

FEATURES OF THE CLINICAL COURSE OF LICHEN PLANUS WITH LOCALIZATION ON THE ORAL MUCOSA*Akmalova Guzel Maratovna**Chuikin Oleg Sergeevich**Akateva Galina Grigoryevna**Makusheva Natalya Vyacheslavovna**Department of Pediatric Dentistry and Orthodontics,
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Abstract. The clinical picture and course of lichen planus (CPL) on the oral mucosa have significant differences from its manifestation on the skin. The variety of clinical manifestations and the low effectiveness of the treatment are of certain difficulties and interest not only for dentists, but also for dermatologists in terms of diagnosing and treating CPL of the oral mucosa. The purpose of the work is to identify the clinical features of the manifestation of various forms of CPL with localization on the oral mucosa. [16-19] The study was carried out with the participation of 147 patients with various forms of CPL of the oral mucosa from the age of 24 to 70 years. Results. The results of the study show that the largest number of patients were aged 40 years and older, and women accounted for the vast majority - 95%. Of all forms, erosive-ulcerative were detected more often than others - in 49 (33%) patients. In addition, all examined patients had a combination of CPL of the oral mucosa with another somatic pathology, which requires consultation of appropriate specialists to prescribe adequate treatment.

Key words: lichen planus, oral mucosa, clinical course.

Red lichen planus (CPL) is a chronic, long-lasting dermatosis of a multifactorial nature with diverse clinical manifestations and involvement of the skin, its appendages (hair, nails) and mucous membranes in the process [1-7]. Damage to the oral mucosa (MOP) in CPL can be combined with skin lesions, but it is often of an isolated nature [3, 4]. Most often, the process develops on the mucous membrane of the cheeks, tongue, in the retro-molar region, gum, lips, less often in the area of the bottom of the mouth and palate. Mostly women aged 40 and over are affected [5-7]. There are six clinical forms of CPL of the red border of the lips and SOPR: typical, hyperkeratotic, exudative-hyperemic, erosive-ulcerative, bullous and atypical [3]. The clinical picture and the course of CPL on MOP has significant differences from its manifestation on the skin, in particular, greater resistance to treatment, which is due to the structural features of the mucous membrane, as well as the specificity of biological and physicochemical processes in the oral cavity. A variety of clinical manifestations and low treatment efficacy present certain difficulties and interest not only for dentists, but also for dermatologists in terms of diagnostics and treatment of SOPR CPL. [8-15]

The purpose of this work is to identify the clinical features of the manifestation of various forms of CPL with localization on the oral mucosa.

Material and methods. The study was carried out with the participation of 147 patients with various forms of CPL MOP at the age of 24 to 70 years, who sought advice from a dentistry clinic at the Ural State Medical University and Bashkir State Medical University. The examination of patients with CPL of SOPR included a careful collection of the anamnesis of this disease, clarification of the hereditary predisposition taking into account previous diseases, identification of comorbid conditions and their relationship with the main one, the stage-by-stage manifestation of clinical symptoms of CPL (periods of exacerbation and remission), an allergic factor, and, if necessary, cytological and histological research. When examining SOPR, the tongue and lips, they paid

attention to the presence of signs of inflammation, elements of the lesion, and their localization. The presence of an isomorphic reaction (Kebner symptom) in CPL, manifested by the appearance of fresh primary elements characteristic of this disease at the site of skin or mucous membrane irritation by any exogenous factor, is of important diagnostic value.

Results and discussion. Of the 147 patients included in the study, 140 (95%) were women and 7 (5%) were men. The median age at diagnosis was 48.4 years for women and 47.05 years for men. The duration of the disease was less than 1 year in 3 men and 47 women, the duration of the disease was 1-5 years in 3 men and 53 women, more than 5 years in 1 man and 40 women. No somatically preserved person was found among patients with CPL of SOPR - all patients had concomitant somatic pathology. Most often, the following groups of diseases were noted in the anamnesis: - gastrointestinal tract (77%): chronic gastritis, gastric ulcer, duodenal ulcer, gastrointestinal dysbiosis, viral and toxic hepatitis, chronic cholecystitis, biliary dyskinesia; - cardiovascular system (67%): hypertension, arrhythmia, coronary artery disease, varicose veins, atherosclerosis, vegetovascular dystonia; - endocrine system (39%): diabetes mellitus, hormonal imbalance in women, pathology of the thyroid gland, adrenal glands; - the immune system (43%). A family history of the disease was noted only in 3 patients. A typical form of SOPR CPL lesion was detected in 27 cases. Patients complained of a feeling of tightness, roughness of the SOP. In 43% of cases, the disease was asymptomatic and was accidentally detected upon examination by a dentist. Most often, the process was localized on the mucous membrane of the cheeks along the line of closure of the teeth, the back of the tongue and its lateral surfaces, transition folds of the anterior teeth of the upper and lower jaws, and the retromolar region. The primary morphological element is the miliary papule of a polygonal shape, towering above the surrounding mucous membranes, with a shiny surface. Merging, papules form patterns in the form of lace, fern

leaves, rings, strips on unchanged SRS. In smokers, papules are more pronounced and larger. On the red border of the lips, the papules can merge, forming a strip of whitish color, in some cases taking a star shape. In 40 patients, an exudative-hyperemic form was revealed, which is characterized by typical CPL papules in the presence of chronic catarrhal inflammation in a limited area of the mucous membrane. This form is accompanied by more pronounced pain: burning, pain, aggravated by eating spicy food, talking. Against the background of an inflamed hyperemic mucous membrane, the pattern of papules can lose its clarity and even partially disappear, but in the process of reverse development, when edema and hyperemia of the mucous membrane decrease, the pattern of papules reappears. Erosive-ulcerative form was detected in 49 patients. This is the most severe of all forms, which occurs as a complication of a typical or exudative-hyperemic form. With this form, there are erosions, sometimes ulcers, on the hyperemic and edematous SOP, around which, against the background of pronounced inflammation, papules typical for CPL are located in the form of a pattern. Erosions or ulcers of irregular shape are covered with fibrinous plaque, after which bleeding easily occurs. In 11 cases, erosion and ulcers were single, small, slightly painful, in other cases, multiple with sharply expressed soreness. Sometimes at the site of long-existing erosions and ulcers, patches of atrophy of the mucous membrane appeared. Kebner's symptom was observed in seven patients. A hyperkeratotic form was detected in 14 patients, while on the background of typical papular rashes there were continuous foci of keratinization with sharp boundaries. Patients complained of an unusual appearance and a feeling of unevenness of the SRO. It should be noted that erosive-ulcerative and hyperkeratotic forms belong to the optional precancer. So, in 0.4 to 5% of cases, the disease can become malignant [8, 9], this requires dynamic monitoring not only by the dentist, but also by the oncologist. In 17 patients, an atypical form was revealed, which appeared on the mucous membrane of the upper lip and on the gum in contact with it, characterized by the appearance of a section of congestive hyperemia with clear boundaries, since the primary elements of lichen planus (papules) are barely noticeable. Patients complained of burning, soreness, bleeding gums in the region of the anterior teeth of the upper jaw, especially when brushing teeth. This form is often diagnosed by dentists as an inflammatory periodontal disease [10]. With a bullous form of CPL MOP, patients complain of the periodic formation of blisters, as a result of the opening of which there are constant pains that intensify under the influence of stimuli. Erosion after opening the blisters can epithelize within a few days. The histological picture of CPL in half of the patients is characterized by uneven acanthosis and granulosis. Hyper- and parakeratosis are usually determined. The sawtooth lengthening of the interventricular processes of the epithelium in the mucous membrane (acanthosis) is significantly less pronounced than in the skin. Often observed vacuole degeneration of the cells of the prickly and basal layer of the epithelium. Immediately

below the epithelium is a diffuse, less often strip-like infiltrate, consisting mainly of lymphocytes and plasma cells. Infiltrate almost never penetrates into the lower edematous layers of the connective tissue, it closely approaches the epithelium, as if supports it, and some cells of the infiltrate penetrate the epithelium (exocytosis), so in some places the border between the basal layer and the connective tissue is poorly visible.

Thus, our studies show that the majority of patients are people aged 40 years and older, most of whom are women (95%). In addition, in all the examined patients, a combination of SOPR CPL with another somatic pathology was noted. This fact underlines the importance of the joint management of patients with CPL with clinicians of other specialties. Experience will allow dentists to familiarize themselves with the features of the clinical manifestations of various forms of CPL MOP and will facilitate timely diagnosis and adequate treatment.

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FEATURES OF ORTHODONTIC TREATMENT OF CHILDREN WITH NON-CARIOUS LESIONS OF HARD TISSUES OF TEETH

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Abstract. According to the epidemiological survey in the Republic of Bashkortostan, a high prevalence of dentoalveolar anomalies and non-carious lesions of hard dental tissues in children was revealed. Non-carious lesions of the teeth limit the use of metal elements in orthodontic appliances. Orthodontic treatment was performed for 26 children aged 7-11 years with dentoalveolar anomalies in combination with non-carious lesions of the hard tissues of the teeth. The authors evaluated the effectiveness of the use of LM activator in orthodontic treatment of children of the observed group. The scheme of complex dental treatment of this category of patients is presented.

Key words: dentoalveolar anomalies, non-carious lesions of hard tooth tissues, LM activator, remineralizing therapy, complex dental treatment regimen.

According to an epidemiological survey conducted by the Department of Pediatric Dentistry and Orthodontics, the prevalence of dentoalveolar anomalies in Ufa, which is the center of the petrochemical industry of the Republic of Belarus, during the period of a milk bite is 35.2%, in the early shift bite - 72.5%, in the late interchangeable bite - 78.4%. Anomalies in the structure of the hard tissue of teeth were detected in 18.4% of the examined children, enamel hypoplasia of temporary teeth in 17.8% of preschool children, and permanent teeth in 10.9% of

schoolchildren. In the structure of tooth enamel hypoplasia, a large part falls on systemic enamel hypoplasia, which is 64.7%. This indicator is six times higher than the data on the prevalence of enamel hypoplasia in children living in areas with more favorable environmental conditions [1-6]. The formation of enamel of permanent teeth begins at the end of fetal development, but the main part of the histogenesis of hard tissues of permanent teeth proceeds after birth. Hypoplasia of permanent teeth mainly reflects the condition of the child in the first