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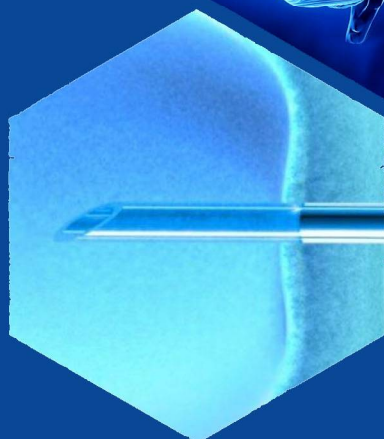
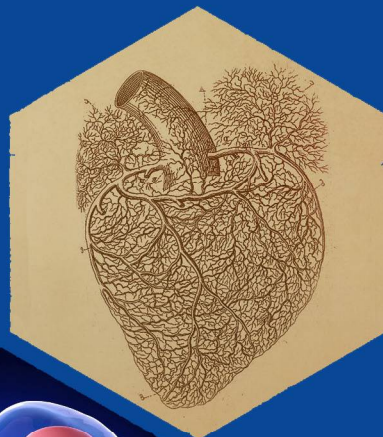
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ЎЗБЕК ТИББИЁТ ЖУРНАЛИ УЗБЕКСКИЙ МЕДИЦИНСКИЙ ЖУРНАЛ UZBEK MEDICAL JOURNAL

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RESEARCHERS VIEWS ON THIS PATHOGENESIS, CLINICAL SIGNS, TREATMENT AND DIAGNOSIS OF HERPETIC STOMATITIS DURING PREGNANCY

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ABSTRACT

Herpetic stomatitis during pregnancy is widespread in dentistry. On the part of the authors, both domestic and foreign, the etiological causes of the development of the disease were studied. Clinical signs were classified according to the severity of the disease. several diagnostic methods are used. In order to improve the effectiveness of treatment, scientists conduct experiments with the introduction of treatment methods in the period.

Keywords: herpetic stomatitis, during pregnancy, mucouse membranes, effective treatment.

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МНЕНИЕ ИССЛЕДОВАТЕЛЕЙ НА ЭТИОПАТОГЕНЕЗ, КЛИНИЧЕСКИЕ ПРИЗНАКИ, ЛЕЧЕНИЕ И ДИАГНОСТИКУ ГЕРПЕТИЧЕСКОГО СТОМАТИТА ВО ВРЕМЯ БЕРЕМЕННОСТИ

АННОТАЦИЯ

Герпетический стоматит в период беременности широко встречается в стоматологии. Со стороны авторов как отечественные так и зарубежные, изучались этиопричины развития заболевания. Были классифицированы клинические признаки в зависимости от тяжести заболевания. применяются несколько методов диагностирования. С целью повышения эффективности лечения ученые проводят опыты с внедрением методов лечения в исследовании.

Ключевые слова: герпетический стоматит, период беременности, слизистые слои, эффективные методы лечебной манипуляции

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АННОТАЦИЯ

Ҳомиладорлик даврида герпетик стоматит стоматологияда кенг тарқалган. Муаллифлар томонидан ҳам маҳаллий, ҳам чет эл касаллик ривожланишининг этиологик сабаблари ўрганилган. Клиник белгилар касалликнинг оғирлигига қараб таснифланган. даволашнинг самарадорлигини ошириш мақсадида олимлар тадқиқотга даволаш усуллари киритиш билан тажрибалар ўтказдилар.

Калит сўзлар: герпетик стоматит, хомиладорлик даври, шиллик пардалар, даволаш услублари.

Introduction. A large number of publications are devoted to the problems of diagnosis and treatment of herpes viral infection, which makes it possible to consider it sufficiently studied.

Thus, despite certain advances in the study of the etiology and pathogenesis of herpes infection in the oral cavity, information in pregnant women with herpetic stomatitis is scarce. In this regard, research on this problem is relevant.

Main part. In the immune genesis of CGS of the oral mucosa in pregnant women, changes in T- and B-cell and humoral immunity dominate. For pregnant women with recurrent herpetic stomatitis of the oral mucosa, an interferon deficiency state is characteristic, which is manifested by an increase in serum interferon and a pronounced decrease in the production of alpha and gamma interferon. With CGS in pregnant women, the regulation of the immune response at the level of the oral mucosa is impaired, which indicates a weakening of the antiviral defense.

Conduction.

Herpetic stomatitis accounts for approximately 80% of all infectious oral stomatitis in the world.[1] Herpetic stomatitis during pregnancy is manifested by rashes on the skin and mucous membranes. The reason is the herpes simplex virus. The trigger will be suppression of the immune response due to the onset of conception, solar insolation, hypothermia. Vesicles of fluid appear in the mouth, which burst, forming ulcers. This is a painful and dangerous form of stomatitis. [5]

Without treatment, it often recurs. Its main factor in the appearance will be weakened immunity, because it is then that the herpes virus is activated.[3]

Viral stomatitis in the early stages and in the 3rd trimester is treated with local remedies. The main representative is Viferon. Effective treatment in the middle of pregnancy involves taking Acyclovir for 5 days. The appointment can only be made by a doctor.[4]

Changing your diet is important to effectively treat stomatitis during pregnancy. The diet involves the use of vitamin foods at a comfortable temperature. Food should be gentle, it excludes hot, too salty, peppery, spicy, sour.[6]

Pregnant women are advised to include in the diet foods containing folic acid, B vitamins, zinc, iron. Useful recommendations about nutrition for stomatitis: give up sour vegetables and fruits, including citrus fruits, tomatoes, plums; exclude spices, add salt in minimal amounts; replace sour sauces with soft ones, based on milk or sour cream; eat only soft foods that cannot damage the mucous membrane.[7]

The following products will be useful for stomatitis: dairy and fermented milk; fresh vegetable juices; processed and soft cheeses; vegetable broths; steamed meat and fish; melon, watermelon, other berries and fruits with a neutral taste (not sour); porridge with milk and water.[9]

Before use, it is recommended to grind all products to a puree state. It is better to replace the usual broths and soups with pieces of meat and potatoes with cream soup and puree soup. The diet should be dominated by foods with vitamins A, B, C.

The food should be warm, and in no case hot. For those with a sweet tooth, it is recommended to switch from cakes to ice cream. Changing the diet, in addition to the listed recommendations, you need to take into account separate rules for pregnant women. Diet for stomatitis should not contradict a healthy diet that is beneficial during gestation. It is better to check with a nutritionist what you can eat and what it is better to refuse.[8]

The classification of herpetic stomatitis includes: acute herpetic stomatitis; chronic recurrent herpetic stomatitis; herpetic geometric glossitis; herpes of gladiators. By degree: sharp; chronic.[10]

Acute herpetic stomatitis has the following stages of development: 1) prodromal, 2) catarrhal, 3) period of rash of lesion elements, 4) period of extinction of the disease, 5) clinical recovery.[12]

Immunity plays a major role in the prevention of this form of the disease. Specific and nonspecific factors of immunological reactivity in the body are taken into account. In studies of nonspecific immunological reactivity, violations of the body's protective barriers were established, which reflected the form of severity of the disease and its periods. development. [14]

The virus disseminates into all organs and tissues through the bloodstream. Penetration of HSV into organs and tissues through the capillary barrier is carried out by diapedesis; HSV penetrates into organs and tissues through the capillary barrier.

The virus multiplies by settling in the liver, spleen. There are necrotic tissue lesions of the type of foci. After increased reproduction, the virus enters all organs and tissues through the barrier of the capillaries and the bloodstream, which is called secondary viremia. During the period of secondary viremia, viruses rush to the skin, mucous membranes, where their intracellular reproduction continues.

Leukocytes and other blood cells begin to be damaged. The period of secondary viremia is associated with the phenomenon of intoxication, damage to tissues of ecto-, meso- and endodermal origin in the internal organs: in the liver, spleen, lungs, gastrointestinal tract, etc.[15]

Clinical manifestations in older people are: there is hyperemia in the oral mucosa, swelling, the appearance of single or multiple ulcers on the inner surface of the cheeks, tongue, palate and lips; temperature rise to 39 ° C; against the background of intoxication, muscle, headaches occur; headaches and muscle pains occur, gums are hyperemic with bleeding, salivation increases.[2]

Now we will analyze in detail each degree of development of the GE and the form

In the prodromal period, the mild form of HS includes: the development of catarrhal gingivitis with symptoms; duration no more than 1 - 2 days; enlargement of lymph nodes during the period; temperature rise no more than 37 - 37.5 degrees.

During the developmental period, the mild form of HS includes: the appearance of single lesion elements, up to about 5 bubbles; hyperemia of the gums is not observed; the duration of the period is 1-2 days; preservation of enlarged lymph nodes.[4]

During the period of extinction, the mild form of HS includes: a decrease in the number and size of bubbles, healing (epithelialization), restoration of the size of the lymph nodes; lowering the temperature; reduction of gingival hyperemia and bleeding.[5,10]

In the prodromal period, the average form of HS includes: general weakness, loss of appetite; an increase in lymph nodes in size; an increase in body temperature up to 37.5 degrees.[5]

During development, the average form of HS includes: chills, general weakness, headache; gum flushing and bleeding, generalized catarrhal gingivitis develops and salivation increases; lesion elements increase to 25; an increase in temperature to 39 degrees.[6,7]

During the period of extinction, the average form of HS includes: restoration of general condition or wellbeing; reduction in the size of lymph nodes and healing of lesion elements.[8]

In the prodromal period, a severe form of HS includes: apathy; headache; musculoskeletal changes such as hyperesthesia can be observed; changes in the cardiovascular system such as bradycardia, tachycardia, hypotension; nausea, vomiting, nose and throat bleeding; inflammation of the lymph nodes is not only in the jaw area, but also on the neck.[10]

During development, severe HS includes: dry lips and crackling; swelling and hyperemia in the oral mucosa; ulcerative gingivitis; increased salivation with blood; an increase in temperature of more than 39 degrees.[5]

A complication of the acute form of herpetic stomatitis is chronic herpetic stomatitis, which occurs in patients with reduced immunity. The reasons may be as follows: local and general immunity is weakened, severe stress, exacerbation of allergies in the body, poor-quality treatment of acute herpetic stomatitis in patients. In this form, herpes rashes appear on the skin near the lips, which, after restoration, remain in the form of crusts or abscesses. [4,8]

In addition, they also distinguish: herpetic myocarditis - the pulse becomes more frequent, blood

pressure decreases, shortness of breath, fever occurs; herpetic meningoencephalitis — increased temperature, headache, vomiting, convulsions; generalized herpes infection with damage to several organs. [1,8]

An inspection of the general local condition and a survey are carried out.[5]

They are used: microscopic analysis - smears taken from the affected mucosa are examined under a microscope to determine the cause of the disease; immunofluorescence analysis (MFA) - is performed during the period of the appearance of rashes; allows you to determine the amount of antigens in the blood; virological research - carried out in the acute period of the disease; used to detect virus cells and antigens in the blood; molecular genetic method (PCR) - performed in the acute period; determines the genotype of viruses and helps to select a method of treatment in the process; immunocytochemistry - is carried out in the acute period to detect viruses in the period; serological test is carried out on the 7-10th day of the disease, to find out the duration of the disease; examination of the cerebrospinal fluid - is used in organism; biochemical blood test - is used to identify changes in the body; instrumental diagnostics - ultrasound, CT, MRI, electroencephalography (EEG), radiography, electrocardiography (ECG), ophthalmoscopy - additional methods for examining of the patients.[10]

Therapeutic measures depending on the degree of herpetic stomatitis affection in patients. [8,12]

Local and general preparations are used: local - antiseptics, gargles, pain relievers and antivirals; general-immunostimulants, desensitizing. Eliminate spicy, salty foods from the diet. [4,14] Preventive measures include: body hygiene and oral mucosa; personal types of hygiene products are used; personal toothbrushes, dishes, towels and cosmetic bags; cleaning and airing are often carried out; hardening of the body to obtain vitro-complexes; full and balanced nutrition in the regime; physical and sports exercises; prevention of diseases of organs and systems in the peroid [15].

The active stage in both asymptomatic and manifest forms of infection can be detected by laboratory methods. Laboratory markers of activation are antibodies to ultra-early proteins (anti CMV - IEA antibodies), IgM to structural proteins (L), low avidity IgG, an increase in IgG antibody titers, the appearance of sero conversion (i.e., the appearance of a positive antibody response in previously negative samples), an increase in the frequency of detection of viruses in various clinical material [16].

In the immune genesis of CGS of the oral mucosa in pregnant women, changes in T- and B-cell and humoral immunity dominate. For pregnant women with recurrent herpetic stomatitis of the oral mucosa, an interferon deficiency state is characteristic, which is manifested by an increase in serum interferon and a pronounced decrease in the production of alpha and gamma interferon. With CGS in pregnant women, the regulation of the immune response at the level of the oral mucosa is impaired, which indicates a weakening of the antiviral defense [17].

CONCLUSION

The effectiveness of herpes simplex therapy depends both on the effectiveness of the specific antiviral drugs used and on the final immune corrective effect, which, on the one hand, necessitated the study of the immune status of patients suffering from this disease, on the other hand, the development of various schemes of combined treatment using various specific antiviral drugs and immune modulators, and the inclusion of physiotherapeutic methods is considered the safest in this period.

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