EUROPEAN JOURNAL OF
MODERN MEDICINE AND PRACTICE
Vol. 4 No. 2 (Feb - 2024) EJMMP ISSN: 2795-921X

http://innovatus.es/index.php/ejmmp

MODERN INTERPRETATION OF THE CHANGES AND TREATMENT OF THE MUCOUS MEMBRANE OF THE ORAL CAVITY IN TUBERCULOSIS

Kholboyeva Nasiba Asrorovna

Assistant, Department of Therapeutic Dentistry, Faculty of Stomatology, Samarkand State Medical University

Raxmatov Melidior

5th year student of Samarkand State Medical University

Abstract: Oral tuberculosis is a chronic infectious disease caused by Koch bacillus. Patients complain of worsening general condition, fever and lethargy. Locally, tubercles are detected, in the central part of which a painful shallow ulcer surface appears with uneven edges and a yellow granular bottom. Diagnosis of oral tuberculosis includes collecting complaints, taking anamnesis, clinical examination, cytological and bacterioscopic examination. Treatment of patients with oral tuberculosis is carried out in the tuberculosis dispensary.

Key words: Causes, Classification, Symptoms of oral tuberculosis, Diagnosis, Treatment of oral tuberculosis

Oral tuberculosis is a specific infectious disease that develops against the background of decreased resistance when Mycobacterium tuberculosis is introduced into the body. Tuberculous lupus erythematosus is the most commonly diagnosed form of oral tuberculosis. It is determined in 18-35 percent of patients. As a rule, with tuberculous lupus erythematosus, there is a combined lesion of the mucous membrane, the skin of the perioral area, and the lips. Tuberculosis with miliary ulcer of the oral cavity is diagnosed in 1% of patients. In other cases, primary oral tuberculosis and scrofuloderma are identified.

The disease is more common in men. A decrease in the body's resistance helps to activate the opportunistic microflora of the oral cavity, which often leads to additional bacterial infection of the surface of the stomach ulcer. In 10% of cases, tuberculous ulcers become dangerous.

Reasons

Oral tuberculosis occurs against the background of a suppressed immune state. The causative agent of the disease is Koch bacillus. As a rule, mucosal damage has a secondary nature, since they develop as a result of the spread of infectious agents and their toxins from the main open foci of inflammation through the network of blood or lymphatic vessels. Also, in the pulmonary form of tuberculosis, an infection of the mucous membrane of the oral cavity can occur due to the penetration of mycobacteria found in sputum. Oral tuberculosis is rarely diagnosed because the Koch bacillus is rapidly killed in the oral cavity.

Classification

There are four main forms of oral tuberculosis:

Primary tuberculosis of the oral cavity. It is rare in adults. Often the disease is diagnosed in children. The main routes of infection are inhalation and fecal-oral.

Tuberculous lupus erythematosus. The lupus erythematosus form of oral tuberculosis is often detected in dentistry. Lupus-erosive elements of the lesion are mainly localized in the gums. Tuberculous lupus erythematosus tends to be chronic. Malignant tumors of long-term non-healing wounds have been reported.

Tuberculosis with miliary ulcer of the oral cavity. Appears in patients weakened by tuberculosis. Mycobacteria, which are released with sputum during coughing, penetrate deep into the damaged areas of the mucous membrane. Most often, the palate and tongue are affected, rarely foci of miliary-ulcerative tuberculosis of the oral cavity are detected in the marginal gum area, in the cheek area.

Scrofuloderma. The disease occurs mainly in childhood. The clinic differs from other forms of oral tuberculosis. First, it is not a tubercle, but a very large nodule with the formation of fistulas after softening and necrosis. Healing of the wound surface occurs with the formation of characteristic hairy scars.

Symptoms of oral tuberculosis

With primary tuberculosis of the oral cavity, painful sores with ragged edges and compressed bases covered with yellow-gray layers are identified. Over time, the area of wounds increases. At the same time, the lymph nodes become larger and merge into one conglomerate. Purulent lymphadenitis is often observed. In patients with tuberculosis, the main elements of the lesion are tubercles - up to 3 mm in diameter, painless formation of red soft elastic consistency. Lupomas increase in size, merge with each other and form extensive lesions.

After the tubercular phase, the lupus erythematosus form of oral tuberculosis passes into the ulcerative phase, characterized by the appearance of ulcerated areas. The lesions are painful, ragged, with raised edges and a hardened gray-yellow base. Sometimes the wound surfaces can be covered with granulation

tissue that bleeds. At the 4th stage of oral tuberculosis, the scars of the wounds are observed. Tubercles can re-form around the scars, which later leads to the formation of rough fibrous tissue that deforms the mucous membrane.

With miliary ulcerative tuberculosis of the oral cavity, first of all, small lupomas are formed, which break up very quickly, resulting in extensive ulcerated surfaces. The wounds are painful, shallow, with ragged edges. The base of the wound is uneven, often covered with granulation. Microabscesses form around the lesion. There is slight hyperemia and swelling of the surrounding tissues. Most often, ulcers are localized on the cheeks and palate. Fissure-like ulcers are detected at the transition border of the immobile mucous membrane to the mobile one, as well as on the tongue. In the miliary-ulcerative form of oral tuberculosis, the lymph nodes are painful, united and enlarged.

Large nodules are found with scrofuloderma. Over time, the nodules break down, resulting in fistulas and extensive wound surfaces. A scar appears with the formation of coarse fibrous tissue.

Diagnostics

The diagnosis of oral tuberculosis is based on the results of complaints, medical history, clinical, cytological and bacterioscopic examinations. During a physical examination, the dentist detects small elevations on the mucous membrane - tubercles. During palpation, lupomas are slightly painful, have a yellow-red color and a soft-elastic consistency, quickly increase in size, merge with each other and form patterns of various configurations. Soon, they are replaced by shallow painful sores with a granular yellow-gray base and ragged, raised edges.

There is a small perifocal inflammation. In patients with oral tuberculosis, the lymph nodes are firm, lumpy and painful during palpation. Adhesions are formed between the surface of the lymph nodes and the surrounding tissue. 2 additional clinical tests are used to diagnose tuberculosis. Using the diascopy method for tuberculosis of the oral cavity, the "apple jelly" symptom is detected (when pressed on the lip area, lupomas have a light brown color), and a positive Pospelov phenomenon is also observed (if there is a tip). touching the tubercle of the button-shaped probe, the upper part of the lupoma is destroyed and the probe stops working). In oral tuberculosis, along with epithelial cells, Langhans giant cells are found on cytological examination of a scraping from the wound site.

Using the bacterioscopic method, it is not always possible to identify mycobacteria in patients with oral tuberculosis. A positive test result is observed in the miliary-ulcerative form of the disease, rarely in tuberculosis. The method of choice to confirm the tuberculosis etiology of the lesion is immunological examination using T-SPOT or QuantiFERON tests.

Elements of damage in oral tuberculosis differ from syphilis, actinomycosis, traumatic decubitus ulcer and malignant neoplasm. The patient is examined by a dentist. If there is a suspicion of tuberculosis, the patient is sent for consultation with a doctor.

Treatment of oral tuberculosis

Treatment of patients with oral tuberculosis is carried out in a specialized tuberculosis dispensary. To prevent the addition of bacterial infection, local antiseptic baths are prescribed. For this purpose, preparations based on chlorhexidine bigluconate are used. To relieve pain, gels or sprays containing local anesthetics are used: lidocaine, anesthesin.

After elimination of acute cases, patients with oral tuberculosis are recommended to take disinfection measures: removal of deposits, treatment of caries and its complications. Prognosis is favorable in most cases with early treatment of patients in a medical facility and complete anti-tuberculosis treatment. Late detection of oral tuberculosis leads to irreversible changes: progressive tissue destruction, mucosal deformation.

List of used literature:

1. МЕХАНИЧЕСКАЯ ОБРАБОТКА И РАСШИРЕНИЕ КОРНЕВЫХ КАНАЛОВ ХИМИЧЕСКИМИ ПРЕПАРАТАМИ (ЭНДОЛУБРИКАНТЫ) Н.А Холбоева, ДМ Хайдарова Вестник науки и образования, 88-92, 2022
2. PROVISION OF THERAPEUTIC DENTAL CARE AND PREVENTIVE MEASURES DURING PREGNANCY N Xolboeva, D Xaydarova Science and innovation 1 (D6), 179-181, 2022
3. Methods Of Instrumental Treatment of Root Canals X N Asrorovna, TA Baxriddinovich, KX Abdusalamxekmat Texas Journal of Medical Science 2, 17-19, 2021
4. Clinical Application Of Dental Photography By A Dentist X N Asrorovna, TA Baxriddinovich, IN Bustanovna, DS Valijon O'g'li, ... The American Journal of Medical Sciences and Pharmaceutical Research 3 (09 …, 2021
5. COMPLEX METHODS OF TREATMENT OF CHRONIC PERIODONTITIS X N Asrorovna, X D Munisovna Journal of Integrated Education and Research 2 (1), 53-56, 2023 NEW MODERN TREATMENTS FOR PATIENTS WITH PERIODONT'S DISEASE IN YEAR RU XOLBOEVA N,XURRAMOV S
6. Journal of Modern Educational Achievements 6 (6), 170-173, 2023 CHANGES IN THE ORAL MUCOSA IN DIABETES MELLITUS MX Xolboeva Nasiba Asrorovna,Ravshanov Umidjon Journal of Educational Achievements 10 (10), 172-177, 2023
7. BIOLOGICAL METHODS OF TREATMENT OF PULPITIS N Xolboeva, D Xaydarova Science and innovation 1 (D8), 73-78, 2022

8. Farrukh S. ORGANIZATION OF DIGITALIZED MEDICINE AND HEALTH ACADEMY AND ITS SIGNIFICANCE IN MEDICINE //Science and innovation. – 2023. – Т. 2. – №. Special Issue 8. – С. 493-499.
9. Communication Of Quality Of Life Indicators, Functional Methods Of Research And Neuromarker BNDF In Patients With Diabetes Mellitus 2 With Diabetic Foot Syndrome AO Omilkhonovich, KT Tulyaganovich The American Journal of Medical Sciences and Pharmaceutical Research 3 (05 …, 2021
10. МЕХАНИЧЕСКАЯ ОБРАБОТКА И РАСШИРЕНИЕ КОРНЕВЫХ КАНАЛОВ ХИМИЧЕСКИМИ ПРЕПАРАТАМИ (ЭНДОЛУБРИКАНТЫ) Н.А Холбоева, ДМ Хайдарова Вестник науки и образования, 88-92, 2022
11. PROVISION OF THERAPEUTIC DENTAL CARE AND PREVENTIVE MEASURES DURING PREGNANCY N Xolboeva, D Xaydarova Science and innovation 1 (D6), 179-181, 2022
12. Methods Of Instrumental Treatment of Root Canals X N Asrorovna, TA Baxriddinovich, KX Abdusalamxekmat Texas Journal of Medical Science 2, 17-19, 2021
13. Clinical Application Of Dental Photography By A Dentist X N Asrorovna, TA Baxriddinovich, IN Bustanovna, DS Valijon O'g'li, ... The American Journal of Medical Sciences and Pharmaceutical Research 3 (09 …, 2021
14. COMPLEX METHODS OF TREATMENT OF CHRONIC PERIODONTITIS X N Asrorovna, X D Munisovna Journal of Integrated Education and Research 2 (1), 53-56, 2023 NEW MODERN TREATMENTS FOR PATIENTS WITH PERIODONT'S DISEASE IN YEAR RU XOLBOEVA N,XURRAMOV S
15. МЕХАНИЧЕСКАЯ ОБРАБОТКА И РАСШИРЕНИЕ КОРНЕВЫХ КАНАЛОВ ХИМИЧЕСКИМИ ПРЕПАРАТАМИ (ЭНДОЛУБРИКАНТЫ) Н.А Холбоева, ДМ Хайдарова Вестник науки и образования, 88-92, 2022
16. PROVISION OF THERAPEUTIC DENTAL CARE AND PREVENTIVE MEASURES DURING PREGNANCY N Xolboeva, D Xaydarova Science and innovation 1 (D6), 179-181, 2022
17. Methods Of Instrumental Treatment of Root Canals X N Asrorovna, TA Baxriddinovich, KX Abdusalamxekmat Texas Journal of Medical Science 2, 17-19, 2021
18. Clinical Application Of Dental Photography By A Dentist X N Asrorovna, TA Baxriddinovich, IN Bustanovna, DS Valijon O'g'li, ... The American Journal of Medical Sciences and Pharmaceutical Research 3 (09 …, 2021
19. COMPLEX METHODS OF TREATMENT OF CHRONIC PERIODONTITIS X N Asrorovna, X D Munisovna Journal of Integrated Education and Research 2 (1), 53-56, 2023 NEW MODERN TREATMENTS FOR PATIENTS WITH PERIODONT'S DISEASE IN YEAR RU XOLBOEVA N,XURRAMOV S
20. Journal of Modern Educational Achievements 6 (6), 170-173, 2023 CHANGES IN THE ORAL MUCOSA IN DIABETES MELLITUS MX Xolboeva Nasiba Asrorovna,Ravshanov Umidjon Journal of Educational Achievements 10 (10), 172-177, 2023
21. BIOLOGICAL METHODS OF TREATMENT OF PULPITIS N Xolboeva, D Xaydarova Science and innovation 1 (D8), 73-78, 2022
22. Farrukh S. ORGANIZATION OF DIGITALIZED MEDICINE AND HEALTH ACADEMY AND ITS SIGNIFICANCE IN MEDICINE //Science and innovation. – 2023. – Т. 2. – №. Special Issue 8. – С. 493-499.

23. Communication Of Quality Of Life Indicators, Functional Methods Of Research And Neuromarker BNDF In Patients With Diabetes Mellitus 2 With Diabetic Foot Syndrome AO Omilkhonovich, KT Tulyaganovich The American Journal of Medical Sciences and Pharmaceutical Research 3 (05 …, 2021
24. Journal of Modern Educational Achievements 6 (6), 170-173, 2023 CHANGES IN THE ORAL MUCOSA IN DIABETES MELLITUS MX Xolboeva Nasiba Asrorovna,Ravshanov Umidjon Journal of Educational Achievements 10 (10), 172-177, 2023
25. BIOLOGICAL METHODS OF TREATMENT OF PULPITIS N Xolboeva, D Xaydarova Science and innovation 1 (D8), 73-78, 2022
26. Farrukh S. ORGANIZATION OF DIGITALIZED MEDICINE AND HEALTH ACADEMY AND ITS SIGNIFICANCE IN MEDICINE //Science and innovation. – 2023. – T. 2. – №. Special Issue 8. – C. 493-499.
27. Communication Of Quality Of Life Indicators, Functional Methods Of Research And Neuromarker BNDF In Patients With Diabetes Mellitus 2 With Diabetic Foot Syndrome AO Omilkhonovich, KT Tulyaganovich The American Journal of Medical Sciences and Pharmaceutical Research 3 (05 …, 2021