

**CLINICAL MANIFESTATIONS OF DISEASES OF THE ASTROINTESTINAL
TRACT IN THE ORAL CAVITY IN SCHOOLCHILDREN OF THE CITY**

BUKHARA

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ABSTRACT

This article describes changes in the state of the oral cavity in the pathology of the digestive system, shows the main clinical manifestations of these processes and their relationship. The information presented in the work emphasizes the advisability of including the results of a dental examination in a medical record, which will optimize the work of both pediatric dentists and pediatricians.

Key words: *oral cavity, mucous membrane, pupils of the gastrointestinal tract.*

Relevance. Due to the widespread prevalence of diseases of the gastrointestinal tract (GIT) and the numerous problems associated with it, this pathology has become very important in recent years. [1, 2, 4, 14]. 90% of the inhabitants of our planet, and this is every second one, suffers from diseases associated with disorders of the gastrointestinal tract, and this in turn leads to a deterioration in the quality of life of patients, limiting their social and labor activities [9, 11, 13, 14].

In diseases associated with disorders of the gastrointestinal tract, patients experience changes in the oral mucosa (MOP), expressed in the smoothness of the papillae of the tongue, its swelling, a feeling of dry mouth, etc. [1, 5, 6, 7, 8]. Chronic gastritis, peptic ulcer and duodenal ulcer, chronic and acute gastroenterocolitis are the most common gastrointestinal diseases [13,14].

So, with chronic gastritis, SOPR is pale pink, normally moistened. Patients often first of all complain of a metallic taste in the oral cavity (PR), especially in the mornings, and a perversion of taste sensations. On the red border of the lips appear whitish, dry scales, surface cracks, the mucous membrane (CO) in the area of the vestibular surface of the lips is thinned. The filiform papillae of the dorsal surface of the tongue are smoothed, while the mushroom-shaped papillae, especially in the anterior third of the tongue, appear enlarged. In this form of pathology, the presence of pronounced foci of atrophy of the filiform papillae, up to the appearance of subtle erosions, is characteristic of the periphery of the foci of atrophy, a whitish rim consisting of hyperplasticized epithelium can be observed, which is detected only with a dental examination. Subjective complaints consist of a burning sensation, soreness, especially when taking annoying food [8, 9, 10, 11].

In case of gastric ulcer, SOPR of pale pink color with a cyanotic tinge, the gum is dense, with slight atrophy, the most characteristic during periods of exacerbation of the underlying disease is hyposalivation. Changes in the epithelium of the dorsal surface of the tongue are noted. Plaque in the language of grayish-white color is most pronounced in its distal parts, tightly attached to the underlying tissues [10, 11,].

With peptic ulcer of the duodenum, SOPR is brighter, with an eccentric shade in the area of the curtain of the soft palate. During periods of exacerbation of the disease, swelling of the tongue can be observed [8, 12, 13,].

Chronic recurrent aphthous stomatitis (CRAS) is the most common pathology of SRO for gastrointestinal diseases [4, 5, 6, 7]. There are frequent cases of the appearance of aphthae in PR long before the onset of symptoms from the gastrointestinal tract. With CRAS in the vast majority of patients, it is characterized by the appearance of single painful elements - aphthae of round or oval shape, with a diameter of 0.1 to 0.8 mm, covered with a fibrinous coating of yellowish or yellowish-white color. A clear corolla of

hyperemia can be seen along the periphery of the aft, or infiltration is observed [1, 2, 3].

Thus, the abundance of clinical manifestations in MOP in gastrointestinal diseases has aimed us at identifying these manifestations in a climatically hot geographical area.

Objective: To determine the clinical manifestations of gastrointestinal diseases in the PR in girls and boys in the city of Bukhara.

MATERIAL AND METHODS

The study was conducted from November 2018 to March 2019, distant from each other and geographically located in different sections of 14 schools in the city of Bukhara. A survey was conducted among schoolchildren and a study of the state of the oral cavity in 482 children, of which 251 girls and 231 boys aged 15 to 18 years. Pupils from grades 8 to 11 were examined, which correspond to 15-18 years of age. In the classrooms, with the help of the school pediatrician and the school dentist, the problems of OCR were detected in schoolchildren. Students with identified pathology were sent to the dentist's school office for further examination. An in-depth analysis of the school pediatric medical records revealed chronic gastrointestinal diseases in 97 students, including 52 girls and 45 boys. After studying the data of medical records, the most common chronic gastrointestinal diseases were found in schoolchildren, such as peptic ulcer and duodenal ulcer, hyperacid and hypoacid gastritis, and chronic gastroenterocolitis.

RESULT AND DISCUSSION

Changes in the PR were observed, which depended on the form and duration of a particular gastrointestinal disease in schoolchildren who suffer from COPD diseases (Table 1). Changes in the language were characterized by the appearance of plaque on its surface, which was 95.72%, and the development of edema - 35.38%. In some cases, desquamative glossitis with pronounced smoothing of the papillae of the tongue was revealed, and in some cases with their atrophy. Such changes are also observed with insufficient secretion of gastric juice.

In adolescents with peptic ulcer of the stomach and duodenum, a disease such as gingivitis is noted, it must be indicated that the main gastrointestinal disease affects the development of gingivitis. When a secondary infection is attached, an aggravation of the course of gingivitis is often observed, which contributes to the appearance of erosion in the area of the gingival papillae.

In the period of exacerbation of gastric ulcer in boys from SOPR, hyperemia and swelling can be noted. Teenagers suffering from chronic forms of gastric ulcer and duodenal ulcer with persistent secretory dysfunction often complain of burning and soreness in the tongue. This proves the neuro-reflex relationship of the various sections of the digestive tract. This applies to SOP, stomach and intestines.

Diagnosis	Changes in the oral cavity	Girls	boys
ulcerative	CO in the gum area is dense, cyanotic	91%	95%
		84%	87%
		62%	68%
		29%	35%
stomach disease and	Greyish-white coating on the back of the tongue	73%	75%
		86%	88%
		21%	25%
		54%	60%
		16%	26%
12 duodenal ulcer.n = 35	The relief of the leaf-shaped papillae is broken	33%	38%

		8%	9%
		95%	98%
chronic	Burning in the tongue, glossalgia	35%	25%
		57%	47%
		22%	12%
gastritis	Catarrhal inflammatory gums in the anterior section	43%	33%
		32%	22%
		16%	10%
		13%	9%
		56%	46%

In the chronic form of gastritis, changes in PR were detected in boys with CO. Most often, pathological changes occurred in boys in the form of recurrent aphthous stomatitis, and in girls less often in the form of acute aphthous stomatitis. A decrease in the functional mobility of the taste buds of the tongue was observed more in girls. When examining PR patients with chronic gastritis in both sexes, CO is often pale pink in color, evenly moistened. From the lips in the area of the vestibule of the throat is thinned, flakes of a whitish hue appear on the red border of the lips. Boys are more likely to complain of a burning sensation, soreness, in particular when eating annoying food, rarely complaints of changes in taste sensations. During a dental examination in boys, the CO of the tongue is slightly hyperemic, the mushroom-shaped papillae of the tongue are enlarged, catarrhal inflammation in the gum area is observed located in the frontal area, the deformation of the gingival papillae, their hyperemia, when they are touched, they bleed easily, and an accumulation of soft plaque is visually determined.

Clinical manifestations that develop in PR in girls and boys, with gastric ulcer are similar, so in chronic gastritis and in hypacid conditions, SOP has a pale pink color. In boys, changes in the epithelium in the tongue area are observed to a greater extent, plaque on the dorsal surface of the tongue is whitish-gray, its accumulation in the distal parts of the tongue is noted, the relief of the leaf-shaped papillae is disturbed. The color of CO in the gum region varies from pale pink to cyanotic and is marked by its density. Hypertrophic changes in the papillae of the tongue were observed in schoolchildren with a combined pathology of the gastrointestinal tract, in particular with hyperacid gastritis, and more girls than boys.

In girls with a pathology of the digestive system, in particular with gastroenterocolitis, the following changes are observed during the examination of SOP: swelling, foci of hyperemia. Imprints of teeth during a visual examination of the PR are determined on the lateral surfaces of the tongue.

With the development of a somatic disease, depending on the severity of the pathological process in the intestines, girls are more likely to have dry SOP. With this disease of the digestive tract, girls develop a candida lesion of SJS, its hyperemia is noted in separate areas, and against the background of hyperemia, a white coating appears, which has a curdled structure that can be easily removed by scraping.

CONCLUSION

Summarizing the aforesaid, it should be noted that changes in CRP in the pathology of the digestive tract in both girls and boys in the city of Bukhara are characterized by color change, swelling during periods of exacerbation of the underlying disease, the appearance of a characteristic plaque in the tongue, thinning of some sections of the CO, and the development of the inflammatory reaction of the gums. The relationship of PR diseases with disorders of various sections of the gastrointestinal tract in both girls and boys in the city of Bukhara is due to the morpho functional unity of the digestive apparatus. Chronic diseases of the gastrointestinal tract lead to functional and organic disorders in the SOP, the development of inflammatory and dystrophic changes in the tissues of the PR, and dysfunction of the masticatory apparatus. Therefore, the

competent actions of the dentist can become a reliable defense in the development and progression of severe diseases of internal organs. The professional interests of the dentist also relate to situations where the dentist can identify or suspect somatic pathology at an early, premorbid stage due to local changes in the PR. In addition, in some cases, somatic and dental diseases exist simultaneously, mutually burdening each other, creating a kind of cyclical circle.

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