



DIFFERENTIAL DIAGNOSIS OF DISEASES OF THE MUCOSA OF THE ORAL CAVITY

Axunjonova Gulnozaxon Muxammadsobirovna

Resident of the Department of Therapeutic Dentistry

ABSTRACT

Objective: Analysis of the results of observation of clinical cases of diseases of the oral mucosa in order to differentiate existing foci for correct diagnosis and subsequent treatment.

Materials and methods: Variants of pathological changes related to the group of white lesions: multiform erythema, flat lichen, candidiasis glossitis at the stage of formation of white foci.

Results: In this paper we consider the differential diagnosis of multiform erythema, planar lichen, candidiasis glossitis in the presence of signs of white plaque. Clarification of the diagnosis is based on a thorough examination and additional (including laboratory) research methods.

Conclusion: The analysis of clinical cases of diseases of the oral mucous membrane indicates the similarity of their elements of destruction and manifestations of other symptoms, which greatly complicates the diagnostic search. A thorough survey, inspection, consultations of general specialists and additional laboratory tests allow to successfully solve the tasks.

KEYWORDS: *erythema multiforme, oral lichen planus, candidal glossitis.*

INTRODUCTION

The relevance of the problem. Diagnosis of diseases of the oral mucosa causes significant difficulties, which is associated with a number of reasons. One of them – the lack of clinical experience-is explained by the low number of cases of patients with this pathology: the overwhelming amount of work of a dentist-therapist is dental treatment [3, 4, 8]. The next – the actual distinctive features of diseases of the mucous membrane, often manifested by true or false polymorphism. The latter "blurs" the clinical picture, complicating the diagnosis. In addition, individual diseases are characterized by similarity of morphological elements, as well as complaints or anamnesis.

Finally, the addition of a secondary infection contributes to the development of inflammation with bright clinical symptoms that mask the main picture of the lesion of the SOPR. In turn, the general state of the body and the local status can have a significant impact on the clinical manifestation of the pathology [1, 9].

With all the objective complexity of the diagnostic process, the patient's attitude to his disease plays a significant role. There may be a fear of infecting others, aggravity in the presentation of complaints, hidden or obvious carcinophobia [2, 7]. This situation requires a thorough survey of complaints and anamnesis, followed by a comparative analysis of clinical manifestations.



FIG:1

FIG :2

Fig. 1. The entire surface of the tongue

Fig. 2. Remnants of blisters on the cheek mucosa is covered with a whitish film

In the clinic of therapeutic dentistry, there are traditionally two main approaches to the study and description of lesions of the oral mucosa. One involves considering the occurrence and sequential development of pathological manifestations of a specific nosological unit. The elements of the lesion in this case are described in the order of their appearance or detection on the mucous membrane [5, 6]. Another approach involves the identification of diseases based on the description of the leading symptom (syndrome). The classification in this variant is as follows: red soft tissue lesions-limited, generalized, glossitis; red and white foci; white-keratotic, necrotic; ulcers – erosions, cracks; fistulas; brown, blue or black lesions; yellow lesions. Improving the knowledge and skills of a specialist in the field of identifying and then identifying a pathological focus is facilitated not only by visual observation of the elements of the lesion, but also by its accurate description in the medical history.

This paper presents an analysis of the results of observation of clinical cases of oral mucosa diseases that require differentiation of existing foci for the correct diagnosis and subsequent treatment.

MATERIALS AND METHODS

We included variants of pathological changes belonging to the group of so-called white lesions: erythema multiforme, lichen planus, candida glossitis at the stages of formation of white foci. Additional laboratory tests and consultations of specialized specialists were prescribed.

Clinical case 1

Patient N. complained of a rise in temperature to 39°C, shortness of breath, headache, pain in the joints, muscles, followed by rashes on the oral mucosa (mouth, lip rims).

In the past, there were relapses, which were seasonal in nature (spring and autumn). Periodically, the disease occurred in a permanent type, when relapses are continuous for several months.

From the anamnesis, it turns out that the patient was treated in the hospital the day before, among the medicines were

sulfonamides, antibiotics, etc. The influence of the alimentary factor is not excluded, since there is an allergy to citrus fruits. The trigger point in the development of erythema multiforme (ME) in the patient can be considered a herpetic infection, which at the beginning of the disease played the role of a trigger agent.

Suddenly there was hyperemia and pronounced puffiness of the entire surface of the SOPR. Against this background, after 1-2 days, blisters formed, which are opened and in their place there are painful erosions, very extensive, covering the entire oral mucosa and lips. When viewed from the surface of the tongue is covered with bloom, in appearance resembling that of candidiasis (Fig. 1). When removing the plaque from the language detected erosive surface and bleeding occurs (Fig. 4). On the inner surface of the cheeks in the retro molar region are also found the remains of the bubbles, plaque erosion (Fig. 2).

On the red border of the lips at the surface of the erosions, bloody crusts of different thickness are formed, making it difficult to open the mouth.

Due to sharp soreness, abundant discharge from the surface of erosions, salivation, eating is difficult. Poor hygiene of the mouth, periodontitis aggravates the process. In contrast to pemphigus, a negative symptom of Nikolsky is characteristic.

In the smears-prints, the cells of the Tsank were not found.

The reverse development of the process proceeds slowly on the oral mucosa (3-5 weeks).

If in the presence of typical cocardiform elements on the skin, the identification of multiform erythema is not difficult, then with an isolated lesion of the oral mucosa, diagnosis is often difficult. In these cases, differential diagnosis should be made with vulgar pemphigus, benign non-antholytic pemphigus, herpetic stomatitis, erosive papules of secondary syphilis.



In contrast to pemphigus with erythema multiforme, there is an acute onset with rapid dynamics of rashes, blisters that are located on an inflamed background persist for some time, the Nikolsky symptom is negative, there are no acantholytic cells in the smears-prints. The acute onset, the severity of inflammatory phenomena, and the cyclical course distinguish ME from benign non-antholytic pemphigus.

In acute herpetic stomatitis, there is a grouping of lesions, as a result of which erosions with fine-grained edges are formed. Their most typical localization is the vestibular surface of the lips, hard and soft palate, lateral surfaces of the tongue, cheeks, gums, and transitional folds. Typical herpetic rashes on the skin in the form of bubbles after opening are covered with a crust. Cytological examination reveals giant epithelial cells.

Based on the clinical picture and additional studies, the diagnosis was made: Erythema multiforme.

Thus, simultaneously with inflammatory changes in the tongue, candida lesions of the cheeks, hard palate and pharynx are noted.

There is a characteristic feature-foamy saliva, collecting in the retro molar area and on the back of the tongue. A subjective feeling of dryness in the oral cavity, discomfort appears against the background of a sufficient amount of saliva. Candida stomatitis, diagnosed on the basis of the determination of clinical signs, is confirmed by the results of microscopic and cultural studies of unpainted and colored preparations, which is a necessary stage in the laboratory diagnosis of candidiasis.

Microscopic examination of the material reveals Candida fungi in the form of yeast-like cells and pseudomycelia.

Candida stomatitis is differentiated from hyperkeratosis (with leukoplakia, lichen planus, the white film does not separate when scratching), syphilis (plaques have a dense base, combined with rashes on other parts of the mucous membrane and skin), glossodynia (burning, discomfort in the tongue

disappear during meals). Patients with candida glossitis note a burning sensation, soreness and dryness of the tongue, pain during meals. Possible perversion of taste sensations.

Differential diagnosis of candidiasis of the red border of the lips is carried out with independent cheilitis (exfoliative, meteorological, actinic), bacterial damage, the manifestation of hypovitaminosis. In candidiasis, the lesion of the lip border is manifested by dryness, hyperemia, edema, peeling. Painful erosions, small cracks, thin gray scales may occur. Subjective sensations consist in tension, burning.

To establish and confirm the diagnosis of candidiasis, complex laboratory tests are necessary in dynamics – microscopic, cultural (with the determination of the type of fungus), in some cases – histopathological. In order to detect candida allergy and other immunological changes in the body of patients, intradermal tests, complement binding reactions, indirect hemagglutination, immuno-electrophoresis, macrophage migration inhibition test, neutrophil damage index, RIF-80 and other reactions with candida antigen are used.

A thorough examination of the patient with additional consultations allows us to confirm the diagnosis: acute pseudomembranous candidiasis, accompanying HIV infection.

CONCLUSION

The analysis of clinical cases of oral mucosa disease indicates the similarity of their lesion elements and the manifestations of other symptoms, which significantly complicates the diagnostic search. A thorough survey, examination, consultation of general specialists and additional laboratory tests allow you to successfully solve the tasks. A detailed description of the lesions contributes to the effective assimilation of new information and the possibility of comparing the obtained picture with the data from the literature or other sources (methodological guide, instructions).

REFERENCES

1. Gazhva S.I., Igolkina N.A. Vzaimosvyaz' zabolevaniy vnutrennikh organov i sos- toyaniya polosti rta [Interrelation of diseases of internal organs and the state of the oral cavity]. *Terapevticheskiy arkhiv*, 2013, vol.85, no.10, pp.116–118. (in Russian).
2. Gileva O.S., Libik T.V. Predrakovyye zabolevaniya v strukture patologii slizistoy obolochki polosti rta [Precancerous diseases in the structure of pathology of the oral mucosa]. *Problemy stomatologii*, 2013, vol.2, pp.3–9. (in Russian).
3. Dzugayeva I.I. Rasprostranennost' zabolevaniy slizistoy obolochki polosti rta i gub sredi vzroslogo naseleniya [The prevalence of diseases of the mucous membrane of the mouth and lips among adults]. *Institut stomatologii*, 2014, vol.62, no.1, pp.32–33. (in Russian).
4. Kuz'mina E.M. Rol' deyatel'nosti VOZ v otsenke zdorov'ya polosti rta naseleniya na osnove monitoringa stomatologicheskoy zabolevayemosti [The role of WHO in assessing oral health of the population based on monitoring of dental morbidity]. *Dental Forum*, 2015, vol.56, no.1, pp.2–4. (in Russian).
5. Lutskeya I.K. Zabolevaniya slizistoy obolochki polosti rta: 2-ye izd [Diseases of the oral mucosa]. M.: Meditsinskaya literatura, 2014, 224 p.
6. Lutskeya I.K., Zinovenko O.G., Andreyeva V.A. Proyavleniya VICH-infitsirovaniya (SPIDa) na slizistoy obolochke polosti rta u detey [Manifestations of HIV infection (AIDS) on the mucous membrane of the oral cavity in children]. *Pediatrics*, 2015, vol.3, pp.18–22. (in Russian).
7. Neyman O.I. Diagnostika raka slizistoy rta i rotoglotki [Diagnosis of cancer of the oral mucosa and oropharynx]. *Onkologicheskii zhurnal*, 2010, vol.4, no.2, pp.76–79. (in Russian).
8. Chizhikova T.S., Dmitriyenko S.V., Klimova N.N. Rasprostranennost' zabolevaniy slizistoy obolochki polosti rta i gub u studentov Volgograda [The prevalence of diseases of the mucous membrane of the mouth and lips in students of Volgograd]. *Mezhdunarodnyy zhurnal prikladnykh i fundamental'nykh issledovaniy*, 2011, vol.6, pp.108–109. (in Russian).
9. World Cancer Report 2008. WHD, IARC. Lion, 2008.