

**IMPROVEMENT OF CLINICS, DIAGNOSIS AND TREATMENT OF ACUTE
HERPETIC STOMATITIS IN CHILDREN**

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ANNOTATION

This article discusses the types of herpes viruses and their effects on humans. Scientists have analyzed the forms of the virus and the changes in the human body that infect it. At the end, suggestions and conclusions were made in the framework of the topic analysis.

Keywords : *Herpes virus, infection, transplantation, necrotic wound, infectious virion, recurrence.*

INTRODUCTION

The term "herpes" has been used in medicine since the 25th century. The term can also be found in the manuscripts of Hippocrates, Abu Ali Ibn Sina, Paracelsus. There are about 90 strains of the herpes virus that are pathogenic to humans. Common herpes virus (CHV) belongs to types I and II, chickenpox - herpes zoster, Epstein - Barr, cytomegalovirus, human herpes virus - type 6, 7 -, and 8. According to the WHO, deaths from the herpes virus are the second leading cause of death after the flu. 15-20% of people accidentally become infected with CHV. We can assume that the virus is present in small amounts in the environment. The amount of virus that can be transmitted is sufficient in saliva and other biosubstrates. In 60% of cases, the infection does not develop during the prodromal period and goes out into the external environment along with saliva. Infectious virions are detected when infected with CHV (in virology). The virus is found not only in the blood, but also in the whole organism, especially in the spinal fluid. The shell of several viruses consists of a lipoprotein substance. This shell is easily damaged at high temperatures, as well as easily destroyed in disinfectant and detergent solutions.

The virus can be transmitted through contact, airborne droplets, sexual intercourse, blood transfusions, and transplant routes.

RELEVANCE OF THE TOPIC

Acute herpetic stomatitis mainly affects children under 3 years of age. Pathogen: Herpes simplex is a simple herpes virus. Air is spread by droplets, through contact, toys, dishes. Incubation period: 2-6 days to 17 days. Causes include: depletion of the immune system passed through breast milk, children have independent immune organs, immature cells, immature, artificially breastfed children, open gates for infection - tooth decay.

The above etiological factors are observed in many children. Therefore, this disease is more common in children. The sad fact is that once the virus is infected, it stays hidden in the body for a lifetime and relapses when favorable conditions arise. Our goal is to provide a more in-depth analysis of the pathogenesis of this disease, to select the optimal treatment plan, and to prevent recurrence of the disease.

The course of the disease - depending on the condition of the sick child, the clinical form is divided into 3 groups: mild form, moderate-severe form, severe form. It has 5 stages of development:

1. *Incubation*
2. *Prodromal - the period of onset,*
3. *The development of the disease - the period of rash,*
4. *The period of disease progression,*
5. *The period of recovery.*

Clinic of mild form: pain in feeding, little change in the general condition of the child, the child is capricious, subfebrile temperature, prodromal period is not defined. In the oral cavity, there is redness of the gums, catarrhal gingivitis, redness of the mucous membranes, mild edema, gums, lining of the tongue with a size of 1-5 mm. The disease lasts 4-5 days..

In moderate to severe form: The clinical picture is acute, with a body temperature of 38 g. and will be higher. The child's general condition worsens, relaxation, weakness, irritability, sleep disturbances, headaches, vomiting, diarrhea occur. These are accompanied by signs of catarrhal inflammation (cough, runny nose, conjunctivitis). Lymph nodes become inflamed and swollen, there is pain on palpation. At the onset of the disease in the oral cavity are detected symptoms of catarrhal gingivitis, salivation from the mouth. After 2 - 3 days on the mucous membranes, red border of the lips, grouped blisters on the skin of the face, papules appear on the skin and quickly rupture, resulting in joint erosion, aphthae - sores. The integrity of the mucous membrane is severely compromised, secondary infection is activated. Wounds are located in the area of the scalp, tongue, gums, lips, cheeks, palate and are covered with gray-gray discharge. The mucous membranes become sharply red. Saliva flow increases, saliva is viscous, has an odor when applied. The period of rash lasts 2-4 days. In the severe form of the disease, deep necrotic lesions appear and the disease lasts for 15-18 days.

The pathogenesis of acute herpetic stomatitis lies in a decrease in general and local immunity, so treatment is carried out both general and local. General treatment begins with good care of the child. It is recommended to pay attention to a rational diet, increase the amount of fluid, give drugs that improve digestion, because, due to the disease, the activity of the pancreas decreases.

In hyposensitizing therapy, Diazolin 0.02 - 0.05 g in the evening, Fenkaril 0.02 - 0.05 g in the evening, Tavigil (syrup) up to 1 g, 2.5 ml. drink Calcium drug (calcium gluconate) is taken 1 tablet for children over 6 years, 1/2 tablet for 4-6 years, 1/4 tablet for 4 years. If the temperature is high, Paracetamol, Ibuprofen, Ibuprofen are prescribed.

As you know, there are many antiviral drugs available today. Acyclovir, Alpizarin, Cycloferon, Viferon are mainly used in the treatment of herpes. Immunomodulatory drugs (Imudon, Lycopid, Polyoxidonium, Lysobacter) stimulate immunity and help the body fight the virus.

Local treatment begins with anesthesia. Because acute herpetic stomatitis damages the mucous membrane of the oral cavity, the child does not want to eat, so it is advisable to anesthetize before eating. Analgesics (5% Anesthetic emulsion, 1% Promicain ointment, 10% Lidocaine aerosol, Artikain, etc.). After meals, it is

important to clean with antiseptic drugs (Furacillin 1: 500, 3% hydrogen peroxide, 0.1% Ribanol, 0.12% Miramistin solution, Hexoral spray). According to the literature, children should use preparations made from natural products (birch buds, leaves, ordinary pine buds, eucalyptus leaves, colanohoe and calendula juice, chereda, chamomile, anise, sage leaves) as much as possible.

Local treatment may include physiotherapy, ozone therapy, laser therapy. The use of these treatments shortens the disease period. In the recovery period of acute herpetic stomatitis, the use of minerals and vitamins, especially vitamins A and E, keratoplastic drugs (namatak and oblepixiva oil, Methyluracil ointment, Solcoseril ointment, Vinylin, an oily solution of vitamin A, Bipozol, Vinizol) gives good results. Prevention of herpetic stomatitis in children is carried out in 2 stages: Primary prevention - a rational diet, individual approach depending on the age and constitutional status of the child, monitoring of physiological digestion and appetite, behavior and nervous system, corpuscular analysis.

Secondary prophylaxis is the fight against the virus using drugs and vaccines. Various vaccines against the virus have now been developed. In particular, DK-vaccine (mainly dendritic cells) has shown high clinical efficacy in the treatment of recurrent forms of herpes of the lips and mucous membranes. The recurrence rate was reduced to 2 times. The inactivated Vitagerpavak (or Gerpovax) vaccine with cycloferon had good results and improved quality of life.

The recombinant Cj9-gD vaccine is a combination of glycoprotein C HSV-1 (C1) and glycoprotein C HSV-2 (C2). The subunit antigen of the vaccine is gD14gD2, the complement component is C3b. Neutralizes the virus and lyses infected cells, activating the reaction of B- and T-cells.

CONCLUSION

Based on the above data, it can be concluded that, given that any form of acute herpetic stomatitis is contagious, sick children should be distinguished from healthy children. Then we will prevent the spread of the disease. In all cases, children with herpetic stomatitis are recommended to be under the supervision of a dentist and pediatrician and treated in an inpatient setting.

REFERENCES:

1. Baranaeva E.A., candidate med. nauk, docent. Clinical manifestations and tactics of treatment of acute herpetic stomatitis in children // Modern dentistry 2013. №1.S 21-23
2. Baranaeva E.A., Merkulova E.P. Acute herpetic stomatitis in children // Meditsinskie novosti, 2012- №9- C. 59-60
3. Vinogradova T.F. Dentistry of children's age: Manuals for doctors- M., 1987. - p. 346-364)
4. Drobotko L.N., Straxova S.Yu. Acute stomatitis in children. VSP - № 2 - 2010.- C. 146.
5. Kamalova M.K. Osobennosti kompleksnogo lecheniya xronicheskogo retsdiviruyushchego herpeticheskogo stomatita u detey posredstvom magnitno-infrarakno-lazernogo izlucheniya // Avtoref. dis Doctor of Philosophy (PhD) Tashkent: 2019

6. Chepurnova N.S., Markelova E.V., Yakovleva Yu. V. Perspektivy primeneniya protivogerpetcheskix vaksin // Sovremenniye problemy nauki i obrazovaniya. –2015.– №5 S .45-46
7. Isakov V.A., Isakov D. V. Immunomodulators in the treatment and prevention of herpes virus infections // kiln.med 2015., №4 P. 16-24

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