

DIFFERENTIAL DIAGNOSTIC METHODS GALVANOSA AND GLOSSODINIA IN AMBULATORY CONDITIONS

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ANNOTATION

Burning sensation, usually not accompanied by damage to the oral mucosa, rather frequent the reason for the patients' referral to the dentist. In a clinical and anamnestic study of 92 patients with burning sensation in the oral cavity using the determination of the pH of the oral fluid, the rate of salivation, measurements for the presence of galvanic currents, it was possible to carry out differential diagnostics of glossodynia and galvanosis.

To make the correct diagnosis for patients with burning sensation of the oral cavity, the authors recommend paying special attention to complaints and peculiarities of the course of the disease, finding out the presence of somatic pathology, and conducting available additional research methods.

Keywords: galvanosis, glossodynia, burning sensation of the oral cavity, additional research methods

INTRODUCTION

Burning sensation, usually not accompanied by damage to the oral mucosa, a fairly common reason for patients seeking treatment to the dentist [1,4]. Patients with chronic burning sensation of the mucous membrane of the mouth and tongue sometimes walk in a vicious circle: from the dentist to a therapist, from a therapist to a neurologist or psychiatrist, again returning to the dentist. Preserve the relevance of the issues of organizing specialized care for a given pathological condition, and most importantly, there must be convincing criteria for differential diagnosis burning mouth syndrome, which can apply at outpatient dental admission [1, 3, 4]. The most difficult to diagnose from pathologies of burning of the oral cavity to the present time are glossodyne and galvanosis.

PURPOSE OF THE STUDY

To justify the application methods of differential diagnosis of galvanosis and glossodynia on an outpatient basis.

MATERIAL AND METHODS

Under our supervision there were 92 patients who presented with complaints of burning sensation in the oral cavity. Clinical methods patient examinations included a survey, visual and palpation diagnostics, determination oral hygiene, index assessment of periodontal tissues, preservation of dental rows, features of the bite, the state of solid dental tissues; clinical assessment of the state of the personal and emotional sphere; instrumental methods of collecting oral fluid (unstimulated), determining

the pH of the oral fluid, measuring the potential difference between metal designs to wash the mouth.

The patient was seated on a stool, asked lower your head and sit in this position, not swallowing saliva or moving your tongue or lips during the entire period of saliva collection. Saliva accumulates in the oral cavity for 2 minutes, then

the patient was asked to spit the entire contents of the oral cavity into a receptacle. Collection procedure was carried out 2 more times so that the total collection time was 6 min. Salivation rate, expressed in ml / min, is the total volume collected saliva divided by 6.

As you know, the pH of the oral fluid depends from the speed of salivation. Usually acidity mixed human saliva is 6.8-7.4 pH, but at a high rate of salivation it reaches 7.8 pH. We found the optimal measurement from 10 to 12 o'clock. pH was measured on an empty stomach, two hours before before meals using indicator paper (model pH 1-14, Universal Indicator Paper)

Without fail, we detected the presence of galvanic currents in the oral cavity by measuring the potential difference between metal prosthetic structures using a millivoltmeter with a high input resistance (not less than 10 Mohm).

RESULTS AND ITS DISCUSSION

After conducted clinical and anamnestic studies the diagnosis of glossodynia was made 73 (79.35%) patients, in 20.65% (19 people) of cases the diagnosis was "Galvanosis". When clarifying the patient's complaints, it is necessary to ask for a detailed description of the nature sensations (pain or paresthesia), their localization, change in intensity throughout the day, communication with food intake, the presence or absence of a feeling of constant dryness in the mouth When questioning the patient, attention should be paid

for the presence of constant stress factors in everyday life and at work, concomitant pathology (cardiovascular system, gastrointestinal tract, nervous and endocrine systems), time the onset of pain and what does the patient associate with the onset of the disease, was there any previous treatment about this disease and its effectiveness.

In the clinical picture of galvanosis, a symptom complex was clearly identified: burning and paresthesia tongue, sensation of "electric current" when touched with a metal spoon while eating before dentures, metallic taste in the mouth, irritability, poor sleep, etc. When examining the cavity mouth, changes in the mucous membrane of the tongue were more often noted: the lateral surfaces and the tip were hyperemic, slightly swollen; there were structures made of dissimilar metals such as stainless steel, gold and various combinations thereof.

In places of soldering, oxide films of large extent, multiple pores were visible. In solder, deformation and abrasion of crowns, discoloration of plastic facings, crowns, local separation of titanium nitride coatings.

Clinical symptom complex of glossodynia mainly consisted of various kinds of complaints on a burning sensation, tingling, soreness, numbness, tingling, sometimes aching in the tongue, itching and crawling, dryness in the mouth. Some patients have experienced heaviness and sluggishness of the tongue, true pain different intensity. Some of them noted combined paresthesia.

These symptoms were in some cases very pronounced, in others they had the character paresthesia, and burning was dominant in language. These unpleasant sensations wore over or less permanent, usually occurred shortly after waking up. In a number of cases they did not disappear during the whole night. By the end of the day, the patients often felt worse. It is noteworthy that almost all patients noted that during meals, unpleasant sensations in the tongue, as a rule, disappeared. In some cases, remissions and even periods when these symptoms did not bother the patients at all.

CONCLUSIONS

To make a correct diagnosis for patients with burning of the mouth on an outpatient basis, we recommend paying special attention to:

- ♦ complaints and features of the course of the disease, prescription and possible causes of suffering, the results of previous therapeutic measures (determination of the factor of primacy or secondary occurrence of pain and paresthesia in the tongue);
- ♦ without fail to find out the conditions and standard of living, the presence of somatic pathology and taking medications for this pathology;
- ♦ carrying out available additional research methods (pH-metry, measurements for the presence of galvanic currents, the rate of salivation).

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