

MEDICAL SCIENCES

TREATMENT OF CHRONIC RECURRENT APHTHOUS STOMATITIS

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Abstract.

Chronic recurrent aphthous stomatitis is a multifactorial disease that is associated with diseases of the digestive tract, endocrine, autoimmune, allergic and neurological disorders.

Keywords: Aphthous stomatitis, relapses, Setton's aphtha.

In practical dentistry, the diagnosis and treatment of diseases of the oral mucosa (OMD) in children are associated with certain difficulties. Chronic recurrent aphthous stomatitis (CRAS) is a disease characterized by a severe and long-term course, frequent relapses, and resistance to conventional treatment methods [1, 3, 7, 13]. Considering the close connection of the disease with somatic pathology, its adequate treatment requires a multidisciplinary approach and the participation of a pediatrician, pediatric gastroenterologist and other specialists [8, 9, 10]. The purpose of the work was to present a treatment regimen for a patient with a severe form of chronic relapse. Patient N., 15 years old, came to the hospital with complaints of a burning sensation, pain during eating and talking, and the presence of an ulcer on the oral mucosa. Manifestations in the oral cavity have periodically bothered the patient over the past two years. Relapses occur once a quarter. The lesion element epithelized in the oral cavity within a month. The boy did not go to the dentist for help. According to the mother, the child often (5-6 times a year) suffers from acute respiratory diseases. In 2005, he was examined at the city gastroenterological center, where a diagnosis of gallbladder dysfunction of the hypotonic-hypokinetic type was established. At the moment, we have not been able to identify the provoking factor for the appearance of aphtha. Upon objective examination: the face is symmetrical, pale, no skin lesions were found. The red border of the lips is without pathological changes. On the mucous membrane of the cheeks along the closure line there are imprints of teeth. A soft scar was found on the mucous membrane of the lower lip on the right. On the inner surface of the lower lip on the left there is an oval ulcer measuring 0.7×0.9×0.3 cm, which is surrounded by a border, the surface is covered with fibrinous plaque, and is sharply painful on palpation. The edges of the ulcer protrude above the level of the mucosa. An examination of the hard tissues of the teeth revealed: in the 11th tooth, a stain on the vestibular surface of a yellow-brown color, smooth and painless upon probing. When stained with methylene blue,

it is impermeable to the dye. In the two upper permanent first molars there are fillings made of a composite material with a good marginal fit and matching the color of the tooth; in the 36th and 46th teeth there are carious cavities. The intensity of caries was 4. When examining a patient with complaints of the appearance of aphthae on the surface of the mucous membrane, a differential diagnosis of recurrent herpes and chronic injury should be carried out. To carry out differential diagnosis of viral lesions, oral fluid and the absence of DNA of type I/II herpes viruses were examined [1, 6]. A microbiological study of the oral mucosa revealed a slight increase in the number of fungi of the genus *Candida*, *Str. mutans*, *Str. Sanguis*, *Str. salivarius*, *Str. mitis*. An immunological examination of the child (according to an extract from the medical history) revealed a low titer of immunoglobulins G and M in the blood serum. For cytological examination, a scraping from the lesion was used. The analysis of the results obtained was carried out in accordance with the recommendations of Kimele E. (1984) [4]. A cytological examination of the affected area revealed polygonal epithelial cells with light cytoplasm and a small nucleus, and round-shaped epithelial cells with dark-colored cytoplasm and a large nucleus. Among the epithelial cells there is a significant accumulation of phagocytic neutrophils and lymphocytes. The cellular epithelial index was 4.68. Thus, the results of clinical and additional research methods confirmed the diagnosis of chronic recurrent aphthous stomatitis (Setton's aphtha), severe.

An individualized algorithm for complex treatment of a patient with Setton's aphtha was developed, which included general and local treatment. gallbladder dysfunction with hypotonic-hypokinetic type (prescribed by a pediatric gastroenterologist) included: 1. Choleric (to stimulate bile synthesis) – a suspension of ursodeoxycholic acid 10 mg/kg per day in two doses for three weeks. 2. Cholekinetic (to stimulate contraction of the gallbladder) – artichoke leaf extract, ¼–½ teaspoon three times a day for three weeks. Prokinetic agent domperidone (to restore motor function of the biliary tract) 10 mg three times a day for 15–30 minutes.

before meals for ten days. 4. Tubages of medium mineralization mineral water twice a week No. 10, 100–200 ml. 5. Synbiotic Linex Forte (to restore microbiocenosis of the digestive canal) one capsule with meals for fourteen days. Enterogel, one tablespoon three times a day for seven days to reduce endogenous intoxication 1.5–2 hours before or two hours after meals (taking medications). Compliance with diet No. 5 for one month. 8. Essentuki mineral water No. 17, ½ glass at a temperature of 24° three times a day, 20 minutes before meals, a month after the aphthae has healed. To carry out local treatment during the healing period of the aphthae, the following scheme was used during a visit to the dentist: Pain relief (application of Kamistad gel). 2. Antiseptic treatment of the oral mucosa (rinsing with a 0.2% solution of bigluconate-chlorhexidine). 3. Anti-inflammatory therapy (irrigation of the mucous membranes with Tantum Verde spray). 4. Keratoplasty therapy (from the beginning of epithelization, days 5–6, in the form of phonophoresis of Solcoseryl gel) lasting 5 minutes, eight sessions. The patient also continued treatment at home, taking: 1. Immunomodulator of bacterial and fungal origin "Imudon" (one tablet after meals 4–6 times a day, dissolve in the mouth, then do not eat or rinse your mouth for one hour) in three courses of ten days with two 20-day breaks. . . Rinses and oral baths with Rotokan solution (one teaspoon per glass of warm water 2–3 times a day) during clinical manifestations and 5 days after epithelialization. 3. During the treatment period, Parodontax paste with fluoride was prescribed for hygienic care of the oral cavity for two months. The patient visited the dentist at the clinic every other day.

During the second visit, the patient noted an improvement in his health. The pain remained only when eating. The size of the erosion did not change, it was of the same shape, the surface was covered with plaque. On the mucous membrane of the cheeks there are imprints of teeth along the closure line. During the third visit, the patient's health was satisfactory. Pain when eating. Infiltration of the mucous membrane in the area of erosion has decreased, the affected element is of the same shape and size, its bottom is flat, the surface is covered with fibrinous plaque. The treatment was continued. Fourth visit (two days later): the patient complains of an ulcer. The mucous membrane of the lower lip is less swollen and smooth. The surface of the erosion has cleared of plaque, its depth has decreased, and during palpation there is slight pain. There are no tooth marks on the buccal mucosa. Fifth visit. Complaints of pain when eating solid food. The mucous membrane of the lower lip is pale, without pronounced pastiness and swelling. The erosion has decreased in size to 0.2×0.2×0.2 cm. The bottom is smooth, scarlet in color, and clean. To improve epithelialization, a keratoplasty drug, solcoseryl gel, was introduced into the local treatment regimen, which was administered by phonophoresis [12]. Sixth visit. Complaints of pain due to mechanical irritation of erosion. The lesion element has decreased to 0.1×0.1×0.1 cm. The bottom of the element is clean, areas of epithelialization are noted. A repeat cytological examination was performed. The results of a cytological study showed that the number of

epithelial cells, especially from the upper layers, increased significantly. Among neutrophilic leukocytes, unchanged forms predominated; the number of macrophages and phagocytes decreased. The cellular epithelial index was 2.824, which indicated good epithelialization of the lesion element. The treatment was continued. After two weeks of treatment, the mucous membrane of the lower lip is pale, elastic, and painless. At the site of the ulcer on the surface of slight hyperemia, a soft scar measuring 0.1 cm is determined. After epithelialization of the lesion element, the boy's 36 and 46 teeth were treated for chronic moderate caries and the 11th tooth was restored for local hypoplasia. The follow-up period for this patient was six months. During this time, not a single relapse of chronic recurrent aphthous stomatitis was observed in the presence of stable remission of gastroenterological pathology. The individualized improved algorithm for the treatment of CRAS (Setton's aphtha) developed by the authors, which included local and general therapy, made it possible to significantly reduce the time of epithelialization of the deep element of the lesion of the oral mucosa, achieve long-term and complete clinical remission of the disease and prevent it.

Conclusions.

An individualized approach to the treatment of chronic recurrent aphthous stomatitis (Setton's aphtha) made it possible to significantly reduce the time of epithelialization of deep lesions of the oral mucosa and reduce the frequency of disease relapses.

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