INTERNATIONAL MULTIDISCIPLINARY JOURNAL FOR RESEARCH & DEVELOPMENT
SJIF 2019: 5.222 2020: 5.552 2021: 5.637 2022:5.479 2023:6.563
eISSN 2394-6334 https://www.ijmrd.in/index.php/imjrd Volume 10, issue 12 (2023)

FEATURES OF THERAPEUTIC AND ORTHOPEDIC STAGES OF COMPREHENSIVE TREATMENT OF LICHEN PLANUS IN ELDERLY PEOPLE

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Abstract: Today there is a steady trend of population aging in the world. This is largely due to demographic preconditions, as well as socio-economic and, partly, cultural determinants. Of course, medicine cannot help but respond to these processes, which affect the epidemiology of all diseases, including dental diseases, and, therefore, require a revision of existing knowledge. It is no coincidence that gerontology is increasingly positioned as the basis for the healthcare system of the future. Dentistry is no exception.

Keywords: Treatment, population, method, diagnosis, orthopedic stage.

INTRODUCTION

A special place in clinical gerontostomatology is occupied by a group of diseases of the oral mucosa (DOM). Treatment and diagnosis of these pathological conditions are very difficult, and moreover, their classical course can be observed less and less often [1].

MATERIALS AND METHODS

Among the numerous diseases of DOM, lichen planus (lichen ruber planus) deserves special attention [2]. Unfortunately, in recent years, there has been a very noticeable increase in the prevalence of this pathology among the elderly population, and since in 75% of cases only DOM is affected, the dentist must not only know this disease, but also be able to manage such a patient, conducting joint examinations with colleagues. comprehensive treatment and rehabilitation of the patient. The etiology of this dermatosis is not fully understood, however, it is known that local irritating factors contribute to the aggravation of its course, the transition of the typical form to more severe ones: exudative-hyperemic, erosive-ulcerative, hyperkeratotic, etc. [3]. The last two should be attributed to the background process: they are driven by the phenomena of hyperkeratosis and ulceration, and their malignancy can be affected by the most, at first glance, insignificant and harmless influences, for example, injuries from prostheses.

RESULTS AND DISCUSSION

Treatment of lichen planus must follow two basic principles: complexity and continuity, that is, the therapeutic stage must be combined with adequate prosthetics, which in this case have a number of features.

Often, in old age, lichen planus occurs against the background of somatic pathology, which, on the one hand, facilitates its diagnosis, and on the other hand, masks the role of local traumatic factors, forcing the doctor to refer the patient to specialized specialists. It is important to remember that the role of general pathology is undoubtedly important, but the appearance of "de novo" keratinized papules is often facilitated by precisely those phenomena in the oral cavity that make it possible to call it "unsanitized." Particular attention should be paid to areas of hyperkeratosis on the cheeks and tongue, which exactly coincide with the projection of sharp edges of teeth, fillings, denture bases and their fixing elements [1].

At the end of the stage of conservative and physiotherapeutic treatment (TES, cryodestruction), after the stabilization of pathological processes on the DOM (reduction of inflammatory phenomena, foci of hyperkeratosis; epithelization of surface defects), the stage of orthopedic treatment was carried out, which had a number of features: each patient was selected a standard spoon, the edges of which (to reduce the traumatic impact) covered with wax; exclusively elastic masses were used for casts; the edges of the metal crowns were additionally processed and reduced towards the tooth tissue; sufficient flushing spaces were created in bridges; clasps were

fitted exactly above and below the equator, a semicircular shoulder was used, the edges of which were reduced to nothing to the crown; Kemeny clasps and telescopic crowns were also used. The cusps and edges of the artificial teeth were modeled to be round and not sharply defined, and the bases (including their inner surface) were carefully polished. In severe conditions, the affected areas of the DOM were cleared by "bypass" bases. In some situations, nylon prosthetics have been manufactured to eliminate the toxic effects of plastic.

Following the rules described above, 33 orthopedic structures were manufactured (12 bridges, 12 partial and 9 complete removable dentures) for 27 patients with typical and hyperkeratotic forms of lichen planus. At the same time, dynamic monitoring of the mucous membrane was carried out, as well as an assessment of the long-term results of prosthetics after correction of the prostheses and adaptation to them. If all requirements for the designs were met, only two patients – 7.4% – needed to replace the manufactured prosthesis with a plastic base with a nylon one, since the reappearance of foci of hyperkeratosis in the form of a Wickham pattern was observed. In all other situations, good long-term results were achieved (new foci of DOM lesions and no exacerbations were observed).

The study was conducted at the Department of Therapeutic Dentistry. 27 patients were examined (18 (66.7%) women and 9 (33.3%) men) aged 62 to 74 years. 17 (63.0%) were diagnosed with a typical form of lichen planus; in 8 (29.6%) - hyperkeratotic, and in 2 (7.4%) - a combination of typical and hyperkeratotic forms.

Each patient required further prosthetics. The treatment plan included the following stages: sanitation of the oral cavity - elimination of local traumatic factors (grinding off sharp edges of teeth and fillings; elimination of chronic foci of infection; removal of structures made of dissimilar metals, as well as prostheses that injure the mucous membrane); conservative treatment of existing DOM diseases (local administration of epithelializing drugs: retinol acetate, solcoseryl dental adhesive paste); 10 sessions of transcranial electrical stimulation (TES) and a course of cryodestruction - for hyperkeratotic form).

CONCLUSION

The described tactics of prosthetics after conservative treatment of elderly patients with typical and hyperkeratotic forms of lichen planus is effective, since it allows to minimize complications possible after orthopedic treatment and facilitate the patient's adaptation to a new design in the oral cavity.

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