

**DYSBACTERIOSIS OF THE ORAL CAVITY IN PREGNANT WOMEN WITH
PATHOLOGIES OF THE ORAL MUCOSA**

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Annotation: It is obvious that without therapy aimed at normalizing the biocenosis of the oral cavity, it is difficult to expect positive outcomes in the complex treatment of recurrent aphthous stomatitis in pregnant women. Under these conditions, the introduction of immunomodulators and correctors of oral dysbiosis into the complex treatment of recurrent aphthous stomatitis, which do not interfere with the normal course of pregnancy, acquires confirmation of the significant relevance of this study.

Keywords: Oral microflora, pregnant women, dental status, non-pregnant women,

Introduction. Numerous clinical studies are devoted to the general characteristics of the dental status of pregnant women [1,5], assessment of the prevalence and intensity of dental and periodontal caries during various periods of pregnancy, with various deviations in its course [2,3], the study of oral hygiene in pregnant women, and various functional disorders in the oral cavity and maxillofacial area [2,7]. The results of observational studies indicate that, in general, the prevalence of oral diseases during pregnancy increases 3 times, which explains the high (in 82-98% of women) need for various types of dental care for pregnant women and the peculiarities of its implementation.

Approximately half of women at 8-12 weeks of pregnancy show signs of inflammatory diseases of the oral cavity, the frequency (up to 90.0%) and intensity of which progressively increases as the duration of pregnancy increases [4,5,6]. Even during the physiological course of pregnancy, all organs and systems of the female body, including oral tissues, undergo serious functional restructuring. During a complicated pregnancy, dental problems can become critical for its outcomes and the health of the child [1,7].

The state of the oral microflora objectively reflects the state of the macroorganism. With recurrent aphthous stomatitis (RAS), the state of the microbiocenosis of the oral cavity is disrupted. The course, outcome and prognosis of diseases of the oral cavity depend on the microecological well-being of the oral cavity. Pregnancy is a special condition of a woman's body; the female body becomes vulnerable to infection.

The purpose of this study was to determine dysbiotic changes in the oral cavity in pregnant women with diseases of the oral mucosa.

Materials and methods of research. The main group consisted of 30 pregnant women with recurrent aphthous stomatitis. Of these, 16 pregnant women were primarily pregnant, 14 women were repeatedly pregnant. The control group consisted of 10 non-pregnant women with recurrent aphthous stomatitis, matched by age.

Oral fluid was determined. Changes in the composition of the microflora in chronic recurrent aphthous stomatitis in pregnant women were assessed in 4 categories: dysbiotic shift, dysbacteriosis of I – II degrees, dysbiosis of III degree and dysbacteriosis of IV degree. The obtained data underwent statistical analysis.

Results and discussions. The results of studying the initial composition of the oral microflora showed that all women with recurrent aphthous stomatitis had microbiocenosis disorders, manifested in dysbacteriosis of varying degrees.

In pregnant women, changes in the microbiocenosis of the oral cavity were more pronounced. Thus, in non-pregnant women, degree I of dysbiotic changes - dysbiotic shift was found in 70.0% of patients with recurrent aphthous stomatitis; this degree of change in the oral microbiocenosis was found only in 40.0% of pregnant women. A subcompensated form of change in the composition of the microflora, namely, dysbiosis of degrees I - II, was found in 20.0% of non-pregnant and 30.0% of pregnant women, respectively. Disturbances in the composition of the microflora in the form of dysbacteriosis of degrees III and IV were found much less frequently than dysbiotic shifts and dysbacteriosis of degrees I–II. Thus, grade III dysbacteriosis was found in I (10.0%) treated non-pregnant women and in 20.0% of pregnant women; and grade IV dysbiosis was found in only 10% of pregnant women. In all patients with recurrent aphthous stomatitis, a decrease in the concentration of normal microflora and the appearance of opportunistic and pathogenic microflora (*Staphylococcus aureus*, *Escherichia coli*, enterococci, hemolytic streptococcus and plasmacoagulating staphylococcus) were found. Changes in the qualitative composition of the oral microflora were more pronounced in pregnant women. At the same time, in multipregnant women, quantitative and qualitative changes in the microflora exceeded those of primary pregnant women.

Conclusions. It is obvious that without therapy aimed at normalizing the biocenosis of the oral cavity, it is difficult to expect positive outcomes in the complex treatment of recurrent aphthous stomatitis in pregnant women. Under these conditions, the introduction of immunomodulators and correctors of oral dysbiosis into the complex treatment of recurrent aphthous stomatitis, which do not interfere with the normal course of pregnancy, acquires confirmation of the significant relevance of this study.

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