

**DISEASES OF THE MUCOUS MEMBRANE OF THE ORAL CAVITY.
STOMATITIS**

Deqonova Sitora

Bukhara University of innovative education and medicine

Annotation: Mucous membrane of the oral cavity, its diseases, causes of origin, examination methods, symptoms, classifications and pathological processes. Stomatitis causes, types, symptoms and course.

Keywords: Oral cavity, Stomatitis, disease, symptoms, membrane, mucous membrane.

Introduction

Stomatitis occurs as an independent disease, as well as other diseases there may be a characteristic (measles, rubella, candidiasis) sign. Inflammatory condition in the tongue if-glossitis, if in milk — is called gingivitis, each of these belongs to its own there are signs. Metabolism disorders (vitamin A diabetes), nerves and internal organs due to diseases, vitamin deficiency, impaired function of the glands of internal secretion can also appear. Smoking, drinking alcohol, too hot or too hot eating cold, sour, and salty foods can also cause stomatitis. Individual when sensitivity to drugs increases, in particular, when self-medicating, to puberty stomatitis also occurs during the maturation period, when the mind has difficulty tooth extraction. Stomatitis forms despite being different, they have common similar symptoms: the oral cavity the tissues around the mucous membrane swell, Redden, annoy, lymph glands under the jaw enlarges. The mucous membrane of the mouth covers the work of the internal organs and systems of the whole organism and is an indicator that reflects its state. Inflammation of the lining of the oral cavity it is a pathology whose diseases affect patients of different ages. Of the mouth. like other diseases inflammatory pathology of the mucous membrane is known to a sick person causes discomfort and disrupts the usual rhythm of life: speech, nutrition, sleep. Medicine doctor of Sciences, professor Sevbitov Andrei Vladimirovich noted that the oral cavity the inflammatory process in the mucous membrane can be influenced by various factors: (bacterial, viral, infectious, traumatic, etc.). Stomatitis is an inflammation of the mucous epithelial layer of the oral cavity. Typically, stomatitis is a childhood-related disease. However, at present, this disease is it is also increasingly observed in adults. Inflammation often occurs on the lips, cheeks, it can meet on the inner surface of the palate. Sometimes stomatitis is also observed under the tongue. The reasons for the development of the disease are the negative impact of the environment and the body's immune system is a retardation of abilities.

SYMPTOMS OF STOMATITIS

1. Red spots and sores appear under the tongue and on the inside of the cheeks and lips is. Most often, the disease is accompanied by an unpleasant burning sensation in the area of these formations comes.
2. Subsequently, the area affected by stomatitis becomes painful and swollen. If the disease if, caused by a bacterial infection, oval wounds with a red halo form at the focal point is.

3. The patient's gums begin to bleed, the intensity of saliva increases, and bad breath occurs. With stomatitis, the temperature can rise, and the neck lymph nodes located in the area may increase slightly.

When a person has this disease, even eating food will cause discomfort and is accompanied by pain syndrome. How is stomatitis treated? Without catarrhal stomatitis and aphthae caused by non-compliance with hygiene rules without inflammation of the mucous membranes can be treated very simply at home, treatment is one the Week lasts. Temporary abstinence from aggressive foods (sour, salty, excessively hard, too hot or cold) for faster recovery during treatment foods), and trying to rinse the mouth with frequent detoxifying agents must.

If stomatitis is more serious with signs of infection, see a dentist it is necessary to do. Treatment to prevent the development of chronic disease, reduce pain, take measures to restore the mucous membrane and prevent the spread of secondary disease should include.

Pain relievers in the treatment of stomatitis, the main thing is to relieve pain. To do this, ibuprofen or paracetamol will be needed-these are the most affordable and common preparations. Stomatitis food intake, when it is hindering speech and for the patient if it creates serious discomfort, the doctor will prescribe topical painkillers can be appointed. Dentists for the treatment of stomatitis in general the following are recommended: The use of analgesic drugs - sometimes the pain is so severe it happens that a person cannot even eat. In this case: Hexoral sucking the pill, leaves pain and antibacterial for the presence of chlorhexidine in the composition the effect also shows; Lidocaine asept-aphthous also relieves severe pain in cases of stomatitis; Anti-inflammatory agents are the mainstay of the treatment of stomatitis. Cholisal-locally applied gel for anti-inflammatory; Ingafitol-for rinsing the mouth, will be in the form of a solution; Cameton is an anti-inflammatory agent in the form of a spray, good for aphthous stomatitis gives the result; Bitter stone powder-eliminates the inflammatory process, that is, enveloping the wound dries and stops developing.

Gingivitis

An inflammatory process that causes swelling and tenderness of the soft tissues. If not treated in a timely manner, the problem worsens and becomes chronic.

The main causes of gingivitis:

insufficient oral hygiene;

thermal or chemical burns;

use of certain medications;

unbalanced diet (insufficient amount of vitamins in food)

smoking;

some infectious diseases;

gastritis;

ulcerative processes in the digestive system;

caries.

Depending on the clinical situation and the nature of the development of the disease, acute and chronic gingivitis are distinguished. Acute gingivitis manifests itself in the form of classic signs of the disease: redness, swelling and bleeding of the gums. Chronic gingivitis develops more quietly, without pronounced signs, but gradually leads to the growth of gum tissue (hyperplasia), which entails partial and complete coverage of the surface of the tooth crown by the gum.

Periodontitis is an inflammation of periodontal tissues, which includes the teeth, ligaments, cementum and gums. Periodontitis as a disease is a consequence of gingivitis - a minor inflammation of the gums, the main cause of which is neglect of oral hygiene. If with gingivitis the inflammation spreads exclusively to the soft mucous membranes, then with periodontitis the ligaments that hold the teeth in the sockets are affected. This is why in 90% of cases when this disease is diagnosed, tooth mobility is observed, which eventually leads to their loss.

The most common causes of the disease are the following:

1. Improper or irregular oral care. Dental plaque, which is present on the surface of the teeth and in the spaces between teeth, is not as safe a substance as it might seem at first glance. Soft and easily removed at the beginning, it goes through certain cycles of "development". The result is the mineralization of plaque and its transformation into hard tartar. This process in most cases is observed in those who do not pay due attention to daily oral care or use an incorrectly selected toothbrush, toothpaste and mouthwash.
2. Poor blood supply to the gums. Periodontitis is one of the most common problems among smokers. Substances contained in tobacco smoke lead to a narrowing of the blood vessels in the oral mucosa and their fragility, which impairs the blood supply to the gum tissue and supporting apparatus of the teeth. A slowdown in blood circulation and, as a consequence, the development of periodontitis is also facilitated by a lack of chewing load caused by eating habits (for example, the predominance of soft foods in the diet).
3. Nutrient deficiency. The lack of fresh vegetables, fruits, herbs, a sufficient amount of fish, meat and dairy products in the diet quickly leads to a lack of essential substances in the gum tissue. If poor nutrition is a permanent habit, then over time the metabolic processes in the gums are disrupted, which creates the ground for inflammation and periodontitis. A deficiency of vitamins A, C and group B can lead to negative consequences.

Methods

Before starting treatment for periodontal disease, the dentist conducts an initial examination, during which he determines the extent of damage to the teeth and gums: which teeth can be restored and which will have to be removed. This is necessary in order to draw up an algorithm for further actions. The patient is then sent to the diagnostic room to take targeted and panoramic X-rays. Using them, the periodontist determines the depth of the pockets and the condition of the bone tissue.

If periodontal pockets reach 5-10 mm, it is impossible to prevent the progression of the disease without surgical intervention. First, the pockets are cleaned of granulations and food deposits. This procedure is called curettage. It comes in two types - open and closed. Closed is carried out with special instruments, curettes. It is carried out only for periodontal disease at the initial stage (pockets reach 3 mm), when there is slight inflammation of the gums. Open curettage is necessary in advanced stages of periodontal disease. With its help, all granulations and food deposits are completely removed. This operation is more difficult to perform. To completely clean out the pockets, incisions are made in the gum. Flaps of the mucous membrane are peeled away from the bone and the root surface is cleaned with curettes and an ultrasonic scaler. To restore bone tissue, the periodontist implants synthetic bone.

Conclusion

Some experts treat not stomatitis itself, but the causes that provoke it are demanding. At the same time, they advise against self-medication they give because the child's body is very delicate. Self-interference can lead to a change in symptoms, which is a disease complicates the diagnosis. After self-healing, stomach ulcers often, becomes serious forms.

REFERENCES

1. Yakubova F.X „Asosiy stomatologik kasalliklar” o’quv qo’llanma Toshkent 2023.
2. Komilov Kh. P. , Ibragimova M. X. , Mirakhmedova D. U. , Khamroeva O. Sh. "Therapeutic dentistry. Oral diseases of the mucous membrane" kullanna Tashkent 2005.
3. Wong T, Yap T, Wiesenfeld D. Common causes of ‘swelling’ in the oral cavity. Aust J Gen Pract 2020;49(9):575–80.
4. Scully C, Porter S. Oral mucosal disease: Recurrent aphthous stomatitis. Br J Oral Maxillofac Surg 2008;46(3):198–06. doi: 10.1016/j.bjoms.2007.07.201.
5. DeAngelis A, Breik O, Koo K, et al. Non-smoking, non-drinking elderly females, a 5 year follow-up of a clinically distinct cohort of oral squamous cell carcinoma patients. Oral Oncol 2018;86:113–20. doi: 10.1016/j.oraloncology.2018.09.004.