

INFECTIOUS DISEASES OF THE MOUTH OF THE MOUTH

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ANNOTATION

This article addresses issues such as infection, what it is and how it is transmitted, and the diseases that can occur in the mucous membranes of the oral cavity.

Keywords: infection, inflammation of the lips, mucous membranes, germs, trauma, poisoning, mucous membranes of the tongue, skin lesions, antibiotics, stomatitis, exudate, Leffler's stick.

INTRODUCTION

Recently, among children with chronic eczematous cheilitis (inflammation of the lips), acute herpetic stomatitis and exudative erythema secondary streptococcal, strepto- cases of purulent symptoms as a result of contamination with staphylococcal microbes are very common. In the clinical course of the described diseases, the first signs of acute purulent process are observed. Thick purulent, yellowish crusts form on the lips and adjacent skin. When the bark is removed, purulent lesions appear in its place.

Secondary signs covered with pus are also detected on the mucous membranes of the lips and tongue. Although purulent lesions of the mucous membrane are formed on the surface, they are covered with a painful, closed surface and easily separated porous fibrinous appearance. Signs of acute catarrhal inflammation appear in the gums around the front teeth. The submandibular lymph nodes become enlarged and painful to the touch, and in some cases, purulent inflammatory processes may occur.

Children have a fever and general symptoms of poisoning. In the treatment of patients with this disease should take into account the underlying diseases that cause the process.

In the course of local treatment, the purulent crusts on the lips and their surrounding skin are lubricated and softened with an anesthetic mixture mixed with warmed vegetable oil. Soft skins are removed from the wound with the help of sterile wipes soaked in 1% warm hydrogen peroxide. Antibiotic emulsions and ointments with neomycin, dibomycin, erythromycin, polymyxin, syntomycin can be applied to the lips, skin lesions, mucous membranes of children with eczema cheilitis or other allergic diseases. For purulent lesions in children with hypersensitivity to the drug and eczema cheilitis, antibiotic ointments, of course, mixed with glucocorticoid hormonal ointments.

At home, after antiseptic cleansing of mucous membranes and skin wounds, ointments are applied every 1 hour (at night).

General treatment of patients with the described disease will accelerate their recovery. For this purpose, sick children are prescribed sulfonamide tablets, calcium gluconate, hypersensitivity drugs (tavegil, suprastin) in age-appropriate doses. Children should not be baptized during this time. They change their clothes frequently and wear clean cloth bags on their hands to prevent

the disease from spreading to healthy parts of the body, even in the case of purulent wounds. It is advisable to wash, iron and change gloves every 1-2 hours.

It is an acute infectious disease caused by Leffler's bacillus. The main route of transmission of the disease is the drip route, with an incubation period of 3 to 10 days. Children between the ages of 1 and 5 are more likely to get sick. The disease mainly affects the throat, respiratory tract, mucous membranes of the mouth and sometimes the nasal mucosa.

Primary lesions of the oral mucosa have been reported in very rare cases (0.4%), usually among children with severe disease.

Diphtheria is an acute illness that begins with a fever and worsens the child's general condition. Children complain of sore throats. Examination of the oral mucosa reveals redness and swelling of the palate, tongue, pharyngeal mucosa. For 1-2 days, the eyes appear thin, mesh-like, spider-like, with clear wavy borders. It is impossible to wipe with a cotton swab because it is firmly attached to the mucous membrane. When force is used, it causes the mucous membrane to bleed. Cervical fibrinosis is a product of inflammation and is a protective reaction of local tissue against infection and its toxins. Fibrinous vision consists of fibrin fibers leaking from the veins, dry epithelium, leukocytes, and sometimes excitatory Leffler rods. As the disease progresses, fibrinous lesions thicken and begin to expand at the mucous membrane level, becoming dark gray or yellowish-gray in color. The blood mixture in the eyes is brown rust.

Inflammation of the lymph nodes in the neck area for diphtheria, a soft tissue tumor, is characterized by the fact that the tissue tumor reaches the sternum. In children who have been particularly actively vaccinated, the clinical picture may change slightly. Myocardial diphtheria passes as catarrhal or lacunar angina, and the views are soft, easily separated, and not prone to spread.

Diphtheria is diagnosed comparatively with follicular, lacunar, phlegmonous angina, necrotic angina in scarlet fever, Simanovsky-Venson angina, necrotic processes in infectious mononucleosis and blood diseases, candidiasis.

The causative agent is a filtered virus that spreads over long distances, mainly through the air surrounding the airway. Clinical signs of the disease begin to appear in the oral cavity in the prodromal period of the disease. Therefore, dentists can be the first to diagnose the disease and refer it to the appropriate treatment facility. 1-2 days before the appearance of rashes on the skin on the soft and hard palate mucous membranes can be detected spots larger than the head of the red nodule - measles enanthema. In severe cases, these enanthemas have been reported to be hemorrhagic.

Simultaneously with enanthemas, Filatov spots sometimes appear around the molars, even earlier, in the mucous membrane of the cheeks. These spots consist of structures with a diameter of 1-2 mm, rising above the surface of the mucous membrane, with a more irregular shape than the pale blue mucous membrane with a hyperemic center. The number can be from a few tens to twenty, a hundred and more. They are grouped together and never merge. Filatov spots are an element that disappears after 2-3 days.

One of the clinical signs of acute infectious diseases is the ability to detect and diagnose signs of a complex process that takes place in the mucous membrane of the oral cavity. Disease-specific changes are observed in different parts of the mucous membrane.

In acute infectious diseases, simultaneous factors affecting the mucous membrane of the oral cavity, digestive disorders, dry mouth and loss of appetite as a result of oral respiration, etc. Unexpected changes, such as low lacquer secretion, also disrupt the acid-base balance in the body, the tissues are not saturated with oxygen, dysbacteriosis, hypo and avitaminosis are observed, leading to decreased immunity. This means that the general changes in the body are also important to some extent in the changes in the mucous membrane of the oral cavity. Various viral, bacterial, fungal, acute herpetic stomatitis, periodontal disease attacks, impetigo, candidiasis, which are mixed or simultaneously observed in the form of a decrease in the non-specific reactivity of the organism in the course of acute infectious diseases.

Acute infectious diseases in children and in the clinic are characterized by the fact that the tissues are morphologically immature and the system of full survival is not restored. According to experimental and clinical studies, the response to various infections that are fully developing in the body is largely directly related to the degree of immunological maturity of the organism.

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