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TREATMENT OF ACUTE HERPETIC CANDIDIASIS STOMATITIS IN CHILDREN

Xolmatova Z. D., Mirsalixova F. L.
Tashkent State Institute of Dentistry

Annotation: Herpes infection occupies one of the leading places among viral diseases. This is due to the widespread spread of the herpes simplex virus (HSV), the variety of clinical manifestations of the disease, as a rule, its chronic course, as well as various ways of transmitting the causative agent of infection (Barinsky I.F., 1986; Ebralidze J.K., 1990; Kasparov A.A., 1994; Isakov V.A., 1999; Granitov V.M., 2001; Samgin M.A., Khaldin A.A., 2002). According to WHO, HSV-related diseases rank second (15.8%) after influenza (35.8%) as a cause of death from viral infections. Susceptibility is universal, antibodies to HSV are detected in 8090% of adults (Zuev V.A., 1994; Granitov V.M., 2001; Haksohusodo S. et al., 1989).

Herpetic infection is in pediatric dental practice, since the primary infection occurs in early childhood (Kazantseva I.A., 2000; Savichuk N.O., 2000; Elizarova V.M., 2001). Acute herpetic stomatitis (OGS) is one of the most frequent clinical manifestations of primary infection. Among the children's population, OGS is more common than measles, scarlet fever, mumps and accounts for more than 85% of all diseases of the oral mucosa (SOPR) in children (Vinogradova T.F. et al. 1983; Rochene I.V., Kochergene S.I., 1984). Every 7-8 child who has undergone OGS, relapses of the disease occur in the future, the first relapse occurs in 73% of cases in less than a year (Chapala V.M., 1984; Melnichenko E.M., 1986; Kazantseva I.A., 1991).

In general medical practice and in dental practice, in particular, there is still an empirical approach to prescribing medicines, and in cases where clinicians use scientifically developed treatment regimens, they do not always apply well-developed clinical and laboratory criteria that allow them to differentially approach the assessment of the stage at which correction of medical conditions is required. events or their cancellation. From this point of view, the development of these criteria is a promising task, which is emphasized in the works of many leading immunologists (Chaitov P.M. et al., 2000; Brostoff J. et al., 1991), microbiologists (Mayansky A.N., 1998; Pozdeev O.K., 2002; Meers P. et al., 1995), morphologists (Fingers M.A., Ivanov A.A., 1995).

The purpose of the study. Complex treatment of acute herpetic stomatitis in children under 3 years of age, based on epidemiological, clinical, laboratory and immunological features of the pathogenesis of this disease.

Humanity has moved into the 21st century, the century of scientific and technological progress, when many discoveries in the field of new technologies, especially physical research, which are widely used in the national economy, eventually begin to be introduced into medical practice.

Among these implementations, special importance is attached to ultrasound therapy. Ultrasound therapy, according to many researchers, scientists and specialists, is considered one of the most common and highly effective methods of modern physiotherapy used in the complex treatment of a wide range of diseases in orthopedics, surgery, gynecology, dentistry, dermatology, etc.

In general, the use of low-frequency ultrasound energy in the treatment of inflammatory diseases is based on the initiation of the following effects: direct bactericidal action of ultrasonic vibrations; indirect action by activating phagocytosis of microbial bodies; creating an increase in the concentration of antibacterial drugs; improving vascular trophic and tissue metabolism; correction and stimulation of detoxification, immunocorrection, antihypoxia, analgesia, etc.; of particular importance and promise is "ultraphonophoresis", when medicinal substances are injected into tissues using ultrasound.

The method of treatment of herpetic stomatitis using ultrasound therapy, included in the complex of etiopathogenetic, therapeutic measures is particularly relevant. In this regard, it seemed appropriate to study the effect of ultrasound therapy in the treatment of acute herpetic stomatitis in children.

Targeted practical measures are being implemented in our country to reform the healthcare system. A number of studies have been conducted and are being conducted to improve the effectiveness of disease treatment, including the diagnosis and prevention of diseases in pediatric dentistry. According to the action strategy for five priority directions focused on the development of the Republic of Uzbekistan in 2017-2021, the key tasks for improving the healthcare system have been identified. In this regard, identifying the causes, studying the prevalence, intensity of diseases, the hygienic condition of the oral cavity, as well as solving problems to improve educational work in relation to the health of mother and child in the antenatal and perinatal periods, are important tasks of pediatric dentistry.

Herpes simplex virus type 1 (HSV-1), which is part of herpesvirides, causes many viral human diseases worldwide. The wide distribution, the variety of transmission routes, the possibility of infection of a wide range of organs and tissues, including nerve tissue cells, the ability to pass into the latent stage of infection with subsequent possible reactivation in conditions associated with immune suppression determines the relevance of this infection [1.3.5.7.9.11.13.15.17].

Another defense mechanism is the persistence of the virus in tissues that are not subject to immune surveillance (neurons of the regional ganglia of sensitive nerves). These cells are not able to represent a type I histocompatibility complex, which results in an unhindered persistence of the virus in them. There are significant differences in the infection of lymphocytes and epithelial cells. Virus replication occurs in epithelial cells with the formation of virions and damage to nearby cells of this locus. When B-lymphocytes are infected, only in a small percentage of cases the virus replicates, and in the rest it is in a latent state. In the early stages of the development of the disease, infection of NK cells and T lymphocytes is possible, followed by the circulation of viral lymphocytes throughout life and the formation of a chronic infection. The ability of HSV to exist in various cells of the immune system leads to the formation of a mechanism of escape from the body's defense systems.

The immune response of the macroorganism is directed both against the cells affected by the virus and against the virus itself and is determined by two protective mechanisms: specific immunity formed after a disease or artificial immunization and natural resistance, which is based on innate resistance to virus reproduction. Factors of nonspecific protection of the body are the first to interact with the viral agent. Various components of nonspecific resistance, being more ancient mechanisms of the body's defense, make a significant contribution to the body's response to viral aggression.

The tissue macrophage is one of the first cells involved in the immune response in viral infection. Macrophages are directly involved in both specific and non-specific immune reactions of the body to the introduction of a foreign agent. They capture and absorb pathogens and present antigenic proteins to T-21

and B-lymphocytes, initiating the development of cellular and humoral immune response. Macrophages respond to viral aggression with lightning-fast production of pro-inflammatory cytokines, due to the activation of neutrophils, monocytes /macrophages, NK cells and have an effect on T- and B-lymphocytes, including a specific immune response. The contagiousness of the disease and the appearance of mature extracellular forms of the virus is due to intracellular persistence of HSV with incomplete phagocytosis [2.4.6.8.10.12.14.16].

CONCLUSIONS

1. Acute herpetic stomatitis in children under the age of 3 years develops more often than in other age groups, has a more severe course and is characterized by a high frequency of transition to a recurrent form. The development of severe and recurrent forms of the disease in 62% of cases occurs against the background of violations of the immune status in the form of allergic and / or infectious syndromes.

2. The features of the pathogenesis of OGS in children under 3 years of age associated with the severity of the course of infection and the frequency of its transition to a recurrent form should be considered the presence of concomitant allergic diseases; violations of the immune status in the form of no changes or a decrease in the expression of HLA-DR marker lymphocytes; an increase in the proportion of aerobic microflora of the transitional fold of the oral cavity, represented mainly by staphylococci and candida; significant migration of blood cells with phagocytic activity to the lesion site detected during cytological examination.

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