

kamayishida aniq dinamikani kuzatdik: beshta bemorda nuqta giperemiyasi qayd etildi(25%), og'iz bo'shlig'i shilliq qavati epiteliyasining yaxlitligini buzish bilan birga keladigan travmatik o'zgarishlar.bu vaqt ichida biz aniqlamadik. Bemorlarning shikoyatlari faqat vaqt va alohida holatlarda saqlanib qoldi.

Foydalanilgan adabiyotlar ro'yxati:

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## **DETERMINATION OF ALLERGIC REACTION ON THE ORAL MUCOSA**

*Akbarov Avzal Nigmatullaevich,*

*Zakirova Khilola Xatamiddinivna*

*Ibragimov Abdulla Xatamiddinivich*

*Tashkent State Dental Institute Republic of Uzbekistan*

*Department of Faculty orthopedic dentistry*

**Introduction:** due to numerous manifestations in the oral cavity, bronchial asthma is one of the most pressing problems of modern dentistry.

The oral cavity is an ecological system in which external factors interact with internal ones (periodontium; oral microflora, local immune system, epithelium of the oral mucosa, saliva, etc.). All components of the oral cavity are the initial link in the digestive tract, are in dynamic balance. According to the WHO, in 2017, about 235 million people worldwide suffered from asthma and this figure is projected to increase to 400 million by 2025. Urbanization is considered to be a possible reason for this trend.

One of the urgent problems of modern medicine is the study of etiology, pathogenesis, issues of increasing the effectiveness of treatment and prevention of the most common dental diseases in patients with chronic general somatic pathology (Grudyanov A.I. et al., 2004; Kazarina J.I.H. et al.; 2008, Lukinykh L.M., 2004; Rabinovich O.F. et al., 2004).

**The aim:** To assess and compare the state of the oral mucosa, hard tissues of teeth in patients with bronchial asthma.

**Research Object and Methods:** A total of 50 patients were examined: -34 with bronchial asthma, of which 28 with CGP (chronic generalized periodontitis); -10 only with HGP; -6 control group.

In order to study the assessment of the state of the oral mucosa, the methods IHFV, PMA were used, as well as the dental indicator of KPU for assessing the state of hard tissues.

**Results:** The value of KPU in patients with and without BA does not differ significantly. The following non-carious dental lesions were revealed: wedge-shaped defect, enamel erosion is twice as large in BA patients (73%) than in patients without BA (45%).

Examination of the oral mucosa revealed gingivitis in a large number of patients without asthma compared with another group of patients. Also, an objective examination in patients with asthma is marked by swelling of the tongue, petechial rashes, desquamative glossitis.

**Conclusion:** Thus, bronchial asthma has negative manifestations on the oral mucosa and hard tissues of the teeth, such as: non-carious lesions, swelling of the tongue, petechiae, dry lips.

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### **STOMATOLOGIK XOM ASHYOLARGA OG'IZ BO'SHLIG'IDA ALLERGIK REAKSIYALARNING NAMOYON BO'LISHI**

*Akbarov Avzal Nigmatullaevich., Zakirova Xilola Xatamiddinivna., Ibragimov  
Abdulla Xatamiddinivich.*

*Toshkent davlat stomatologiya institute. Fakultet ortopedik stomatologiya  
kafedrası.*

**Kalit so'zlar:** bronxial astma, dinamik muvozanat, namoyon bo'lish. Kirish: og'iz bo'shlig'ida ko'plab ko'rinishlar tufayli bronxial astma zamonaviy stomatologiyaning eng dolzarb muammolaridan biridir. Og'iz bo'shlig'i ekologik tizim bo'lib, unda tashqi omillar ichki omillar bilan o'zaro ta'sir qiladi (periodontium; og'iz mikroflorasi,