

EMERGENCE OF AIDS IN THE MUCOUS MEMBRANE OF THE MOUTH

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ABSTRACT

This article provides detailed information on acquired immunodeficiency syndrome, its incidence and manifestations, and statistics on the world's population living with AIDS today. This article discusses the importance of hygiene in preventing the disease from infecting themselves and others.

Keywords: immunodeficiency syndrome, infections, World Health Organization, blood, saliva in few amount, young mother's breast milk, laboratory tools, sterilization, pneumonia, lymphocytes, periodontal tissue, herpes, hypovitaminosis , Unsterilized syringes, needles and medical supplies...

INTRODUCTION

The AIDS epidemic is one of the most dangerous infectious diseases of the Acquired Immune Deficiency Syndrome, more popularly known as AIDS. The disease alters the immune system, making people more prone to infections and diseases. This sensitivity worsens with the development of the syndrome. AIDS is now a pandemic around the world. Over the past 25 years, HIV infection has spread slowly but steadily from the United States and Central Africa to the rest of the world. The number of people living with HIV in the country exceeds 40 million. According to the Food and Agriculture Organization of the United Nations, 7 million people have been employed in agriculture in the African contingent since 1985 died of AIDS. The organization estimates that another 16 million people have been infected with HIV in 20 years, caused the deaths of agricultural workers.

Etiology. In the early 1980s, AIDS was suspected to be a disease unique to homosexuals. It was later discovered that the disease can occur not only in these homosexuals, but also in people who have received blood and blood products several times, those who have irregular sex, those who inject drugs through needles, that is, different groups of people. Among the U.S. population, 1% of those at high risk of contracting the disease have been reported among regular blood donors. The disease is 3-5 times more common among the population, especially among dentists, surgeons, people with AIDS, and health workers who come into contact with their clinical, laboratory equipment and pose a great risk. When the general public seeks medical care, the dentist has to deal with the AIDS patient frequently. Therefore, the dentist should approach such patients as a professionally mature specialist and treat them as a cultured specialist in the application of clinical signs of the disease, the mechanism of development, preventive measures, because AIDS is caused by HI retrovirus (OVIT-HIV). , sperm, small amounts of saliva, genital fluid, young mother's breast milk fluids). Infection can be re-transmitted through sexual contact, blood and blood transfusions, and the use of syringes and other medical devices without sterilization.

In the disease, HIV mainly infects lymphocytes, T-lymphocytes, X-macrophages and nerve cells. Clinical trauma in AIDS is a deficiency of T-cell immunity. The following clinical signs are characteristic of the disease: a) enlargement of lymph nodes located in different areas; b) a fever of unknown cause for a long time (more than a month); C) chronic diarrhea (not less than 2 months); d) inexplicably rapid weight loss (up to 1.2 times or more); e) chronic abscesses in the skin and mucous membranes, inflammatory lesions; g) persistence of pneumonia despite conventional treatment.

In the early stages of AIDS, the only necessary clinical sign is a long-lasting and persistent lymphatic adenopathy. Lymph nodes in the areas above the waist are enlarged. The dentist should pay special attention to the lymph nodes in the jaw and neck. In the middle and late stages of the disease, there are pains in the lymph nodes with various symptoms.

It should be noted that, unlike many other viral infections, the clinical picture of AIDS is diverse. In this case, the disease virus can spread to many cells of the immune system, as well as to various organs and tissues. In patients with AIDS, there is an increase in the activity of conditionally pathogenic microbes with a weakened immune system. Patients with AIDS are more likely to develop candidal stomatitis, chronic recurrent aphthous stomatitis, chronic recurrent herpes, tetanus, and leukoplakia of the tongue. Candidiasis stomatitis occurs in all people with AIDS. A large area of the oral mucosa is characterized by rapid erosion and healing, especially in areas with minor injuries (sharp edge injuries of teeth, injuries of removable and non-removable dentures) or under the influence of infectious factors.

Chronic recurrent aphthous stomatitis and chronic recurrent fungal stomatitis are characterized by persistent recurrence, each recurrence lasting a long time, injuring a large volume of the mucous membrane layer and leaving a complication.

Belts of iron, according to a number of literatures, occur in the last stages of AIDS and are severe and long-lasting.

In all patients with AIDS, the most common type of periodontitis develops rapidly, becomes abscessed, and ulcerative gingivitis develops. Due to the rapid spread and severity of the pathological process in periodontal tissue, the AIDS virus damages the immune system, resulting in the activation of viral, fungal, parasitic flora in the periodontal pocket. AIDS also causes leukoplakia - a clinical tumor of the face and jaw, mainly in smokers. In AIDS, more than 30% of people suffer from Kaposi's sarcoma, the disease mainly affects the palate, oral cavity, neck and in some cases the gums, and is chronic and of poor quality, it occurs in different appearances in the mouth and face. It is painless, soft bluish in color, solitary, reminiscent of a hemangioma. The nodules are grouped in the form of smooth or branched bodies. Most often, Kaposi's sarcoma occurs in the mouth in the form of red or dark, purple, blurred, smooth or dotted and telangiectasia ampoules, in other cases in the form of hairy scattered coin ampoules. To protect against AIDS, health workers should wear medical gloves, mouthpieces and goggles at work. Damaged skin and mucous membranes should be cleaned immediately. When the virus is treated with HI for 10 minutes with ethyl alcohol, ether, acetone, 1% lysate of glutaraldehyde, 0.2% solution of sodium hypochlorite, the infection can be limited or neutralized. If there is a suspicion that the AIDS virus has entered the mucous membrane, it should be instilled with a saline solution of 0.005% potassium permanganate, and if it is visible, 1% boric acid solution or

water. If a few drops of 1% silver nitrogen saline solution are added to the hand, a 1% protorgal solution is added. The mouth and throat are additionally rinsed with 70% alcohol or 0.05% potassium permanganate solution and 1% boric acid solution.

Every healthcare worker should have a container of disinfectant solution, a dropper for medical treatment, a pacifier, and a window of objects in the workplace. Every healthcare professional should have a clear understanding of the use of these items, the medications used in primary AIDS prevention, and when they should be used. Given the long time from the time of HIV infection to the onset of symptoms, he was included in the group of lentiviruses.

Here are some ways in which HIV can be transmitted:

1. Sexually Transmitted Infections. About 70% of infections worldwide are sexually transmitted. The sperm of an HIV-infected person, lymphocytes and monocytes in it, are most common in vaginal discharge and cervical mucus.

2. Parenteral route (through blood and other body fluids). The spread of HIV infection among injecting drug users is one of the main ways of HIV transmission today.

Repeated use of unsterilized syringes, needles and medical devices is one of the main causes of the spread of HIV infection. Medical and clinical laboratory staff can transmit the infection parenterally. Cleaners in treatment rooms or laboratories may also come into contact with HIV-infected material. The risk of infection is increased if the job involves contact with piercing or cutting objects. The risk of infection is increased when it comes in contact with sharp objects. Different stages of handling sharp objects can occur during direct use during operation, disposal of waste after work, and use of damaged or unstable containers. The risk of contracting HIV through a perforated needle is very high. The risk of infection through other needles, such as surgical needles, is relatively low. The blood of a patient, especially in the AIDS stage, is highly contagious due to its high viral load and high viral virulence.

Medical personnel do not follow injection safety rules, i.e. do not use medical rubber gloves during treatment, do not follow the rules of disinfection at work, do not dispose of used syringes and needles safely, etc. can infect themselves and their patients.

3. Mother-to-child transmission of HIV. HIV can be transmitted from an infected mother to her child vertically (during pregnancy and childbirth) and horizontally (when breastfed or breastfed).

As with all segments, HIV is detected in the breast milk and breast milk of an infected mother. The risk of HIV infection during breastfeeding is 7% to 22%. Prolonged (more than 6 months) breastfeeding, severe immunodepression in the mother, high viral load, and hypovitaminosis A increase the risk.

Although it is found in almost all segments of people living with HIV, including saliva, tears, urine, feces, and sweat, it has not been proven that these biological fluids come into contact with undamaged skin. There is no evidence that HIV is transmitted through household contact or insect bites.

The basic principles of the structure of preventive measures to prevent the spread of this disease or not to infect anyone: to consider that everyone (patient) is infected with HIV and other infections transmitted by hemocontact, hand washing - the main way to prevent nosocomial infections prophylactic measures, wearing medical gloves before touching any wet

(wet) material (injured skin, mucous membranes, blood and other body fluids), spillage of any body fluid (probability of splashing on the ground) The use of physical protective equipment (goggles, masks, aprons), disinfection of medical equipment, utensils, bedding and equipment contaminated with blood and other biological fluids should be strictly observed. .

The main cause of dysfunction of the nervous system is the patient's infection and response to the disease. The presence of HIV infection in a patient should be considered as a strong pathological process for him. Analyzing patients' experiences, a number of issues that excite them are concerns about their future, their lives, and their essence; fear of disclosure of the diagnosis and dismissal, caution against the possibility of transmission to family members, isolation, guilt, loss of liberty, reflection on social isolation, feelings of sexual dissatisfaction. Their behavior is characterized by a decrease in their ability to work, a lack of confidence in the sources of infection and others. They may become suicidal and start taking alcohol and psychotropic drugs.

Therefore, it is important to create a regime to protect the psyche of patients. The number of people who have information about the identity of an HIV-infected person should be limited as much as possible and social adjustment measures should be taken. This includes providing spiritual support that allows you to rebuild your lifestyle and adapt to changing your outlook on life.

Psychological advocacy includes individual counseling, which is an element of rational psychiatric treatment, as well as counseling, raising family spirit, and counseling. All these measures are carried out with the will and consent of people living with HIV. Patient psychiatric protection is recommended each time during scheduled and unscheduled examinations. The main task of the counselor is to help the patient to eliminate the factors that are interfering. As a result of protecting the psyche of the patient, the patient develops a spirit of confidence in others and an interest in life.

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