RESEARCH JOURNAL OF TRAUMA AND DISABILITY STUDIES

Volume: 2 Issue: 2 | Feb – 2023 **ISSN: 2720-6866**
http://journals.academiczone.net/index.php/rjtds

Results of Dental Examination of Acute Herpetic Stomatitis in Children's Age

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Abstract
Effective treatment and prevention of acute herpetic stomatitis by dentists is one of the topical problems. Herpetic occupies one of the leading positions among viral infectious diseases. This is due to the wide prevalence of the common herpes virus (HV), the variety of clinical manifestations of the disease, as a rule, its chronic form, as well as the path of infection (Barinsky I.F., 1986; Ebralidze CI.K., 1990; Kasparov A. A., 1994; Isakov V.A., 1999; Granitov V.M., 2001; Samgin M.A., Chaldine A.A., 2002).

Keywords: Children.

Acute herpetic stomatitis(AHS) is one of the most common clinical manifestations of primary transmission routes. In children's population, AHS are more common than measles, rubella, mumps, and in children more than 85% of all diseases of the oral mucosa (Vinogradova T.F. and so on. 1983; Rochene I.V., Kochergene S.I., 1984). In every 7-8 children who experience AHS, there is a subsequent recurrence of the disease, in 73% of cases the first recurrence occurs in less than a year (Chapala V.M., 1984; Melnichenko E.M., 1986; Kazantseva I.A., 1991). All this remains relevant both theoretically and practically in the study of herpes infection in children.

The purpose of the topic: Improving the results of dental examinations of acute herpetic stomatitis in children's age.

Object of study: 22 sick children under 3 years of age with acute herpetic stomatitis were taken in the Department of mucous membrane diseases of the children's Dentistry clinic of Bukhara region.

Results and analyzes: sick children with acute herpetic stomatitis its pathological effect on the body manifests itself in the form of symptoms of intoxication of the nervous system: lethargy, drowsiness or increased excitability. Characterized by restless behavior, irritability, nausea, vomiting, fever, decreased or loss of appetite, headache, muscle pain, eyeballs, large joints, adynamia and other clinical signs are observed

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There are five periods of acute herpetic stomatitis:

- ✓ Incubation;
- ✓ Prodormal;
- ✓ Lambing period;
- ✓ Peak period;
- ✓ Healing period;

The herpes virus spreads to all organs and tissues through the bloodstream in certain parts viruses excreted in the urine. The penetration of AHV through the capillary barrier into organs and tissues is carried out through diapedesis. In the liver, spleen, other organs and tissues, the location in the virus increases rapidly. Tissue damage manifests itself as foci of necrosis. In Herpes infection, homeostasis is impaired in the form of imbalance. Coagulation and anticoagulation systems of blood. This pathogenic aspect is consistent with a clear sign of mucous membrane bleeding. The oral cavity, in the gums, and sometimes with acute herpetic stomatitis, the nasal areas is affected by ham. Changes in pathological homeostasis can lead to intravascular thrombosis.

In the epithelium of the mucous membrane, reticular tissue develops and balloon degeneration, which leads to intraepithelial necrosis. The appearance (dry) of superficial necrosis sites in the oral cavity in the form of papules or plaques. necrosis), short-term vesicles with a clear or fuzzy composition wet necrosis) bleeding spots often appear. With viral damage to stem cells involved in synthesis processes, a connection disorder in the synthesis of collagen, connective tissue of the capillary walls, and hemorrhagic changes in the area affected by the herpetic virus have been detected. It can cause a state of immunosuppression in the body, which manifests itself in a change in the indicators of natural immunity in different periods.

The clinical picture of acute herpetic stomatitis in children the severity of the disease is assessed on the basis of the general (degree intoxication) of common symptoms and local (severity of damage to the mucous membrane of the oral cavity) are characteristic.

Depending on the high and duration of the general changes, light, medium and heavy forms of the stomatits are distinguished. The mild form in sick children is characterized by the absence of severe symptoms. intoxication of the body. does not have a clinical picture.

The Prodromal period begins with an increase in body temperature to 37-37.50 C. The condition of sick children is quite satisfactory. Small phenomena of inflammation of the nasal cavity mucosa, found in rare cases, hyperemia, swelling in the upper respiratory tract as well as in the oral cavity mainly in the area gum edge of the front teeth (local catarrhal gingivitis) also develop. Sometimes hyperemia increases, bleeding from the gums appears, and a rash appears. In most cases, after 1-2

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days, against the background of an exacerbation of hyperemia, single or grouped elements appear in the oral cavity, and their number usually does not exceed five. Duration of the period the development of the disease is 1-2 days. The period of extinction of the disease is longer. In 1-2 days, the elements of the rash acquire a "marble" color, their edges and center are blurred, hyperemia appear around them, and they acquire the appearance of ordinary aphthae. Wounds are less painful in 2-3 days after epithelization of the elements, the phenomena of catarrhal gingivitis persist, especially in the area of the front teeth. Lymphadenitis of the submandibular lymph nodes in the upper and lower jaws convalescence also lasts 7-10 days.

Symptoms of intoxication and damage to the oral mucosa. Already in the prodromal period, the child's well-being worsens, weakness, whims appear, loss of appetite, differing in possible catarrhal tonsillitis. Submandibular lymph nodes enlarge, become painful. The temperature rises to 37-37.50° C. As the disease progresses, during the development of the disease, the temperature reaches 38-39 °C, headache, nausea, pale skin were observed. During the lambing period, an increase in body temperature, hyperemic and swollen mucous membranes appear both in the oral cavity and often on the skin of the face near the mouth, elements of injury are found. During this period, hypersalivation increases, the saliva becomes sticky. Patients complain of marked inflammation and bleeding gums in the area of all teeth.

Clinical diagnosis. The diagnosis of" acute herpetic stomatitis " is made.

based on the data set:

- Anamnesis data;
- clinical picture of the disease on the day of treatment;
- clinical data

When making a diagnosis, indicate the type of infection (herpetic), its nature (acute or chronic), clinical form / severity (mild, moderate, severe), stage of development of the disease.

- ✓ acute herpetic stomatitis, severe form, upper stage;
- ✓ acute herpetic stomatitis, moderate form, extinction stage.

In unclear clinical cases, laboratory studies are necessary.

Laboratory diagnostics.

Dozens of different methods are used. In selection and interpretation, the results of laboratory tests should be evaluated for sensitivity and are distinguished by the specificity of laboratory methods.

Currently, for the diagnosis of herpetic stomatitis, the following are used:

- cytological studies;

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- virological research;
- polymerase chain reaction (PSR);
- gene examination method;
- immunofluorescence reactions (rif, IF);
- enzyme immunopassiv (ELISA, TFIFA or Elisa);
- radioimmunopassay (RIA);
- immunobioliting (ib).

Conclusion. Acute herpetic stomatitis in children develops more often than in other age groups, has more severe forms and is characterized by a high frequency of transition to a recurrent form. The development of severe and recurrent forms of the disease occurs in 62% of cases against the background of disorders of the immune status in the form of allergic and or infectious syndromes.

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