

OROPHARYNGEAL GONORRHEA

Toshtemirova Mokhira Makhmud kizi

Samarkand State Medical University, Assistant of the Department of Therapeutic Dentistry

Otaboyev Abrorbek O'tkirbek o'g'li, Abdullayeva Maftuna Nizomiddin kizi

Samarkand State Medical University

Abstract: A review of the literature on the lesion of the oral mucosa by gonococcus has been presented. The clinical manifestations of the disease have been considered. Modern methods of laboratory diagnosis of oropharyngeal gonorrhea have been presented. The conclusion on the necessity of examination for gonorrhea of patients with inflammatory processes in the oral cavity by doctors of different specialties has been made.

Key words: oropharyngeal gonorrhea, oral mucosa, clinical manifestations.

In recent years, the number of reports of cases of detection of oropharyngeal gonorrhea has increased.

Orogenital contacts are becoming more accepted and even popular among different segments of the population. A number of authors analyzed anonymous surveys of patients with sexually transmitted infections, as well as persons who applied for examination for these diseases. Orogenital contact was preferred over traditional contact by 27% of men and 42% of women, believing that such contacts protect them from contracting sexually transmitted infections.

Oropharyngeal gonorrhea was described in isolated cases back in the 19th century.

The famous French venereologist Jules Janet wrote (1930): "Very rare cases of infection with gonorrhea by coitus per os are observed. I have found three genuine cases of such infection. They took place in brothels"

Systematic study of oropharyngeal gonorrhea began in the early 1970s. Odegaard K. et al. (1973) examined 1440 patients with urogenital gonorrhea and found oropharyngeal gonorrhea in 7%, and in 1.1% gonococci were found only on the oral mucosa. Pariser H. (1972) found that out of 586 people with gonorrhea, fellatio was practiced by 138 (24%); of these, 31 (22%) were diagnosed with oropharyngeal gonorrhea.

Aptseva G.S. et al. (1979), when examining 200 women with urogenital gonorrhea, isolated cocci from the oral mucosa [6]. According to summary statistics V. G. Kolyadenko et al. (1993), gonococcal infection of the oral cavity occurs in 7% of heterosexual men, 12% of women and 25% of homosexuals with gonorrhea. 2015 Dermatovenerology. Cosmetology. Sexopathology rhea of the genitourinary system. According to I.I. Mavrov et al. (2007), oropharyngeal gonorrhea occurs in 7% of homosexual men and 45-95% of women who have orogenital contacts. Patton M. et al. (2014) in a survey of 14,520 homosexual men, 7.9% were diagnosed with oropharyngeal gonorrhea.

Gonococcal lesions of the oral mucosa occur mainly during orogenital contact; Infection through kissing is allowed. With gonorrhea, the pharynx and tonsils are most often affected; stomatitis, gingivitis, and laryngitis are less common.

The oral mucosa and laryngeal part of the pharynx, as well as the palatine tonsils, are covered with non-keratinizing squamous epithelium; in addition, the oral cavity is characterized by weak development of the muscular layer of the mucous membrane and the absence of the submucosa in some areas. Therefore, a factor contributing to the development of the gonococcal process in organs covered with squamous epithelium is mechanical, thermal and chemical trauma.

Gonococcal pharyngitis and tonsillitis are usually combined with gonorrhea of the genitourinary system. However, in 1-5% of patients, gonococcal pharyngitis and tonsillitis are detected in isolation.

From and Vien (1974), when examining 130 patients with gonorrhea by aspiration, gonorrhea of the tonsils was detected in 12%; in two patients, tonsil damage was the only manifestation of gonorrhea.

Gonococcal lesions of the tonsils occurred 2 times more often in women than in men. Of the 18 sick women, 16 indicated that they had orogenital contact; out of 10 men, 9 had similar contacts.

Gonococcal pharyngitis and tonsillitis practically do not differ from those of other etiologies.

There may be minor pain in the pharynx area, moderate hyperemia of the mucous membrane of the tonsils and laryngeal part of the pharynx, larynx. Most do not have a fever; however, there may be a temperature reaction and enlarged lymph nodes. Iuhlin I. (1980) notes: 10% of patients with oropharyngeal gonorrhea complain of sore throat, hoarseness, sore throat and discomfort when swallowing.

Glozman V.N. (1978) observed a patient with gonorrheal tonsillitis. On the tonsil there was a clearly limited erosion of gray-pink color with irregular outlines. Gonococci were isolated from the erosion material.

Gonococcal stomatitis is rare, although, according to many authors, it occurs more often than is commonly believed and remains unrecognized due to the fact that examination of the oral cavity in patients with urogenital gonorrhea is practically not carried out, and in most cases gonococcal stomatitis proceeds asymptomatic. Kravchenko V. G. et al. observed a case of gonorrhea infection in patient K., 53 years old, through orogenital contact with A., 18 years old. When examining A., it turned out that she is virgo; gonorrhea was not detected in the genitourinary system. In the oral cavity on A.'s right cheek and hard palate, focal changes were found in the form of soft gray-white deposits, in the material of which gonococcus was isolated. The inflammatory process in the oral cavity was asymptomatic.

Gonococcal stomatitis can occur with pronounced clinical manifestations. The incubation period is usually short. Two days after infection, patients complain of dryness and burning in the mouth, and subsequently of increased secretion of saliva containing mucopurulent impurities; sometimes - for bad breath.

The clinical manifestations of gonococcal stomatitis do not differ from those with inflammation of the oral mucosa of another etiology. Most often, the mucous membranes of the lips, gums, lateral and lower surfaces of the tongue and the floor of the mouth are affected. The mucous membrane is swollen, hyperemic, covered with a large amount of gray, sometimes greenish-purulent plaque.

In more severe cases, if left untreated, the process may spread; By is a large number of erosions and ulcers on the oral mucosa. The ulcers are superficial, small in size, with irregular, not undermined or slightly undermined edges, slightly painful, with a slight yellow-gray discharge in which gonococci are found, which confirms the diagnosis.

Histologically, an inflammatory process is determined in the submucosal connective tissue with infiltration of lymphocytes, neutrophils, and plasma cells.

The gonococcal process in the oral cavity occurs superficially, and scars do not form; As a result of treatment, patients recover completely.

Gonorrheal ulcerations of the tongue are extremely rare.

Gonococcal stomatitis can occur in newborns when gonococci enter the child's oral cavity during childbirth when passing through the mother's infected birth canal. The course of gonorrhea in the oral cavity and pharynx in newborns is usually asymptomatic. The defeat is moderate. The act of sucking is not upset. Oral gonorrhea in newborns can also occur with a more pronounced clinical picture: the appearance of hyperemia, edema and even erosions and ulcers on the mucous membrane of the cheeks, tongue, and along the edges of the gums. According to Lukovsky I.G., soon after the birth of a child, gonococcal stomatitis can manifest itself as quite strong focal redness of the mucous membrane; a yellowish color appears in the epithelial layer, then bleeding excoriations with purulent discharge appear. Typical localizations of the inflammatory process are the soft palate, palatine suture, lateral surfaces of the palatine vault, and dorsum of the tongue.

The rim along the periphery of the frenulum remains free.

Urban M. et al. (1977) reported a case of the development of gonococcal abscess in a 7-10-day-old child in combination with pharyngitis.

Gonococcal stomatitis is observed in young children when gonococci are introduced from the genitals into the oral cavity by hand.

At the present stage, the main method for diagnosing oropharyngeal gonorrhea is the cultural method. Microscopic method with Gram staining is not used

To confirm the identification of Neisse series, the following tests are used:

- study of enzymatic activity;
- immunological tests (direct immunofluorescence, coagglutination);
- molecular biological methods (nucleic acid amplification method).

The enzymatic activity of *N. gonorrhoeae* was studied using pure cultures of gonococci; carry out the identification of *N. gonorrhoeae* and its differentiation from other *Neisseria* and similar species.

To detect oropharyngeal gonorrhea, DNA / RNA methods (molecular biological methods - MBM) are used, such as:

- PCR (polymerase chain reaction);
- SDA (strand displacement amplification);
- TMA (transcription mediated amplification) and other MBMs make it possible to detect infection by

several DNA molecules when studying various biological materials. The sensitivity of this method is 96.599%, specificity is 99.7-100%

MBM is a screening method. Detection of *N. gonorrhoeae* DNA/RNA requires confirmation by culture or an alternative nucleic acid amplification method.

A commercially available and highly sensitive test is widely used to diagnose oropharyngeal gonorrhea.

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