



# STRUCTURE, RISK FACTORS AND CLINICAL PECULIARITIES OF ORAL MUCOSA DISEASE

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## ABSTRACT

**Aim.** To analyze the structure, risk factors and peculiarities of clinical manifestation as well as quality of initial diagnosis of oral mucosa and red border diseases.

**Materials and methods.** The study is based on the results of medico-consultative reception of 225 patients with oral mucosa diseases for the period of 2017—2021.

**Results.** It was established that in the structure of oral mucosa and red border diseases there predominate lichen rubber planus, chronic recurrent thrush and leukoplakia among the inhabitants of Perm and Perm region. The main local (chronic mechanic injury, smoking, irritating, allergenic and ulcerogenic action of drugs and oral hygienic preparations) and systemic (chronic cardiovascular, endocrine, digestive pathologies) risk factors of developing chronic oral mucosa diseases were detected. High percent of diagnostic errors and insufficient level of oncologic alarm among dentists was noted.

**Conclusion.** Detailed analysis of the results of clinicolaboratory investigations indicates a rather wide spectrum of oral mucosa diseases requiring special medical and diagnostic approaches as well as patients' follow-up observation in conditions of specialized centre

**KEY WORDS-** Oral mucosa diseases, lichen rubber planus, leukoplakia, risk factors, diagnosis, treatment.

## INTRODUCTION

Many forms of diseases of the oral mucosa are characterized by a chronic recurrent course, occur with pronounced clinical symptoms, can provoke and aggravate the course of systemic diseases (Sds), are accompanied by a decrease in dental quality of life indicators [1, 2, 3, 6].

The analysis of the prevalence and clinical structure of diseases of the oral mucosa in a particular region of the Republic of Uzbekistan with different socio-economic status of the population and the organization of dental services will identify the needs for specialized dental care, determine the primary tasks to improve the quality of diagnosis and treatment of patients with diseases of the oral mucosa. With this in mind, according to the data of a specialized 5-year medical consultation, a prospective clinical study was conducted to assess the structure, risk factors and features of the clinical manifestation of oral mucosa diseases in the residents

of Andijan. The aim of the work was also to analyze the quality of the primary diagnosis of diseases of the oral mucosa and the red border of the lips in dental institutions in Andijan.

The aim of the study was to study the risk factors, clinical features, and quality analysis of the primary diagnosis of diseases of the oral mucosa and the red border of the lips.

## MATERIALS AND METHODS OF RESEARCH

In the period from 2017 to 2021, 225 people from the city of Andijan and the Andijan region applied to the Department of Faculty Dentistry and Propaedeutics of Dental Diseases of the Andijan State Medical Institute for medical advice on diseases of the oral mucosa.

Clinical examination of patients was carried out in accordance with the WHO recommendations (Kraemer J. R. et al., 1980) on a 4-level diagnostic



system [5]. The examination included clarification of the main complaints and anamnesis of the disease, an objective assessment of the state of the oral cavity (PR): teeth, periodontal disease, oral mucosa and ccG according to visual and computer analyses. According to the indications, cito -, histo - and microbiological studies of the biomaterial (smear-print, biopsy material, oral fluid) were performed. The data of the complex examination were recorded in the outpatient medical history and the dispensary card of the patient with the pathology of oral mucosa.

To assess the quality of the primary diagnosis of the disease of the oral mucosa, copies of the dental patient's medical records, referrals of dentists, and anamnesis data were analyzed.

## RESULTS AND DISCUSSION

Among the examined patients, residents of the regional center dominated (84.2%), 15.8% of patients — residents of the Andijan region. Patients were more often referred to a consultative appointment by dentists of municipal dental clinics

**Table 1. Distribution of patients with oral mucosa pathology by age and sex abs. number, %**

Gender	Age (years)								Total	
	2020-34		35-44		45-64		65 and older			
	abs.	%	abs.	%	abs.	%	abs.	%	abs.	%
Men	8	3,4	9	4,1	47	20,8	11	4,9	73	33,2
Women	15	6,8	22	9,8	97	43,7	16	6,5	150	66,8
Total	23	10,2	31	13,9	145	64,5	26	11,4	225	100

Various forms of precancerous ccG (limited precancerous hyperkeratosis, cheilitis Manganotti, cutaneous horn, warty precancer) were detected in 60 patients (2.8%). Various forms of pemphigus, lupus erythematosus, and exudative erythema multiforme were diagnosed in 0.3% of cases. A relatively high number of people with identified drug - related lesions of the oral mucosa and chemomucositis (0.6 and 0.7%, respectively) drew attention to themselves.

cPl oral mucosa was more often detected in women than in men.

in men (55.5 and 44.5%, with  $p < 0.001$ ), mainly at the age of 45-65 years. The relatively high prevalence of the disease in young men is shown (26.7% of men were under the age of 35). The structure of cPl was dominated by destructive forms of lesion: erosive - ulcerative (38.6%), exudative-hyperemic (17.4%), hyperkeratotic (12.6%) and bullous (7.8%). Attention was drawn to the fact that in 23.6% of cases, patients with a typical form of cPl were referred for consultation, the diagnosis of which should not cause difficulties with the classic manifestation. In 64.7% of cases, a severe continuously recurrent course of the disease with pronounced edematous pain (90.5%), sensory - paresthetic (72.3%), xerostomic (80.3%) and dysgeutic (58.0%) symptoms was revealed. General

(45.5%), private dental offices (23.9%) of Andijan region, medical institutions of various localities of Andijan region (15.3%); 15.3% of patients independently applied for medical advice.

The age and sex characteristics of the examined persons are presented in Table 1. Women (66.8%) were more often referred for diseases of the oral mucosa, mainly at the age of 45 to 64 years. The structure and prevalence of oral mucosa diseases identified by the results of a comprehensive examination of patients are presented in Table 2.

In the structure of diseases of oral mucosa and ccG, lichen planus (cPl), chronic recurrent aphthous stomatitis (hRAS) and leukoplakia (l) were predominant, detected in 31.5, 17.5 and 15% of patients, respectively. further in the frequency of occurrence were noted: glossitis (11.3%), mainly rhomboid, traumatic ulcers (8.2%), candidiasis (7.5%), papillomavirus (2.1%) and herpetic (1.8%) lesions of the oral mucosa.

complaints in all patients were manifested by psychovegetative syndrome, cancer and AIDS phobia (42.9, 32.2 and 24.9%, respectively). It was found that more often (91.8%) the severe recurrent course of cPl developed against the background of chronic Sz, the structure of which was dominated by diseases of the gastrointestinal tract (90.1%), endocrine (55.7%), cardiovascular (52.3%) and immune (22.6%) systems. The role of acute stress in the genesis (debut, exacerbation) of CPL SOPR was noted by 76.8% of patients. in most of the patients, non-sanitized PR was detected, local risk factors were established: chronic mechanical injury of the PR (55.7%), irritating, allergizing, lichenizing and xerogenic effects of drugs (19.7%) and hygiene products of the PR (16.4%). In 67.7% of patients with cPl of the PR, a combination of two or more SS was noted (more often a combination of arterial hypertension (AH), type II diabetes mellitus (DM) and chronic cholecystopancreatitis or AH, gastric ulcer hypothyroidism), in which patients were long-term prescribed up to 10 or more drugs (LP).

When assessing the quality of the primary diagnosis of cPl SOPR, it was revealed that only in 46.1% of cases it corresponded to the I and II diagnostic levels, when the dentist who referred the patient to the consultation stated the presence of a



pathology of SOPR or identified its nosological form. In 48.9% of cases, the diagnosis of CPL SOPR caused direct difficulties for dentists. A particularly high percentage of diagnostic errors was recorded in hyperkeratotic (85.7%), typical (57.1%), exudative - hyperemic and bullous forms of CPL oral mucosa (37.5 and 33.3%, respectively). Only in 5% of cases, the correct detailed diagnosis of the disease was established (in the erosive-ulcerative form of CPL oral mucosa). The low quality of the diagnosis of CPL oral mucosa was confirmed by a high number of under-examined patients (74.6%) and cases of overdiagnosis of CPL oral mucosa, defined as cancer of the SOPR (9.8%). only 16.8% of patients with CPL oral mucosa were registered with a dentist at the dispensary.

Chronic recurrent aphthous stomatitis was detected in 17.5% of cases, mainly in young people (20-34 years), and in women more than 2 times more often than in men (67.6 vs. 32.3%). There was a seasonal occurrence of exacerbations of hRAS (spring-autumn period). in the majority of patients, the disease lasted 3-5 years, and 46.8% of patients noted low effectiveness of the prescribed, mainly local, treatment. More often, the fibrotic form of hRAS was diagnosed (47.6%), the necrotic form was detected in 36.9%, the glandular form — in 13%, and the scarring form — in 2.5% of patients.

In 65.9% of patients, a chronic recurrent course of hRAS with typical pain and paresthetic symptoms was revealed.

The favorite areas of aft localization on the SOPR were identified: the retromolar region and transitional folds (46.8% each), the sublingual region (33.5%), the hard and soft palate (26.8%), the alveolar process (10.3%), the cheek mucosa (10.3%) and the tongue (8.5%).

## CONCLUSION

A comprehensive analysis of the results of clinical and laboratory studies indicates a fairly wide range of diseases of the oral mucosa that require special diagnostic approaches and dispensary monitoring. The identification of a large number of local risk factors, the low level of oral sanitation in patients with diseases of the oral mucosa indicate an insufficient amount of medical and professional measures carried out by local dentists. The high frequency of detection and difficulties in diagnosing precancerous diseases of the oral mucosa actualize the importance of oncological alertness in dentists.

The high percentage of people with non-sanitized oral cavity, the presence of a large number of local risk factors in patients with the pathology of oral mucosa, as well as a high percentage of direct diagnostic errors, under - examined patients and cases of overdiagnosis of diseases of oral mucosa indicate

the need to improve the provision of dental care to this category of patients in a specialized medical and diagnostic center.

## LIST OF LITERATURE

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