



## IMMUNOLOGICAL AND PSYCHOSOMATIC ASPECTS OF LICHEN PLANUS

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### Abstract

The purpose of the article is a comprehensive study of the psychosomatic aspects of various clinical forms of lichen planus and the development of more effective methods of diagnosis and treatment within the framework of the modern concept of psychosomatic medicine. The characteristics of typical and atypical forms of lichen planus are given, taking into account the psychosomatic aspects of their development. Modern domestic and foreign literature sources are analyzed.

### Keywords

clinical types of lichen planus, method, lichen planus, psychosomatic skin diseases.

### INTRODUCTION

The active development of psychodermatology as one of the areas of psychosomatic medicine is associated with the high prevalence, as well as with the polymorphism of clinical manifestations and comorbid relationships of skin and mental pathology. According to the literature [1], the corresponding indicator calculated for persons suffering from chronic dermatoses ranges from 20.6–70%. For non-psychotic disorders, this figure has been reported to be as high as 35–40%.

### MATERIALS AND METHODS

According to foreign classifications [2, 3], psychosomatic skin diseases (psychophysiological dermatoses; stress-reactive dermatoses) include a number of common chronic skin diseases, in the manifestation/exacerbation of which the role of psychogenic factors is obvious: atopic dermatitis, psoriasis, eczema, rosacea, acne vulgaris, lichen planus (LP), recurrent herpes, chronic urticaria, baldness, vitiligo, etc.

Discussing the pathogenetic mechanisms of psychosomatic diseases, F. Alexander [4] believes that the main link in the manifestation of the latter is not the individual characteristics of the patient, but certain unconscious emotional conflicts common to different individuals and at the same time specific to a certain pathology. The basis of itchy dermatoses accompanied by self-scratching, primarily atopic dermatitis, according to F. Alexander [4], is the suppression of aggressive and sexual tendencies with loss of self-control of one's own emotional aspirations.

### RESULTS AND DISCUSSION

The data presented are quite difficult to correctly qualify within the framework of clinical personality typology, however, certain correlations can be traced between the "atopic personality" described in the literature with anancastic and borderline personality accentuations. At the same time, a serious problem is assessing the participation of genetic and other factors in the formation of these pathocharacterological features, in particular the influence of chronic skin disease.

According to modern research, most skin diseases (atopic dermatitis, psoriasis, LLP), traditionally classified as psychosomatic, have primarily a genetic and immunological basis in their development. Psychogenic influences act as a link in a series of sequential immunological events and lead to an exacerbation of dermatosis only in close connection with the main factors of pathogenesis.

Most authors classify mental disorders provoked by dermatological pathology as nosogenic reactions

and personality development in chronic dermatoses (“secondary mental disorders”), “mental disorders that develop as a result of disfiguring or life-threatening dermatoses” [2]. They occur with a frequency of 20.6%, with itchy dermatoses - 70% [2, 3]. According to the clinical and epidemiological study “SYNTHESIS” [18], dermatology was characterized by a pattern of accumulation of nosogenies with the identification of sensitive and social phobic disorders associated with a cosmetic defect. The frequency of such nosogenic reactions in verified dermatoses was 12.2%; hypochondriacal developments with ideas of loss of external attractiveness – 13%.

Nosogenies are caused by the psychotraumatic effects of a skin disease associated with subjectively severe manifestations of the disease, social stigma, and restrictions in everyday and professional activities. According to the modern concept of psychosomatic medicine [5], nosogenic reactions include two main components: psychogenic (semantics of the diagnosis, the situation of an unusual hospital environment, fears of the social consequences of the disease, difficulties in coping with its manifestations) and biological, somatically determined altered soil (severe, subjectively difficult to tolerate manifestations of the disease, limiting types of response, accumulation of mental disorders of certain psychopathological registers – associated with somatic pathology). In cases where the leading factor determining the pathological dynamics of the personality is a permanent (not undergoing complete resolution) psychotraumatic situation of a chronic skin disease associated with repeated exacerbations and the likelihood of disability, the formation of hypochondriacal development is possible.

When considering the psychosomatic aspects of LP, it is first necessary to take into account the comorbidity of affective and skin diseases. In a number of cases, affective diseases form close, realized at the symptomatological level, comorbid connections with manifestations of skin pathology. In this case, skin symptoms (hyperhidrosis, etc.) can act either as an integral part of the vegetative symptom complex of depression, or as a skin reaction that develops in connection with severe and prolonged hypothyria (trophic disorders with the phenomena of “aging” of the skin, focal hyperchromia, changes in hair texture and color, clouding and thinning of the nail plates).

## CONCLUSION

Thus, the psychosomatic aspects of LLP are an urgent psychodermatological problem, both due to the presence of a number of nosogenic factors (severe forms of the disease; painful itching; localization of rashes on open areas of the body, in the genital area, oral mucosa; the possibility of malignant transformation of lesions), and in connection with the frequent stressogenic (psychogenic) condition of the manifestation/exacerbation of dermatosis, as well as the presence of syndromic comorbidity with affective diseases. A comprehensive study of the psychosomatic aspects of different clinical forms of SLP is necessary to develop more effective methods of diagnosis and treatment within the framework of the modern concept of psychosomatic medicine.

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