MEDICAL SCIENCES

COMPREHENSIVE TREATMENT OF PATIENTS WITH CHRONIC RECURRENT APHTHOUS STOMATITIS

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Abstract
In the comprehensive treatment of chronic recurrent aphthous stomatitis (CRAS), not only the condition of the mucous membrane of the oral cavity but also the composition of the microflora play a significant role. Numerous highly effective methods exist for the treatment of CRAS, each with its own advantages and disadvantages.

Keywords: aphthous stomatitis, nonspecific resistance, laser therapy, glycerohydrogel.

Choice of Comprehensive Treatment Method for Chronic Recurrent Aphthous Stomatitis (CRAS)

The choice of the method for comprehensive treatment of chronic recurrent aphthous stomatitis (CRAS) depends on the knowledge of the pathogenesis and the composition of the microflora of the oral mucosa (SOPR) [6,]. Many researchers study the oral microflora in patients with CRAS and only then perform targeted comprehensive treatment measures. It is known that the oral cavity is often colonized by lactobacilli, which can produce proteases, peptidases, and bacteriocins, performing the physiologically important function of maintaining the constancy of the internal environment of the body. Lactobacilli participate in ensuring nonspecific resistance and become part of the ecological barrier. In this case, lactobacilli have an antagonistic effect on pathogenic microorganisms by blocking the receptors of epithelial cells, protecting them from harmful microorganisms [1,2]. Local and systemic agents play a special role in preventing this form of the disease . Treatment depends on the form of stomatitis. In certain forms, authors suggest using corticosteroid drugs with anti-inflammatory and desensitizing effects (prednisolone, dexamethasone) . Plasmapheresis helps restore the general status of patients, reduces the duration of epithelialization of aphthae, achieves long-term remissions, and improves homeostasis parameters during the process [4]. I.M. Rabinovich and co-authors applied a 0.12% solution of chlorhexidine, which not only has a disinfectant effect but also a pronounced analgesic effect, as well as Tantum Verde solution and others [15]. An effective antiseptic and anti-inflammatory agent is the preparation Metrogyl Denta, which provides local analgesic effects during use. In stomatitis, when removing necrotic plaque from the surface of affected areas, proteolytic enzymes (trypsin, chymotrypsin) are recommended. Methyluracil and rosehip oil are prescribed to accelerate the epithelialization of pathological elements in CRAS. Some specialists recommend using high-polymer lipoprotein complexes, enzymes, plasmapheresis, and corticosteroids to increase the nonspecific reactivity of the body [4]. To enhance the positive results, some authors suggest using soluble drug films containing substances that can bind with a dense carrier. These films include corticosteroid, antibacterial, antiseptic, and immunomodulatory components [11]. Despite the significant importance of general treatment for stomatitis, local effects are also of great importance [14]. These methods include antiseptic treatment of the oral mucosa, therapeutic effects on injured and infected areas, and the use of analgesics, antimicrobials, anti-inflammatory, and keratoplastic agents.

Microbiological studies of patients with CRAS reveal changes in the oral microflora. Pathogenicity is reduced by using 0.02% furacilin solution and 0.02% etacridine solution, both having antiseptic properties and reducing pain in stomatitis [11]. Many local action drugs are used to enhance the overall treatment. Many researchers emphasize that only long-term treatment of CRAS can yield positive effects [14]. One of the effective physical methods for treating CRAS is laser therapy, which reduces inflammation and accelerates the healing of the mucous membrane [13]. It is advisable to include physiotherapeutic methods in the treatment of stomatitis. For example, polarized light with a wavelength of 400 to 2000 nm is actively used today. The mechanism is explained as follows. The light emitted by the Bionic lamp (Zepter, Switzerland), penetrating the tissues up to a depth of 2.5 mm, increases the enzymatic activity and speed of metabolic and redox processes in the body, enhances blood and lymph circula-

tion, boosts immune and protective properties, regulates the nervous system and neurons, accelerates tissue regeneration, and additionally provides a stimulating effect. Blue light, when treating oral mucosal pathology, expands the arsenal of pathogenetic treatment methods alongside other known physiotherapy agents. This method helps avoid side effects typical of pharmacotherapy, is well tolerated by patients, painless, and can be used as an independent treatment method affecting both local and systemic causes of CRAS development [7]. Stomatitis can also be treated using hyperbaric oxygen therapy, without adverse effects on the body [12]. A key approach and general rule during stomatitis treatment is rational nutrition, including abundant drinking of distilled water, the consumption of vegetables, fruits, broths, and dairy products. During treatment, it is necessary to exclude spicy, salty, and pungent foods and refrain from harmful habits . When prescribing comprehensive pathogenetic pharmacotherapy, it is necessary to consider the features of CRAS progression and the general health of the patient [8]. Patients with CRAS should be examined together with other specialists, as stomatitis may be a manifestation of other systemic diseases. Stomatitis can be caused by Crohn's disease, ulcerative colitis [10], gastrointestinal and blood disorders [5]. Gradually, immunity begins to decline, so comprehensive treatment should include immunomodulators or immunostimulants such as Decaris, T-activin, Dalarhin, and Galavit. According to foreign specialists, the appointment of Decaris is a preventive measure for CRAS recurrences . At the same time, some authors report the lack of positive recovery in patients with stomatitis . They argue that if these drugs are used in smaller quantities, their effect will be immunostimulatory, while in larger quantities, it will be immunosuppressive. Due to the suppression of local immunity and the need for its correction, the immunocorrector Imudon is recommended [9]. Special attention should be paid to providing the body with vitamin complexes, which help prevent relapses of the disease. The vitamin complex C, B improves nerve activity and tissue trophism . The use of eubiotics with local (Acelac, Bifiliz) and systemic effects (Helak Forte) is indicated for long-term CRAS . Highly effective drugs based on silicon-organic glycerohydrogel are available . Homeopathic preparations have specific effects on the body. Thus, the homeopathic preparation Traumeel C, which restores anabolism and catabolism in the body and prevents disease relapses, has shown good results [3].

Conclusions

1. Adequate treatment for CRAS requires studying the etiology, pathogenesis, histological structure of the area affected by aphthous stomatitis, and the composition of the microflora.

2. There are many different highly effective methods for treating CRAS, each with its own advantages and disadvantages.

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