THE ROLE OF SOMATIC PATHOLOGY AND IN PARTICULAR ITS RELATIONSHIP WITH DISEASES OF THE MUCOSA OF THE ORAL CAVITY: A LITERATURE REVIEW

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ABSTRACT

The most common lesions of the human body are dental diseases. A special place among them is occupied by diseases of the oral mucosa (SOPR). They remain one of the most pressing problems of therapeutic dentistry[4].

Recently, there has been an increase in the number of inflammatory diseases of the SOPR. This is due to an increase in the number of adverse factors affecting the body[18].

Key words: diseases of the mucous membranes of the mouth, prevalence, relationship to physical illness.

Muminova G. G. et al. [10] it is believed that the diseases of SOPR are very common due to a large range of clinical symptoms. In their opinion, it is necessary to take into account the interrelated combined changes caused by somatic disorders, manifestations of viral, fungal, specific infections, alimentary, medicinal and other allergies, dermatoses, trophic disorders, as well as toxic and allergic reactions when affecting the mucous membrane of various prosthetic structures and dental materials. It is necessary to take into account the feedback when diseases of the SOPR can negatively affect the functions of certain organs and systems of the body.

According to various authors, the prevalence of diseases of the oral mucosa is from 3 to 20%[4, 17, 22].

Turyanskoy M. V. et al. [15] found that in recent years, dental morbidity in children living in Krasnodar and the Krasnodar territory has increased significantly. It was revealed that the treatment of young children with somatic pathology and congenital malformations of the maxillofacial region is a big problem for dentists. Given stamatopolou among children, the authors propose a rehabilitation of the oral cavity in children under General anesthesia.

Analysis of the Association of dental and somatic diseases has shown that the prevalence of dental diseases depends on the presence of comorbidities, their severity and duration[11].

The relationship between General somatic diseases and the state of the oral organs is carried out through various types of homeostasis, primarily immunological, violations in which lead to diseases of both the entire body and the SOPR.In patients with respiratory allergoses, there was a single immune-inflammatory mechanism affecting both the oral organs and the respiratory tract. Cytokines and the lysozyme system played a leading role in local oral immunity [5].

The characteristics of allergic lesions and changes in the SOPR in various diseases of organs and systems in children were given in their work and Babiy I. L., Kalashnikova U. A. [1]. We reviewed the symptoms and principles of treatment of these diseases in pediatric practice.

In order to improve the effectiveness of treatment of SOPR diseases, the features of the dental status of children suffering from partial and generalized forms of epilepsy were studied. A high prevalence of caries and its complications, chronic catarrhal gingivitis, dental anomalies, and poor oral hygiene in this category of children has been established[2].

SOPR is the site of early manifestations of clinical signs in the pathology of the gastrointestinal tract, a significant place in the structure of which is occupied by a disease that occurs with a decrease in the enzymatic

function of the pancreas-chronic pancreatitis.The author found that the wide prevalence of chronic pancreatitis, its inextricable connection with lesions of the oral mucosa indicates the relevance of the problem of studying the features of the occurrence, course, timely diagnosis, differentiated treatment and prevention of relapses of diseases of the ESRD [7].

Gavrilova O. A. [3] studied the state of SOPR and microecology of the oral cavity, proved its role in the epiopathogenesis of dental diseases in children with chronic gastroduoenitis, and proposed the principles of comprehensive treatment and prevention.

Maslak E. E., Naumova V. N.[9] studied and clearly stated the position of therapists on interaction with dentists in the treatment of patients with cardiovascular diseases with manifestations of diseases of the SOPR.

Sumkina O. B. et al. [13] also proved that different forms of organ pathology are manifested in the oral cavity by certain symptoms, which helps to make a correct diagnosis of the underlying disease.

If earlier it was considered that the diseases of the SOPR are a local process and the approach to their treatment and prevention was carried out only from a local point of view, now they are considered in inseparable connection with the body as a whole [7].

One of the criteria for the effectiveness of treatment is the quality of life, which is an integral characteristic of the physical, psychological, emotional and social functioning of the patient, based on the subjective perception of their health. This method is widely used for assessing the health of patients in cardiology, Oncology, Hematology, rheumatology, gastroenterology, surgery, neurology, and transplantation. In recent years, there has been a steady increase in interest in the role of dental health in ensuring the quality of life of people. The dental-facial system as a unique concentration of the most important functional elements of various organs plays a large role in the complex of physical, emotional, and intellectual characteristics of patients[12].

SOPR in infectious human diseases is involved in the pathological process. The nature of changes depends on the virulence of the pathogen, the stage of development of the disease, and individual characteristics of the body. It was found that the involvement of SOPR in the General pathological process in most cases aggravates and complicates the course of the underlying disease [6, 8].

Acute herpetic stomatitis in children is an infectious viral disease caused by primary contact with the herpes simplex virus, characterized by inflammation of the oral mucosa. It was found that infection with herpes simplex deteivirus at the age of 6 months to 5 years is 60%, and by 15 years 90%. A similar situation in recent years is typical for dentistry, as the incidence of acute herpetic stomatitis in children increases every year[14].

Children with hematological, oncological and immunological diseases often have complications associated with oral lesions during treatment with chemo and radiation therapy. One of the ways to reduce the number of such complications is individual oral hygiene and optimal selection of funds. It has been shown that patients treated for oncological and hematological diseases have an increased risk of inflammatory changes with loss of teeth. The authors believe that adequately selected means of individual oral hygiene, compliance with the oral care regime significantly improve the condition of the SOPR and teeth, and contribute to the prevention of tooth loss[16].

The analysis of the features of local immunological factors of the oral cavity during prosthetics with orthopedic structures is carried out. It is established that local immunity is important for elucidating the complex mechanisms of influence of prostheses and prosthetic materials on the state of oral tissues. The dynamics of these indicators can serve as one of the criteria for the quality of orthopedic treatment[4].

The relevance of prevention of diseases of SOPR is due to the high prevalence of this pathology.Currently, there are differences in the models of organization of preventive care to the population, which is manifested not only at the national, but also at the regional level in many States.

There are primary and secondary prevention. Primary prevention refers to a set of measures aimed at preventing the occurrence of diseases and eliminating risk factors. Secondary prevention is the treatment of emerging pathological processes of the oral cavity. Prevention of SOPR diseases requires active measures aimed at people and the environment. Preventing the development of pathology of the oral mucous membrane needs to start in childhood.

According to existing studies, even in developed countries, more than 1/3 of children under 11 years of age have never been to a dentist[21].

In this regard, the task of spreading preventive measures to a wider population can be solved by changing the model of organizing preventive care in the United States [20] and Canada [19], which will, on the one hand, reduce the cost of access to prevention programs, and on the other hand, remove the burden on dentists to provide appropriate services.

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