



PARAMETERS OF THE ORAL CAVITY IN PATIENTS WITH ACUTE OCD
STOMATITIS BEFORE TREATMENT

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Introduction. The increase in morbidity observed in recent years is associated with the immunosuppressive effect of various factors of modern civilization on the human body: the irrational use of antimicrobial and immunosuppressants, cytostatics, glucocorticosteroids and other drugs that affect the antifungal immunity of the macroorganism, as well as broad-spectrum antibiotics and their active use are among the etiological factors of the disease. Tasks such as the implementation of a set of measures to increase the incidence of candidiasis infection related to the use of chemicals and radiation in everyday life and medicine. Candidiasis in HIV infection is a sign of diseases of the skin and mucous membranes in patients without immunodeficiency. Candidiasis is a lesion of the mucous membranes, skin and internal organs caused by the pathogenic action of yeast-like fungi of the genus *Candida*, presented in the sources of scientific literature. According to WHO, more than 20% of the world's population suffers from various forms of fungal diseases. In addition, in 40-60% of cases, *Candida* remains unrecognized or is diagnosed late, which significantly worsens its prognosis[1.3.5]. Late diagnosis and effective treatment can lead to the development of severe pathologies.

Results and analyzes. During the observation and interview, patients were asked to brush their teeth in their usual way, after which the dominant type of toothbrush movements was recorded, classified as "horizontal", "vertical" or "mixed". If the patient used an electric toothbrush, the movements were classified as "mixed". More than half of the patients with acute herpetic-candidal stomatitis brushed their teeth mainly with horizontal movements (56.1%), while 43.9% brushed their teeth vertically. Horizontal and mixed types of movements prevailed among girls — 41.3% and 10.87% of the total number of examined patients, respectively. At the same time, the majority of boys (51.2%) preferred horizontal movements when brushing their teeth. The hardness of the toothbrush used was evaluated separately, classified as "hard", "medium hardness" and "soft". Among the examined patients, only 7.3% used soft-bristled brushes, 61% used medium-hard brushes, and 31.7% of children practically did not brush their teeth. As for the toothpaste used, the majority of the children surveyed — 42 people (14 boys and 28 girls, which is 24.3% and 31.7% of the total number of surveyed, respectively) — used "hygienic toothpaste for children."

The conducted molecular genetic studies by PCR showed that 151 (87.8%) patients out of 172 children showed a positive reaction, and in 12.2% (21) cases the result was negative. The negative result was obtained due to the late treatment from the onset of the disease, the difficulty of taking samples from children 1 year old. However, the diagnosis in children was confirmed by clinical and laboratory indicators. When conducting quantitative microbiological studies in the oral fluid of sick children suffering from herpetic and candidal stomatitis, we found that dysbiotic changes in the microflora develop in sick children with oral cavity, i.e. the number of beneficial bacteria such as *Lactobacillus* (*lactobacilli*), *Streptococcus salivarius* and *Streptococcus mitis* (*streptococci* that are part of the normal microflora), Common bacteria: *Lactobacillus* and *Bifidobacterium* (probiotic bacteria *Neisseria* and *Veillonella* (*Neisseria* and *Veonella*)), Aerobic bacteria: *Actinomyces naeslundii* and *Actinomyces israelii*; and at the same time, the number of fungi of the genus *Candida* has increased: *Candida albicans*, other *Candida*



species (e.g. *Candida glabrata*, *Candida tropicalis*), pathogenic bacteria: *Streptococcus mutans* and *Streptococcus sobrinus* (*Streptococcus*), *Porphyromonas gingivalis* and *Fusobacterium nucleatum* (bacteria associated with gum disease), *Staphylococcus aureus* (*Staphylococcus aureus*), *Actinomyces* (actinomycosis), herpes simplex viruses (HSV-1 and HSV-2) and some anaerobic bacteria: *Prevotella* and *Bacteroides*. As a result, the number of anaerobic microbes was $lg 3.0 \pm 0.2$ CFU/ml and the facultative flora group was $lg 7.35 \pm 0.5$ CFU/ml. An analysis of the state of the oral microflora in children with OGS, depending on the clinical forms of the disease, mild and moderate severe forms, showed that the more severe the disease, the higher the degree of dysbiotic changes.

According to current data, human herpesviruses type 1 and 2 belong to the Alphaherpesvirinae and are characterized by effective destruction of affected cells, a relatively short reproductive cycle, and the ability to remain latent in the ganglia of the nervous system. The virus is contained in saliva both in the presence of lesions of the mucous membranes of the oral cavity and without them, when the disease is asymptomatic. Along with viral infections, fungal diseases have also become widespread in recent years, among which candidiasis occupies a special place. As most mycologists point out, candidiasis accounts for the vast majority of cases of damage to the mucous membranes, among which oral candidiasis in children plays a significant role [7.9.10].

The widespread prevalence of candidiasis is not surprising, considering that *Candida albicans* is found on the mucous membranes and skin of more than half of the world's population /Sergeev V.P., 2001/. At the same time, more attention was paid to studying the state of local protective factors, such as the level of lysozyme, the phagocytic index of neutrophils, and the titer of the secretory fraction of class A (s IgA) immunoglobulins in the oral fluid [8.9.10]. The activity of these indicators in combined infections (candidiasis and herpes) in the oral cavity decreases due to inflammation, disruption of the salivary glands and increased secretion of cytokines, damage to the mucous membrane and hyperreactivity of the immune response. The quantitative index of local oral protection factors in patients with OGS was: lysozyme 11.5 ± 0.35 mg%, phagocytosis $38.5 \pm 1.5\%$ and the level of immunoglobulin A secretory fraction 0.61 ± 0.12 g/l. In the severe clinical form of the disease, immunodeficiency is most pronounced, in fact, all the studied indicators are reduced by 1.96, 1.92 and 1.9 times, respectively.

Conclusion. Thus, based on the conducted microbiological and immunological studies in children with acute herpetic candidal stomatitis, the following conclusions can be drawn: In children with acute herpetic and candidal stomatitis, dysbiotic changes in the oral cavity are observed, a characteristic feature of such changes is a clear decrease in the number of lactobacilli and a significant increase in the average facultative flora against this background. In children with acute herpetic candidal stomatitis, this leads to the development of immunodeficiency in the oral cavity, while at the same time there is a decrease in phagocytosis of secretory immunoglobulin A in the indicators of the studied local protective factors.

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