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PERIODONTOLOGICAL ASPECTS OF LICHEN PLANUS OF THE ORAL MUCOSA***Jurayeva Oygul Alisher qizi****Samarkand State Medical University, Uzbekistan****Axmedov Alisher Astanovich****Samarkand State Medical University, Uzbekistan*

ABOUT ARTICLE**Key words:** lichenoid lichen of the oral mucosa, periodontitis, oral hygiene.**Received:** 17.03.2024**Accepted:** 22.03.2024**Published:** 27.03.2024**Abstract:** Lichenoid form of lichen erythematosus is one of the manifest diseases of the oral mucosa. The degree of violation of the periodontal status of the oral mucosa with the development of erosive and ulcerative lesions and chronic course determines the aggressiveness of the clinical course of this disease. The purpose of this study was to study the periodontal status of patients with lichen planus of the oral mucosa. There were 287 patients under observation: 187 patients with lichen planus of the oral mucosa and 100 patients with periodontitis without lichen planus as a control group. The results showed that lichenoid lichen and periodontitis mutually burden each other.

INTRODUCTION

Periodontal diseases negatively affect the digestive function, psychoemotional aspects, reduce the body's resistance to the action of infectious and other factors, sensitize patients against the background of an imbalance in the vital links of human homeostasis [1]. The problem of periodontal pathology is especially acute in patients with complicated diseases, since their course can be mutually aggravated. Rubberoid lichen (RLP) is recognized as one of the manifestations of the disease of the oral mucosa and in more than 80% of cases is associated with the development of chronic generalized periodontitis (CGP) [2; 3]. The localization sites of CGP vary from the buccal mucosa, the mucous membrane of the tongue and the mucous membrane of the gums. Of the six clinical types of CPS of the oral mucosa and the red border of the lips - typical, hyperkeratotic,

exudative-hyperemic, erosive-ulcerative, bullous and atypical [4] - the latter is much less common than the others, which makes it difficult to properly treat CPS, since dentists often diagnose inflammatory periodontal diseases. This is the case with vesiculobullous inflammation. Thus, in vesiculitis, it was found that the periodontal status and the degree of violation of oral hygiene significantly affect the aggressiveness of the clinical course [5; 6]. The purpose of this study was to study the periodontal status in patients with CPL COP.

METHODS

287 patients aged 24-76 years (10 men and 177 women) with various forms of CPL COP who applied to dental medical institutions of the Ural and Bashkir State Medical Universities, and 100 periodontal patients without CPL COP as a control group were monitored groups (Table 1). In all patients, the simplified Green-Vermillion Hygiene Index (OHI-S) was used to assess oral hygiene. To assess the condition of the teeth, the caries intensity index (CII), the Russell periodontal index (PI) and the gingival groove bleeding index (SBI) according to Muehleman and Son were used. The obtained data were statistically processed using a package of application programs for calculating the arithmetic mean (M), the mean square deviation (s) and the standard error (m). The statistical significance of the changes obtained when comparing the averages was determined by the Student's criterion (t), while differences at the 95% probability level were considered to be unconditionally significant.

RESULTS

Typical, exudative-hemorrhagic, erosive-ulcerative, atypical and hyperkeratotic forms of CPL of the oral mucosa were found in 20,9%, 24,5%, 25,7%, 13,4% and 15.5% of cases, respectively. The assessment of oral hygiene showed significantly higher values (2.38 ± 0.06) in patients with COR CPL lesions, especially with erosive ulcerative and atypical forms of lesion, compared with the hygiene index of 1.7 ± 0.17 in patients without COR CPL lesions (Table 2). In 146 patients with CRPS, the bleeding index exceeded 10%, which was significantly higher than the bleeding index of more than 10% in 50 control subjects. It was revealed that the high intensity of caries and periodontal diseases are the basis of poor oral care. As a result, the caries intensity in the CPL SOR group reached 15.3 ± 0.82 , and the "U" component prevailed in the CPI index. In the control group, the CPI index was 12.3 ± 2.3 , and the components "P" and "U" prevailed in the structure of the CPI index. The PI value was also significantly higher in the CPL SOR group - 0.68 ± 0.05 than in the control group, where the PI value was 0.45 ± 0.07 . Inflammatory periodontal diseases in patients with CRPS occurred in 78% of the examined, which is 1.5 times more common than in patients without CRPS (51%), of which 26% of the examined had mild

periodontitis (63% of the control), moderate periodontitis - 53% of the examined (31% of patients without CRPS) and severe periodontitis - 21% of the examined (6% of the control).

CONCLUSION

This study may indicate the presence of mutual aggravation in CPL and periodontitis. Probably, we are talking about the impossibility of oral hygiene against the background of inflammation and pain, increased irritation caused by the hygiene products used, disruption of the cleansing process due to changes in the physico-chemical properties of the oral fluid and the occurrence of an imbalance of microflora. Undoubtedly, all these factors affect the prognosis of the disease and play an important role in choosing a comprehensive treatment for CPL.

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