

CHANGES IN THE ORAL MUCOSA AND SPECIFIC CLINICAL SIGNS IN PATIENTS WITH RECURRENT APHTHOUS STOMATITIS

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The relevance of research. Modern social and medical studies show that in the health of the human population (including the dental), in recent decades, unfavorable trends persist. Despite numerous studies, both in our country and abroad, the etiology and pathogenesis of recurrent aphthous stomatitis remains unclear to the end. A significant increase in the prevalence of recurrent aphthous stomatitis, affecting from 20 to 60% of the population, is drawing attention to this serious problem of practical dentistry. Over the past 15 years, scientists around the world have done a great deal of research into the etiopathogenesis, prevalence, intensity of the course of RAS and have proposed various methods of treating this disease [1,3,5]. But in the end, it has not been conclusively established which factors contribute to the development of this disease, and which play a dominant role in the pathogenesis of RAS. Therefore, despite the large number of studies devoted to the etiopathogenesis of RAS, an additional research method for this pathology has not been developed. Moreover, there are certain contradictions in the interpretation of research results [2,7].

The etiology and pathogenesis of chronic recurrent aphthous stomatitis have not been fully elucidated. It has been established that a significant role in the pathogenesis of chronic inflammatory processes belongs to the state of the microbiocenosis of the oral mucosa [4,5]. His participation in the processes of metabolism, vitamin synthesis, the formation of immune status and non-specific resistance has been proven.

Objective: To improve the methods of treatment and prevention by assessing the clinical condition of patients with RAS.

Material and research methods. The study included 106 patients with recurrent aphthous stomatitis. All patients underwent examination and received treatment at the Department of Therapeutic Dentistry of BSMI. In all patients, the frequency of exacerbation of RAS ranged from 1 to 4 or more relapses per year, the duration of the disease more than one year.

Patients were randomly selected during treatment. We examined 27 men (25.5%) and 79 women (74.5%) aged 18 to 53 years. The average age of the patients was 28.63 ± 1.14 years.

Results of the study. The distribution of patients depending on gender and age is presented in table 1.

Among the examined patients, 72.2% of cases (44 people) were women aged 18-29 years, among men, a greater number of requests - 17 (27.8% of cases) - were recorded in the same age group. In general, in all age groups, women were significantly more likely to see a dentist.

Table 1
Distribution of patients with RAS by age and gender

Age	Total patients		Men		Women	
	abs	%	abs	%	abs	%
18-29	61	57,5	17	27,8	44	72,2
30-39	37	34,9	9	24,3	28	75,7
40-49	6	5,6	1	16,7	5	83,3

50-59	2	1,9	0	0	2	100
Total	106	100	27	25,5	79	74,5

The duration of the disease with recurrent aphthous stomatitis in patients participating in the study averaged 5.17 ± 0.38 years. 41 people suffered from RAS from 1 to 3 years. In 38 patients, the disease duration ranged from 3.1 to 5 years, in 12 people RAS was observed from 5.1 to 7 years, 15 patients suffered from the pathology under study for more than 7 years (table 3).

Table 2

Distribution of patients with RAS by disease duration

Age	Total patients		Men		Women	
	abs	%	abs	%	abs	%
1-3 years	41	38,7	14	34,1	27	65,9
3,1-5 years	38	35,8	9	23,7	29	76,3
5,1-7 years	12	11,3	0	0	12	100
7,1 and more	15	14,2	4	26,7	11	73,3

Among all examined men, the duration of the disease in 14 men ranged from 1 year to 3 years, in 9 male patients - from 3.1 years to 5 years, in 0% - from 5.1 years to 7 years, 4 men examined had a history of RAS of 7.1 years or more. In the group of patients with a disease duration from 5.1 years to 7 years, no men were registered.

In 27 women, the course of RAS ranged from 1 year to 3 years, the majority of women who participated in the studies (29 people) suffered from aphthous stomatitis from 3.1 years to 5 years, in 12 patients the duration of the disease ranged from 5.1 years to 7 years, in 11 women, RAS lasted 7.1 years or more.

The number of relapses in the history of patients under observation and having a diagnosis of recurrent aphthous stomatitis amounted to an average of 2.42 ± 0.22 times a year. In 50.9% of patients (54 people), the number of relapses was 1-2 times a year. Frequent manifestation (namely, 3-4 times a year) of RAS on the mucous membrane of the oral cavity of the examined patients was observed in 43 people (40.6% of cases), and 9 patients had a relapse rate of 5 or more per year (table 3).

Table 3

Patient history of RAS by history of relapse rate

Age	Total patients		Men		Women	
	abs	%	abs	%	abs	%
1-2 times	54	50,9	13	24,1	41	75,9
3-4 times	43	40,6	12	27,9	31	72,1
5 and more times	9	8,5	2	22,2	7	77,8

Among men, 13 people suffer from RAS 1-2 times a year, in 12 patients of the male contingent, the number of relapses was 3-4 times a year, 5 or more relapses were observed in 2 male patients. In 41 women, the relapse rate per year was 1-2 times, in 31 patients - 3-4 times per year, in 7 women there were 5 or more relapses per year in history.

Table 4

Localization of pathological elements in patients with RAS

	Total patients	Men	Women

Localization of pathological elements	abs	%	abs	%	abs	%
MM transition folds of the upper lower jaw	29	27,4	7	24,1	22	75,9
MM upper, lower lip	23	21,6	6	26,1	17	73,9
Side surface, tip of the tongue	19	17,9	4	21,6	15	78,4
MM cheeks, bottom of the oral cavity	7	6,6	3	42,9	4	57,1
Mixed localization	28	26,5	7	25,0	21	75,0

Table 4 shows the diversity of localization of pathological elements in patients with RAS. According to the table, aphthous and ulcerative pathological elements on the mucous membrane of the upper, lower lips, transitional folds of the upper, lower jaw and mixed localization of lesion elements are significantly more common in women compared with men ($p < 0.05$).

Localization of aphthous elements on the transitional fold of the upper and lower jaw is significantly more common among patients of both female and male gender.

As can be seen from table 4, in 7 men and 22 women, the pathological process was localized only in the mucous membrane of the transition folds of the upper or lower jaw, aphthous elements on the mucous membrane of the upper or lower lip were observed in 17 women and 6 men, in 4 men and 15 women pathological elements were localized on the lateral surfaces or the tip of the tongue, damage to the mucous membrane of the cheeks or the bottom of the oral cavity was observed in 4 women and 3 men.

Conclusions.

Timely early diagnosis of RAS will allow not only to completely cure the patient, avoid complications, but also to review the low effectiveness of traditional methods of treatment. The results of clinical and dental studies will be used in clinical practice for early diagnosis of RAS.

List of used literature.

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