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THE CHRONIC RECURRENT APHTHOUS STOMATITIS WITH CHRONIC CHOLECYSTITIS

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Relevance. Chronic recurrent aphthous stomatitis is an inflammatory disease of the oral mucosa, characterized by the appearance of aphthous lesions, a long course with periodic relapses and is often accompanied by diseases of the gastrointestinal tract. Chronic cholecystitis is an inflammatory disease of the gallbladder wall. It develops due to the formation of stones in the gallbladder, which leads to stagnation of bile. Periodically arising and passing inflammations lead to changes in the wall of the gallbladder with the development of chronic calculous cholecystitis in it. Along with the general clinical signs of chronic calculous cholecystitis, changes in the oral mucosa develop.

In most cases of chronic calculous cholecystitis on the oral mucosa, patients feel discomfort caused by swelling, the appearance of aphthae, erosions, ulcers and other changes. In chronic cholecystitis, we observed patients with chronic recurrent aphthous stomatitis, which occurred equally often in both women and men. Diagnosis of chronic recurrent aphthous stomatitis is often limited only to objective data on the clinical manifestations of the disease on the oral mucosa. Biopsy of aphthae on the oral mucosa is usually not performed. The prevalence of chronic recurrent aphthous stomatitis in chronic cholecystitis is very variable, ranging from 5 to 60% and depends on the population studied, environmental factors and diagnostic criteria. A number of authors believe that the results of treatment of chronic recurrent aphthous stomatitis against the background of digestive diseases are not always satisfactory due to frequent relapses.

The purpose of the study: justification of pathomorphological studies for the diagnosis of chronic recurrent aphthous stomatitis in chronic calculous cholecystitis.

Material and methods.

Analysis of the diagnosis and treatment of 72 patients (main group) with chronic recurrent aphthous stomatitis in chronic calculous cholecystitis. According to severity, they are divided into mild, moderate and severe forms. The age of patients from 20 to 65 years (mean age 32.14 ± 1.7), among them there were 38 women (52.7%), 34 men (47.2%).

The comparison group consisted of 42 patients with chronic recurrent aphthous stomatitis, without chronic calculous cholecystitis, divided by severity into mild, moderate and severe forms. The age of patients from 20 to 65 years (mean age 36.43 ± 2.4), among them there were 22 women (52.3%), 20 men (47.6%).

To clarify the diagnosis of chronic recurrent aphthous stomatitis in patients of both groups, an analysis of complaints was carried out, anamnesis of the disease was collected, an objective examination of the oral mucosa and a pathomorphological study of the material taken from the aphthous lesion were carried out.

For cytological examination, the material was taken by smear - imprint from the surface of the aphthous lesion, that is, by applying a glass slide to the oral mucosa. Histological examination of difficult-to-heal aphthae, for the purpose of oncological alertness, was carried out

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by biopsy. For this purpose, with the patient's consent, after local infiltration anesthesia, a tissue sample of 3-4 mm in size was taken with a scalpel. The obtained biopsy material was fixed in laboratory conditions in a 10% solution of neutral formalin, 960 alcohol, then embedded in paraffin using the Lloyd method, then placed in a thermostat for 24 hours and paraffin blocks were prepared, ultra-thin sections (4-5 μm) were prepared and stained with hemotoxylin - eosin. Pathomorphological examination was performed using a binocular microscope Leika, (Germany), with an objective magnification of 10x, 40x, photo documentation was performed with a color Web camera MD130.

All patients in both the main group and the comparison group received local treatment: topical anesthesia, antiseptic and enzymatic treatment, application of anti-inflammatory and keratoplastic agents. After receiving the treatment results, the treatment regimen was supplemented and revised during the therapy.

RESULTS

Patients with chronic recurrent aphthous stomatitis were divided into 3 representative groups by age and gender: with mild, moderate and severe severity of the course - the main group (72), the comparison group (42). The number of patients in the main groups was 24, in the comparison groups - 14 patients. The control group consisted of 20 practically healthy individuals without any pathology.

Patients in the main group with a mild form of chronic recurrent aphthous stomatitis complained of the presence of single aphthous formations on the oral mucosa, minor discomfort, hyperemia and edema.

The general condition is not disturbed, pain and burning appeared when eating. Patients of the main group with moderate and especially severe chronic recurrent aphthous stomatitis mainly complained of a disturbance of the general condition of the body, which was expressed in moderate headaches. Pain and burning manifested themselves when eating both regular and spicy food. When examining such patients, hyperemia and edema were observed in the area of the aphthous rash, covered with fibrinous, sometimes non-rhotic plaque, regional lymph nodes were slightly enlarged and painful. In severe form, in 9 patients (12.5%), aphthae turned into an erosive-ulcerative form, which coincided with an exacerbation of chronic calculous cholecystitis, complaints were about pain in the right hypochondrium, a bitter taste in the mouth, dry mouth was often observed. Patients had icterus of the sclera and skin, the tongue was covered with a thick yellow coating. Saliva became thick and viscous, food intake was difficult due to hyposalivation, burning and pain in the oral cavity.

An objective examination revealed that the localization of aphthae on the oral mucosa was more often observed in the cheek and upper lip than in other parts of the oral mucosa. (Table 1) As can be seen from Table 1, the cheek and upper lip were affected in 45.6% of cases, the lower lip - 41.2%, the sublingual region - 7.0%, the tip of the tongue - 6.1%. Other areas of the oral mucosa were rarely affected (hard palate, gums, transitional folds). Pathomorphological examination revealed thinning of the squamous epithelium with an ulcerative defect (Fig. 1), vacuolar degenerative changes in the mucous membrane, acanthosis (Fig. 2, 7), parakeratosis, atrophy (Fig. 3). The chronic inflammatory process accompanying this process was a protective reaction of the body and is pathohistologically manifested by the development of lymphohistiocytic or focal round cell infiltrates (Fig. 4, 10), uneven hyperplasia (Fig. 8), subepithelial bleb (Fig. 9). Lymphohistiocytic inflammation is observed in the submucosal layer

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(Fig. 5, 6). Cytological examination of smears of seals from the affected surface of the oral mucosa revealed leukocytes and signs of inflammation (Fig. 11, 12, 13). Pathomorphological examination in the main group revealed inflammation of the fibrinous-necrotic type, in the comparison group, fibrinous inflammation mainly prevails.

The results of pathomorphological studies made it possible to take a differentiated approach to the existing treatment and add irrigation of the oral cavity with alkaline mineral water "Borjomi" with the Waterpik WP irrigator and local application of vitamin A. The hepatoprotector ursosan was added to the general treatment at 10-15 mg / kg at night for 1-2 months.

Observation of all patients in the main subgroup with chronic recurrent aphthous stomatitis 12 months after complex pathogenetic treatment made it possible to state the onset of long-term remission in 98.61% of patients, only 1 patient (1.4%) developed a relapse 13 months after the end of the course of treatment. Thanks to the pathomorphological study, the nature of the inflammation was proven and the treatment regimen was revised, which led to the best result.

CONCLUSION. As a result of the morphological study of erosive and ulcerative lesions of the oral mucosa in chronic recurrent aphthous stomatitis against the background of chronic calculous cholecystitis, the most frequent manifestations of changes were characterized by the development of inflammation and ulceration of the epithelium, the formation of ulcerative defects, hyperplasia of the squamous epithelium, and in some cases, atrophy and thinning of the epithelium. The above morphological changes in the oral mucosa in chronic recurrent aphthous stomatitis correlate with the clinical data of patients with chronic calculous cholecystitis.

CONCLUSIONS. The results of the pathomorphological study of chronic recurrent aphthous stomatitis with and without background pathology allowed us to make adjustments to the therapy of combined aphthous lesions of the oral mucosa and chronic calculous cholecystitis. The choice of treatment tactics for chronic recurrent aphthous stomatitis associated with chronic calculous cholecystitis was made after conducting and analyzing the pathomorphological study.

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