

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

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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,

mahalliy immunitet tizimi, og'iz shilliq qavatining epiteliysi, tupurik va boshqalar.). Og'iz bo'shlig'ining barcha tarkibiy qismlari ovqat hazm qilish traktining dastlabki bo'g'ini bo'lib, dinamik muvozanatda. JSST ma'lumotlariga ko'ra, 2017 yilda, taxminan 235 million kishi dunyo bo'ylab astma jabrlangan va bu ko'rsatkich 400 tomonidan 2025 million oshirish rejalashtirilmoqda. Urbanizatsiya ushbu tendentsiyaning mumkin bo'lgan sababi deb hisoblanadi.

Zamonaviy tibbiyotning dolzarb muammolaridan biri surunkali umumiy somatik patologiyasi bo'lgan bemorlarda etiologiya, patogenez, davolash samaradorligini oshirish va eng ko'p uchraydigan tish kasalliklarini oldini olish masalalarini o'rganishdir (Grudyanov A. I. va boshq., 2004; Kazarina J.I.H. va boshq. 2008, Lukinykh L. M., 2004; Rabinovich O. F. va boshq., 2004). Maqsad: bronxial astma bilan og'rigan bemorlarda og'iz shilliq qavati, tishlarning qattiq to'qimalari holatini baholash va taqqoslash.

Tadqiqot ob'ekti va usullari: jami 50 bemor tekshirildi: -34 bronxial astma bilan, shundan 28 tasi CGP bilan (surunkali umumiy periodontit); -10 faqat HGP bilan; -6 nazorat guruhi. Og'iz mukozasining holatini baholashni o'rganish uchun IHFV, PMA usullari, shuningdek qattiq to'qimalarning holatini baholash uchun KPU tish ko'rsatkichi ishlatilgan.

Natijalar: BA bo'lgan va bo'lmagan bemorlarda KPU qiymati sezilarli darajada farq qilmaydi. Quyidagi kariyessiz tish lezyonlari aniqlandi: xanjar shaklidagi nuqson, emal eroziyasi BA bemorlarida (73%) ba bo'lmagan bemorlarga qaraganda ikki baravar katta (45%). Og'iz mukozasini tekshirish boshqa bemorlar guruhiga nisbatan astma bo'lmagan ko'plab bemorlarda gingivitni aniqladi. Shuningdek, astma bilan og'rigan bemorlarda ob'ektiv tekshiruv tilning shishishi, petexial toshmalar, desquamativ glossit bilan belgilanadi.

Xulosa: shunday qilib, bronxial astma og'iz mukozasida va tishlarning qattiq to'qimalarida salbiy ko'rinishlarga ega, masalan: kariyes bo'lmagan shikastlanishlar, tilning shishishi, petexiya, quruq lablar.

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