



AGE-RELATED FEATURES OF THE STRUCTURE OF DISEASES OF THE ORAL MUCOSA IN CHILDREN

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RESUME

A retrospective study of 73 medical records of children aged 1 month to 12 years was conducted, aimed at consultation to the dentist at the base of the Department of Pediatric Dentistry of the Andijan State Medical Institute. The average age was 7.8 ± 3.7 years. All patients were divided into groups depending on their age: Group I-1-11 months, group II-1-3 years, Group III – 4-7 years, group IV-8-12 years. Diagnoses were analyzed, as well as the results of bacteriological and virological studies. Destablished, which is the least children under the age of one year (11 children, or 15.1% of cases) were treated with diseases of the oral mucosa.

The most common diseases of the oral mucosa were observed in children aged 1 to 3 years (32 children, or 43.8% of cases). The analysis of the structure of diseases of the SOPR revealed the predominance of herpetic stomatitis in all age periods (with the exception of children under 1 year, in whom the stomatitis of candida etiology prevailed) (in group II – $62.5 \pm 8.6\%$; in group III- $35.3 \pm 11.6\%$, in group IV- $46.2 \pm 13.8\%$). Traumatic lesions of the oral mucosa were least frequently observed at the age of 8-12 years ($7.7 \pm 7.4\%$). In different age periods, the structure diseases of the SOPR have their own characteristics, and therefore preventive measures to prevent these diseases in children should be aimed at the most characteristic pathology for the corresponding contingent.

KEY WORDS: *diseases of the oral mucosa, stomatitis, gingivitis, children.*

INTRODUCTION

Diseases of the oral mucosa (OOP) remain one of the most pressing problems of therapeutic dentistry both among adult patients and in children, which is primarily due to the high prevalence of this pathology [1–3].

List of diseases that manifest themselves on the SOPR, it is quite diverse. This includes injuries of traumatic origin, infectious diseases, allergic and drug injuries, etc. However, in children, SOPR diseases have specific features. So, typical for children under 2 years of age are decubital afta due to damage to the pacifier, weakened children may have Bernard afta along the line of connection of the soft and hard palate, with a constant cough, the child often has proliferative changes in the language, etc. [4-6].

In addition, most specialists are unanimous in the opinion that to understand the pathological processes in the oral cavity in children, it is important to know the topographical, morphological, histological and histochemical processes that change

dramatically depending on the age [3, 7].

There are three age periods that have significant differences in structure and characterize the dynamics of the development of the main structures of the mucous membrane. Breast period-from the 10th day up to 1 year, early childhood-1-3 years, children's periods: primary-4-7 years, secondary-8-12 years. With the change of periods, the factors of local protection of the mucous membrane are improved [8, 9].

In this regard, for a more targeted diagnostic search and, accordingly, to improve the predicted results of therapy in this pathology, it is important to have a correct idea of how to, which of the diseases of the oral mucosa predominate in different age periods.

The aim of the study was to study the age-related features of the structure of oral mucosa diseases in children.

MATERIALS AND METHODS

A retrospective study of 73 medical records of



children aged from 1 month to 12 years was conducted, aimed at consulting a stomatologist at the Department of Pediatric Dentistry of the ASMI. The average age was 7.8 ± 3.7 years. All patients were divided into groups depending on their age: Group I – 1-11 months, Group II-1-3 years, group III-4-7 years, Group IV – 8-12 years. Diagnoses were analyzed, as well as the results of bacteriological and virological studies.

RESEARCH RESULTS AND DISCUSSION

When analyzing appeals in different age periods, it was found that the least with diseases of the oral mucosa children under the age of one year were treated (11 children, or 15.1% of the cases).

The most common diseases of the oral mucosa were observed in children aged 1 to 3 years (32 children, or 43.8% of cases).

At the age of 4-7 years, 17 children (23.3% of cases) turned to a stomatologist, and at the age of 8-12 years – 13 children (17.8% of cases).

In the structure of diseases of the SOPR among children of group I, acute candidiasis stomatitis is most often noted (7 children, $63.6 \pm 14.5\%$), much less, mainly in children in the second half of life, traumatic injuries of the SOPR were noted (3 patients, $27.3 \pm 13.4\%$), which, in all probability, is associated with an increase in motor activity and a tendency to learn the world.

Stomatitis of other etiology in children up to 1 years were found only in $9.1 \pm 8.7\%$ of cases.

A sufficiently high resistance of the child's body to the occurrence of viral and bacterial stomatitis in the first year of life and the predominant development of fungal diseases oral mucosa, probably, they can be caused by the placental transmission of maternal antibodies. This is also facilitated by a neutral or slightly acidic reaction saliva [2].

In the age group from 1 to 3 years, acute herpetic stomatitis was most often noted (20 children; $62.5 \pm 8.6\%$; $p < 0.001$). Acute candida stomatitis was registered in 7 patients ($21.9 \pm 7.3\%$; $p < 0.001$). Injuries were less common severe damage to the SOPR occurred in 7 children ($21.9 \pm 7.3\%$). Among the traumatic injuries, decubital afta was registered in 2 ($6.3 \pm 4.3\%$) children.

In 2 ($6.3 \pm 4.3\%$) patients, there was a combined lesion of the SOPR – acute stomatitis after traumatic damage to the oral mucosa.

In general, pediatricians and dentists see the reason for the prevalence of acute herpetic stomatitis in this age group as the high contagiousness of herpetic infection among children with reduced immunity. According to the World Health

Organization, about

90% of the world's inhabitants are infected herpes simplex virus, but only 25-30% of them have clinical manifestations of the disease, which are recognized untimely. This, in turn, contributes to the rapid spread of infection among the most vulnerable group – young children with primary or secondary immune deficits [5].

For children of group III (4-7 years old) the characteristic pathology of the SOPR was acute aphthous stomatitis. As for the applicants, in 6 ($35.3 \pm 11.6\%$) cases it was a herpetic infection, in 4 ($23.5 \pm 10.3\%$) – a candida infection, and in 4 ($23.5 \pm 10.3\%$) children were identified stomatitis of bacterial etiology.

Traumatic injuries were registered in 3 ($17.6 \pm 9.2\%$) cases.

In the group of schoolchildren aged 8-12 years (group IV), recurrent herpetic stomatitis ($46.2 \pm 13.8\%$), allergic aphthous stomatitis ($15.4 \pm 10.0\%$), and multiform exudative erythema ($7.7 \pm 7.4\%$) were detected. An increased tendency to allergic manifestations on the part of the oral mucosa is most likely associated with an increase in sensitization to this age period [10]. Traumatic injuries were less common than in other groups ($7.7 \pm 7.4\%$).

An interesting fact is that older school children (11-12 years old) had mild leukoplakia ($7.7 \pm 7.4\%$) and juvenile gingivitis ($15.4 \pm 10.0\%$), which can be explained by age-related histological and histochemical differences caused by hormonal changes beginning by 12-13 years [11, 12].

Conclusion. Thus, the study of SOPR diseases in children showed that the most frequent referrals were in the age category from 1 to 3 years (32 children; 43.8%). The analysis of the structure of the diseases of the oral mucosa revealed the prevalence of herpetic stomatitis in all age periods (with the exception of children under 1 year, in whom the stomatitis of candida etiology prevailed). (in group II- $62.5 \pm 8.6\%$; in group III- $35.3 \pm 11.6\%$, in group IV- $46.2 \pm 13.8\%$).

Traumatic lesions of the sopranos were less often observed at the age of 8-12 years ($7.7 \pm 7.4\%$). The results obtained allow us to come to the conclusion that in different age periods, the structure of diseases of the SOPR has its own characteristics, and therefore preventive measures to prevent diseases of the oral mucosa in children should be aimed at the most characteristic pathology for the corresponding contingent.

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