



МИНИСТЕРСТВО ЗДРАВООХРАНЕНИЯ РЕСПУБЛИКИ УЗБЕКИСТАН



МИНИСТЕРСТВО ВЫСШЕГО ОБРАЗОВАНИЯ, НАУКИ И ИННОВАЦИЙ РУЗ



ТАШКЕНТСКИЙ ГОСУДАРСТВЕННЫЙ СТОМАТОЛОГИЧЕСКИЙ ИНСТИТУТ

VI МЕЖДУНАРОДНЫЙ КОНГРЕСС СТОМАТОЛОГОВ

«АКТУАЛЬНЫЕ ПРОБЛЕМЫ СТОМАТОЛОГИИ
И ЧЕЛЮСТНО-ЛИЦЕВОЙ ХИРУРГИИ»



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СБОРНИК ТЕЗИСОВ

In the stratified squamous epithelium, a violation of the order of the cell layers, pronounced cellular polymorphism with the presence of large ugly cells and single giant multinucleated cellular elements was diagnosed. Pathological mitoses were found in some patients. The keratinization of individual cells of the spiny layer, stained in orange during the PAP test, was noted (Fig.2).

Papanicolaou staining allows detecting intracellular changes, structural damage to the nucleus, chromatin compaction, but does not fully reveal the first minimal signs of cancer.

DLPs necessarily appear in epithelial cells with high-grade intraepithelial lesions. With inflammation, DLPs are also detected, which makes it possible to diagnose preclinical manifestations of cancer. Even in the presence of artifacts and scarce material, the DLP in smears can be seen. In 6 % of patients with signs of malignancy, cytological examination showed dysplasia of the oral mucosa, while DLPs were detected both inside the cells and in the intercellular space. In 53.33% - 15 patients with leukoplakia and in 9 patients with erosive-ulcerative form of LP, intercellular DLP were revealed. However, cytology did not reveal cellular metaplasia, which implies that these cases can be considered a potential risk of malignancy. In 7 (14%) patients with LP, DLPs were detected singly, however, a cytological examination revealed a picture of inflammation. In 5 (10%) patients with leukoplakia, DLPs were absent.

Conclusions. The express method for determining the DLP allows the detection of precancerous pathology of the oral mucosa without the use of expensive chemical dyes.

Early detection of potential precancerous processes allows avoiding interventional diagnostic methods, as well as reducing the risk of developing cancer of the oral mucosa.

INCREASING THE EFFECTIVENESS OF THE TREATMENT OF CATARRHAL GINGIVITIS

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At the moment, there are fairly accurate clinical criteria for diagnosing inflammatory periodontal diseases, there are a large number of different methods for treating gingivitis, which reflect the attempts of researchers and clinicians to have a therapeutic effect on various links in the pathogenesis of the pathological process (Kamilov Kh.P., Takhirova K.A., 2019; Gerasimovich L.M., 2003). However, despite the significant achievements of modern dentistry, the frequency of recurrences of the transition to the developed forms of inflammatory diseases remains high. Progressive

damage to the periapical tissues often leads to loss of teeth and can be the source of many diseases (Bascones - Martinez A., 2005).

Therefore, the relevance of the problem of detection, diagnosis, treatment of gingivitis comes to the fore and requires careful study and search for ways and effective methods of providing dental care.

Materials and methods. The study will present data from a survey of patients with catarrhal gingivitis before and after treatment.

The protocol for examining patients will include: assessment of complaints, history taking, clinical examination, assessment of the hygienic status of the oral cavity, taking an imprint smear followed by microbiological examination. Statistical processing of clinical material will be based on the principles of evidence-based medicine.

Results and Discussion . Based on a sufficiently large clinical material, an assessment of rational and professional oral hygiene in the complex treatment of catarrhal gingivitis will be performed.

An objective evaluation of the results of the study, given in order to optimize the treatment of catarrhal gingivitis , will be carried out .

LICHEN PLANUS OF ORAL MUCOSA CLINICS AND TREATMENT. REVIEW

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The mucous membrane of the oral cavity and the red border of the lips are the site of manifestation of a large group of dermatoses. Lichen planus (LP) refers to polyetiological, inflammatory-destructive diseases, in which the oral mucosa is involved in the pathological process (Kubanova A.A., 2009; Butov Yu.S., 2010; Torrente-Castells E., 2010; Tar I., 2009). Damage to the mucous membrane in the oral cavity with lichen planus can be combined with skin lesions, but is often isolated (Vasilyeva E. S., 2015; Pendyala G., Joshi S., Kalburge J., 2012; Adilkhodzhaeva Z.Kh., 2021). In gerontostomatology, lichen planus is the most common of all diseases of the oral mucosa (50-75%). High prevalence, variety of clinical forms, difficulty in diagnosis and failure of the therapy - all these factors repeatedly lead patients to see a dentist (Ingafou M., 2006; Tovar S., Parlatescu I., Gheorghe C., 2013; Shukurova U .A., 2019). Mostly women aged 40 years and older are ill. The "rejuvenation" of this disease occurs due to many reasons - circulatory disorders, a decrease in the body's immune reactivity, constant stressful situations (Orekhova