases of internal organs (mainly the cardiovascular system and gastrointestinal tract). Seventeen patients (36.2%) had Grinspoon's syndrome, i.e. e. lichen planus, hypertension and diabetes mellitus. All patients received counseling and supportive therapy from a therapist and an endocrinologist. During the examination of the oral cavity, 95 (95%) out of 100 patients had various dentures installed. At the same time, the design, material and, if possible, the age at which they were installed were taken into account. The analysis of the results shows that cast non-removable cobalt-chrome bridges were most common in 23 patients (23%), stainless steel prostheses in 20 patients (20%) and pressed bridges coated with titanium nitride in 17 patients (17%); metal cobalt-chrome alloy ceramic prostheses: 22 (22%); removable dentures made of base metals: 13 (13%) An objective examination of the oral cavity of 43 (91.4%) patients with erosive ulcerative colitis showed partial tooth loss, while the average value of the CPI index was 18.4 ± 0.02 . Intolerance to metals and their various alloys was detected in 39 (90.1%). The initial values of the potential difference at the two points "metal-metal" and "metal-mucosa" were more than 10 times higher than the standard value. As a result of combined treatment, the pain syndrome decreased in 78.2% of patients on day 7, in 87.0% on day 10 and almost completely disappeared on day 14. The assessment of local immunity in the oral cavity revealed an imbalance of factors: the initial IgG value was significantly higher than the standard value - 0.053 ± 0.002 mg/l (the standard value is 0.042 ± 0.002 mg/l). The IgA concentration also decreased to 0.024 ± 0.002 mg/l (standard value 0.037 ± 0.003 mg/l). In patients with precancerous lesions of the oral mucosa, a decrease in lysozyme activity was observed by 1.8-2 times at a concentration of 30.8 ± 1.2 (normal value 60.3 ± 0.4) in healthy people; the Ksb index was initially 6.01 ± 0.21 (normal value 1.5 ± 0.3). The combined treatment resulted in a significant decrease in IgG concentration, an increase in IgA concentration and an increase in lysozyme concentration in oral fluid, and the integral Ksb index eventually decreased to 1.8 times the initial value.

CONCLUSIONS

Thus, the results of this study confirm the need for a combined approach in the diagnosis and treatment of patients with precancerous lesions of the oral mucosa. The study provides two main recommendations: the widespread introduction of non-contact screening methods for early visualization of pathological changes in the primary focus, in particular methods of autofluorescence and morphological examination. In patients with the presence of metal-containing dentures and symptoms of inflammatory-destructive and keratotic disorders of the mucous membrane, biopotentials are measured at the points "metal - metal", "metal - nonmetallic tissues" and "metal - mucosa". In case of intolerance to metals and their alloys, multi-stage treatment is recommended, including removal of metal-containing structures, specialized hygiene, detoxification, desensitization, anti-inflammatory, immunomodulatory and vitamin therapy. In addition, for patients with precancerous lesions of the oral mucosa, an individual selection of materials for the manufacture of dentures is recommended. An important condition for the management of patients with such diseases is observation at all stages of restoration treatment, including examination, autofluorescence diagnostics and biopotential cytometry.

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