

IMMUNOCORRECTIVE THERAPY OF CHRONIC RECURRENT APHTHOSIC STOMATITIS

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Abstract:

Likopid in the complex treatment of patients with chronic recurrent aphthous stomatitis helps to normalize local protection of the oral cavity, accelerates healing time and reduces the number of relapses.

Keywords: *chronic recurrent aphthous stomatitis, local immunity, immunocorrection.*

Introduction

The main group - 12 people - received the immunomodulatory drug Lycopid as part of a complex treatment regimen. The control group - 10 people, received traditional complex treatment, excluding the use of the drug Lycopid. Control immunological studies were carried out in a group of 10 healthy individuals.

Patients of the main and control groups received complex therapy: sanitation of the oral cavity, professional hygiene, elimination of traumatic factors and the prescription of general and local therapy.

Local treatment included the prescription of traditional epithelializing agents (solcoseryl, actovegin) and painkillers. For pain relief, patients in the control subgroups were prescribed applications or oral baths of a 2% lidocaine solution. General treatment for patients in the control and main groups included traditional remedies (antihistamines, vitamin preparations).

Patients in the main group were additionally prescribed sublingual tablets of the immunomodulator Lycopid 2 times a day (1 tablet of Lycopid contains 1 mg of the drug). The daily dose of sublingual

tablets was 2 mg. The course of taking the drug was 10 days, 2 mg per day, and then 1 mg every other day for 10 days. The general course was 30 days with 30 mg of the drug.

The patients' indicators of pain sensitivity of the lesion elements before and during local treatment and the area of the erosive-ulcerative lesion, which was determined by the maximum vertical and horizontal dimensions, were recorded.

To assess the indicators of local immunity of the oral cavity during traditional treatment and with the use of sublingual tablets Lykopicid, we studied the dynamics of changes in the content of indicators of local immune defense in saliva - secretory immunoglobulin A, as well as total protein

Mixed saliva was collected on an empty stomach after rinsing the mouth with water by spitting into a 2 ml tube for 6 minutes, which was then stored at 1: - 20°C until analysis. Mixed saliva was collected before treatment and at the end of the treatment course. Similar studies were conducted in control subgroups of patients receiving traditional treatment and healthy individuals. Immunological studies were carried out in the laboratory of the Semey Medical Center.

Results. The duration of CRAS in patients ranged from 1 to 3 years; throughout the entire period of the disease, patients noted the periodic appearance of painful formations in the oral cavity. (Table 1). In the majority of patients in both groups, healing of painful aphthae developed on average within 8-10 days. Clinical examination revealed characteristic aphthae in patients, most often localized on the mucous membrane of the cheeks, lips, and floor of the mouth.

Relevance. Chronic recurrent aphthous stomatitis (CRAS) is one of the most common diseases of the oral mucosa. Thus, according to many authors, the prevalence of chronic recurrent aphthous stomatitis can reach up to 40% in various age groups of the population. In the pathogenesis of HRAS, the leading role in the development of this disease is given to disorders of the immune system. With HRAS, the indicators of nonspecific humoral and cellular protective factors change and a violation of local protective factors of the oral cavity is detected. The disease is accompanied by an inflammatory reaction of the mucous membrane, the presence of painful aphthae, polymorphism of clinical manifestations and insignificant treatment effectiveness. Emerging disorders of the immune system require the use of methods of immunocorrection of identified disorders in the functioning of the immune defense.

The relevance of the use of various immunomodulatory drugs and the development of various regimens to increase the effectiveness of treatment for CRAS is beyond doubt. One of the modern immunomodulators is the drug Lykopicid, which is a semi-synthetic glycopeptide structural fragment of the cell wall of all known bacteria. The biological activity of the drug is due to the presence of specific receptors (NOD-2) for gluco-saminylmuramyl dipeptide (GMDP), localized in the endoplasm of phagocytes and T-lymphocytes. The drug stimulates the functional (bactericidal, cytotoxic) activity of phagocytes (neutrophils, macrophages), enhances the proliferation of T- and B-lymphocytes, and increases the synthesis of specific antibodies.

The pharmacological action is carried out by enhancing the production of interleukins (IL-1, IL-6, IL-12), tumor necrosis factor-alpha, interferon gamma, colony-stimulating factors and increases the activity of natural killer cells. This drug is used to treat a number of diseases that are accompanied by disorders of various parts of the immune system.

In dentistry, licopicid was used in the treatment of erosive and ulcerative forms of lichen planus.

In the literature available to us, we did not find any work on the use of the drug Lykopicid - sublingual tablets for resorption in the oral cavity for the treatment of CRAS, which determined the relevance of the work and served as a prerequisite for conducting the study.

Purpose of the study: to evaluate the clinical effectiveness of immunocorrection with lycopicid.

Materials and methods: A total of 22 patients with CRAS (mild form) aged from 20 to 53 years (average age 37.2 years), including 10 men and 12 women, were examined and treated at the Er-stom dental clinic. All patients were divided into 2 groups.

Frequency of exacerbations in patients with CRAS.

Table 1.

Group n Exacerbations

patients Up to 3 times a year Once every 2-4 months Constant recurrence

Experienced 12 3 7 2

Test 10 3 5 2

All patients had 2-3 elements at the time of examination. Throughout the entire period, patients noted the periodic appearance of painful formations in the oral cavity. Exacerbations occurred up to 3 times a year in 25% of patients in the experimental group and in 30% in the control group, every 2-4 months - in 58.3% and 50.0%, monthly - in 16.6% and 20.0% of patients respectively.

In most patients, healing of painful aphthae developed on average within 8-10 days. The appearance and progression of aphthae in the oral cavity was accompanied by varying degrees of pain. Pain sensations of patients were noted in questionnaires in 3 modes: at rest, eating, talking.

The results of immunological studies showed that in practically healthy people, when studying mixed saliva, individual fluctuations in the content of secretory immunoglobulin A and total protein were revealed. According to average individual and group indicators, the content of these immunological parameters in mixed saliva was: sIgA - $103.01 \pm 2.55 \mu\text{g} / \text{ml}$; total protein - $0.68 \pm 0.1 \text{ mg/ml}$;

In diseases of the oral mucosa, all studied immunological parameters in both groups of patients were significantly higher compared to healthy people (Table 2).

Immunological parameters of mixed saliva in patients with CRAS

Table 2.

Parameters studied n sIg A ($\mu\text{g/ml}$) Total protein ($\mu\text{g/ml}$)

Immunological indicators after treatment in group 1 of patients almost corresponded to the data of healthy individuals, and in patients of the control group they decreased significantly compared to the initial data, but exceeded the indicators of healthy individuals.

The dynamics of aphthae healing in the main and control groups was recorded every three days. The reduction in the area of lesion elements, the intensity of pain and the process of epithelization were determined.

The therapeutic effect of using licopid was noted in all patients. In 3 people (25.0%), healing of aphthae was noted on days 3-6 of taking licopid. By the 8th day of taking licopid, another 9 people (75.0%) experienced almost complete epithelization and recovery of the patients. However, observation of patients showed that 2 people developed a relapse after 3-4 months.

At the same time, patients noted that relapses were less severe than before treatment (the number of aphthae decreased, the regeneration process accelerated).

In patients of the control subgroup, during local treatment using traditional remedies (actovegin and solcoseryl), complete epithelization of the aphthae was recorded in 2 patients (20.0%) by the 6th day and a decrease in the erosive surface in others patients. Complete epithelization of the mucosa was observed by the 10th day of treatment. Relapse of the disease was detected in 4 patients after 2-3 months.

Thus, the use of licopid in complex treatment in patients with CRAS restores immunological parameters, accelerates healing time and reduces the number of relapses compared to patients receiving only traditional treatment.

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