

**CLINICAL-MORPHOLOGICAL, IMMUNOLOGICAL AND
IMMUNOHISTOCHEMICAL CHARACTERISTICS OF LICHEN RED PLANUS**

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Abstract: Lichen planus in the oral cavity is characterized by a recurrent, persistent course. Erosion and ulcers in the oral cavity are very difficult to treat; they do not heal for a long time, causing severe pain. Despite the large selection of drugs in gerontostomatology, accelerating the reparative regeneration of damaged mucous membranes is an urgent problem.

Keywords: Regeneration, injections, method, treatment, oral cavity, applications.

INTRODUCTION

The problem of treatment of lichen planus (LP) is one of the important and not yet fully resolved problems of clinical dentistry. Among the common pathological processes localized on the mucous membrane of the oral cavity and the red border of the lips, erosive and ulcerative lesions in lichen planus occupy a special place [5]. This is due to the fact that when treating them, a practitioner often has to face difficulties associated with the presence of a long, persistent course of this disease in patients with frequent relapses [1]. The relevance of the problem is also determined by the fact that this type of lesion has a significant prevalence and is classified as an optional precancer with a high incidence of malignancy [2].

MATERIALS AND METHODS

A comprehensive examination and treatment was carried out on 60 patients who were randomized into two equal groups. In the first group, against the background of traditional treatment, patients were prescribed applications of Celestoderm and Solcoseryl 1:1. In the second group, complex treatment used a combined method of the medicinal composition of Tizol with L-arginine in combination with injection of platelet autoplasm (PRP therapy).

Local treatment was carried out daily for 1–14 days, and also as the reparative function of the tissue under study was restored. After local elimination of traumatic factors, treatment of the erosive-ulcerative form of LLP was carried out according to the following scheme:

1. Application anesthesia (gel “Kamistad”, “Cholisal”, “Lidochlor”, pyromecaine ointment 5%, etc.).
2. Applications of proteolytic enzymes (0.1% solution of trypsin or chymotrypsin).
3. Treatment with antiseptics (0.05% chlorhexidine solution, 1% iodinol solution, herbal decoctions, etc.).
4. Applications with keratoplasty (oil solution of vitamin A), ointment dressings (Celestoderm and Solcoseryl 1:1 for 30 minutes).
5. Fixation of the medicinal substance with KP-Plast film.

RESULTS AND DISCUSSION

When examined before treatment, the patients' complaints corresponded to the main clinical manifestations of LP (erosive-ulcerative form) in the oral cavity: significant pain when eating any food, especially irritating food, a burning sensation, “tightness” of the mucous membrane, which made it difficult to eat and drink. - kept a feeling of discomfort in the oral cavity. The pain index (PIB) on the Hossli-Bergman scale at the time of the initial examination was, on average, (3.1 ± 0.1) points. On the mucous membrane of the cheeks, retromolar space, and tongue, erosions and, less often, ulcers were noted, around which papules typical of lichen planus were located in a pattern on a hyperemic and edematous base. The erosions had an irregular shape and polygonal outline with fibrinous plaque, injury to which provoked bleeding. The average diameter of the

erosive-ulcerative lesion before treatment was (1.4 ± 0.06) cm. The area of the pathological area at the time of the initial examination was 140.45 mm^2 .

During treatment, positive changes in the clinical picture were noted in all groups. However, the nature of inflammation and the timing of epithelization of erosions in the studied groups of patients differed significantly.

On the 3rd day after the start of treatment, patients in group I continued to have a feeling of discomfort, a feeling of "tightness" of the mucous membrane, patients noted severe pain, especially when eating. In the oral cavity, swelling, hyperemia of the mucous membrane, areas of desquamation, erosion, covered with fibrinous plaque were observed, after removal of which the bleeding surface was exposed.

On the 3rd day, the pain index was (3.0 ± 0.11) points, which indicated the presence of severe pain. The average diameter was (1.25 ± 0.07) cm. The area of erosive and ulcerative lesions was 115.2 mm^2 . IRSOR amounted to 5.99%, which corresponded to the first degree of regeneration of the mucous membranes.

In 27 (90%) people, the regeneration and repair phase was noted. Thus, when assessing clinical parameters in this group, the occurrence of an intense pain symptom in the pathological area was noted, which was present from the first day of treatment until the 10th day. However, the patients did not experience severe or intense pain; the pain was at its maximum on the day of presentation and on the 3rd day of treatment, then the pain decreased at each stage of observation and was practically absent on the 7th day.

During the observation periods of 14 days, no negative dynamics were detected. Objectively, polygonal papules of a whitish color with a dense consistency were observed in the oral cavity against the background of an almost unchanged oral mucosa. The patients had no subjective sensations.

CONCLUSION

In patients of the first group, after completing the course of drug treatment, positive clinical changes were characterized by temporary improvement. Their complaints did not completely disappear; erosions and ulcers on the mucous membrane did not completely epithelialize. Patients in group II noted more pronounced positive changes at the end of the course of treatment.

Thus, dynamic measurement of the area of foci of erosions and ulcers in patients with the erosive-ulcerative form of LP indicates an acceleration of the reparative processes of the oral mucosa and their higher intensity when injections of platelet autoplasm are included in combination with the medicinal composition of Tizol with L- arginine into the disease treatment regimen.

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