PECULIARITIES OF TREATMENT OF CHRONIC RECURRENT APHTHOUS STOMATITIS Shomukhamedova F.A., Ubaydullaeva N.I., Abdalieva U.P. Tashkent State Dental Institute

Relevance. Chronic recurrent aphthous stomatitis (CRAS) is a chronic inflammatory process of the oral mucosa (OM), which occurs more often in children over 4 years of age and in adults in 10-50% of patients [1, 2]. The ongoing disease is severe and long-lasting, with frequent relapses and resistance to various treatment methods [1-3]. In today's time, the etiopathogenet of HRAS remains completely cryptogenic, and the treatment of patients with such a diagnosis is difficult; HRAS is considered as a multifactorial disease, the formation of which involves the body's autoimmune response, allergic, endocrine and hereditary factors [1-41-8 development of chronic recurrent ephthous stomatitis is associated with somatic pathologies (gastrointestinal diseases, central nervous system disorders, hypo- and avitaminosis).

Materials and methods. The study was conducted at the Department of Pediatric Therapeutic Dentistry of the TDSI. 20 people (11 women and 9 men) aged 22 to 45 years with CRAS were selected for the study.

The subjects were divided into 2 groups: the 1st main group - 11 people, in this group Tykveol oil was prescribed as part of complex local treatment, and in the 2nd control group - 9 people, they were recommended traditional therapy. The diagnosis of CRAS was established on the basis of anamnestic data and the characteristic clinical picture of the disease. The hygienic condition of the oral cavity was assessed before treatment, at the end of the 7-day course of treatment and 14 days after the start of treatment: according to the Green-Vermilion index (OHIS IG). Patients were examined for bacteriological examination to identify bacterial and fungal flora.

Research Results. Relapses of chronic somatic diseases were a common cause of the onset or exacerbation of the disease. The duration of the disease ranged from 3.5 months to 3 years. All patients had complaints about the appearance of ulcers in the oral cavity, redness of the oral cavity, pain, and burning sensation when exposed to various irritants. Objectively, on the oral mucosa there was one, or less often two, aphthae of a round or oval shape, 4-9 mm in size. The aphthae, surrounded by a narrow rim of bright red inflammatory hyperemia, did not protrude above the surrounding tissues.

Sources used.

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