

SYMPTOMS OF INJURY THAT OCCUR IN THE DISEASES OF THE MOUTH

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ANNOTATION

This article describes the symptoms of injuries that occur in diseases of the oral mucosa, their manifestations and prophylactic measures against it.

Keywords: Spots, oral cavity, inflammation, nodules, bumps, blisters, pus, ulcers, pain, doctor, advice, acid, chemical effects.

INTRODUCTION

In diseases of the oral cavity, there are signs of primary and secondary damage to the mucous membrane. Primary signs of injury:

A macula is a color change in the mucous membrane. There are two types of spots that occur as a result of changes in the color of the mucous membrane at a certain level: 1) inflammatory spots; 2) spots not related to inflammation - pigmented spots. Red spots up to 1.5 cm in diameter, caused by inflammation, are called roseola, and larger ones are called erythema. Pigmented spots are caused by the accumulation of melanin pigment in the tissue, the entry of bismuth or lead in the body.

A nodule (nodule) is a non-hollow bulge in the mucous membrane of an inflammatory lesion. The diameter of the nodule is 0.1-0.5 mm, and it has a whitish tinge. Several of them can combine to form a plaque. A nodule (nodule) is larger in size than a nodule and is formed by the accumulation of infiltrates in the submucosal layer of protective cells. The mucous layer is much swollen from the surface, indicating that the mucous layer has hardened when palpated, and may change the color of the mucous membrane slightly.

The tubercle is a round infiltrate that covers all layers of the mucous membrane. It is larger than 0.2 mm in diameter and forms a wound.

The vesicle is a cavity with a diameter of up to 0.5 mm. The vesicle is formed by the accumulation of fluid (exudate) between the epithelial layers of the mucous membrane.

The cavity of the pustule is filled with pus, which is observed on the skin of the face, on the red border of the lips. It is the size of a millet. It differs from bubbles in size. The internal cavity is filled with serous or bloody fluid (exudate). The vesicles can form in the lower part of the epithelial layer (subepithelial) and in its intermediate layers (intraepithelial). Cyst (cyst-cysta) - the inner surface of the wall consists of epithelial cells, the outer side of which is surrounded by connective tissue. Tumor of the mucous membrane (voldir'-urtica) is a symptom of saturation of a special layer with a large volume of fluid (exudate), in which the mucous membrane may become red or oozing.

Ulceration (ulcer) is a sign of damage to all layers of the mucous membrane of the oral cavity, which has walls and roots. Ulcer (afta - aphta) - a form of abrasions covered with a fibrinous membrane. It is always surrounded by a red ring.

Cracks (treshina-rhagas) - are observed as a result of separation of all layers of the mucous membrane. This is due to the loss of elasticity of the tissue.

Coinage is a condition caused by forced freezing of the epithelium. They appear as islands rising on the surface of the mucous membrane. This is because the epithelial cells that freeze during inflammation do not fall off in time.

In children, mechanical damage to the oral mucosa is often caused by the sharp edges of damaged teeth and objects they play with in the mouth.

In newborns, this type of injury can occur prematurely or congenitally overgrown, especially under the mechanical action of the lower jaw central molars. In such cases, the lesion appears on the lower surface of the tongue. Injuries to the lower surface of the tongue are detected when the baby sucks on the mother's breast. In such cases, the overgrown teeth are removed to prevent injury to the mucous membrane. Prolonged sucking (especially with a round tip) in children under one year of age can cause erosion at the central surface of the tongue and at the end of the palate. These types of rashes pass quickly in well-developed, healthy children. In some cases, babies may feel uncomfortable, frustrated, and unable to breastfeed. Examination of the mucous membranes of the oral cavity (especially in the palate) reveals abrasions or ulcers. If the surface of these signs is covered with a large amount of fibrin and surrounded by a red border, this indicates the onset of inflammation due to secondary infection. In such cases, the doctor's treatment consists of frequent washing of the oral cavity, the wound surface with tinctures (using rubber bottles) prepared from medicinal plants (sage, chamomile, calendula, bitter tea, etc.). It is advisable to lubricate the washed wound surface with ointments (namatak oil, oblepikha oil, vinyl, salcoseryl, kalanchoe oil) that help to regenerate mucous membrane cells and tissues..

In some cases, in weakened children, abrasions and wounds may occur symmetrically in the projection of the parietal bone (os sphenoidalis) at the junction of the soft and hard palate. This is due to the length and roughness of the pacifier, which is given to artificially fed babies, and in some cases, the roughness of the mother's breast. This type of scratching and wounding is called Bednar aphthae. Such lesions of the mucous membrane of the palate last a long time (3-4 weeks) due to the deterioration of the process of tissue nutrition. This condition can often lead to changes in the child's general condition, irritability, fever, sleep disturbances and refusal to eat. The child is helpless and helpless. She quickly stops sucking on her breast or pacifier and starts crying. In the long run, the inflammatory process caused by the secondary infection plays a special role.

With that in mind, treatment begins with eliminating the underlying cause. Longer nipples are shortened, and softer and thinner ones are selected. The mother's nipples should be lubricated before breastfeeding. In addition to fighting secondary infection, attention is paid to the regeneration of the tissue around the wound with the vegetable oils and ointments described above. In addition, pain treatment, which is the main symptom of the disease, should be carried out.

For analgesia, it is best to apply an anesthetic mixed with vegetable oil or Vaseline oil to the wound and around it, especially before feeding the baby. To accelerate the healing process, the wound should be washed 3-4 times a day before bedtime with antiseptic solutions or tinctures of medicinal plants, and ointments such as sea buckthorn oil, peppermint oil, vanillin should be applied. The child's personal hygiene and the objects he plays with - keeping toys clean, rinsing pacifiers in boiling water, and adhering to the mother's breast hygiene are factors that accelerate the healing process.

Independent treatment of the child without a doctor's advice can lead to unpleasant consequences. Misbehavior in school-age children: moving the lips, cheeks between the teeth, playing with the tongue between the teeth, biting, putting a pen in the mouth, resulting in chronic trauma to various areas of the oral mucosa. This is because of the fact that children are still nervous. Injuries can result in scratches or bruises. This type of wound has an uneven border, redness around it, and the base is hard and painful when palpated. In the process of chronic inflammation, protective cells accumulate in the special layer of the mucous membrane, forming an infiltrate, and in many cases, scarring occurs. Therapeutic measures include sharpening the sharp edges of the teeth, reducing the inflammatory process, analgesia of the wound, the fight against secondary infections and, most importantly, the unpleasantness. In case of scarring, it is recommended to wear orthodontic protective plates. In some cases, a neurologist should be consulted.

In many cases, such injuries of the oral mucosa are the result of improper treatment of a diseased tooth in children and, in rare cases, improper storage of acids or alkalis used in the home. can come out. The depth of the injury in such cases may vary depending on the concentration of the chemical, the length of the exposure, and the accuracy of the first aid provided. If the chemical effects are detected correctly in the first minutes, immediate washing of the wound with a solution of antidote (antidote), the correct start of treatment is the main way to save the child from discomfort. Redness of the mucous membrane in the first minutes under the influence of acid or alkali is the main factor. After a few hours, the tissue cells die (necrosis) and the fibrinous exudate thickens. The resulting thick film (film) begins to separate from the living tissue from 7-8 days. Wounds or erosions of various sizes and depths are formed at the site of injury, depending on the strength of the impact. The wound is covered with fibrinous tissue and begins to heal slowly as a result of the recovery of the surrounding healthy tissue. As a result of chemical exposure, first the lips (mostly the lower lip), then the tongue, the throat are injured.

In case of acid exposure, the mucous membrane is first washed thoroughly with a weakly alkaline solution (a glass of water is filled with a teaspoon of baking soda). Alkaline wounds are washed with a solution of weak acid (1-3% vinegar). If you do not have the necessary chemical solutions, then you need to use cold water in both cases. As acids and alkalis dissolve well in water, they wash well and their effectiveness decreases.

Chemical injuries can also occur as a result of careless use of drugs used in the treatment of painful teeth: phenol, formalin, antiformine, alcohol, ether, etc. As the chemical injury increases, the patient's general condition worsens, there is severe pain, the body temperature rises, and there are signs of severe poisoning. Sleep is disturbed, the patient is disturbed and refuses to eat. In addition to first aid, treatment includes analgesia of the oral mucosa, oxidative

washing of the wound with antiseptic solutions, oral administration of drugs that reduce the sensitivity of the body, antibiotics. At this time, the child should drink more fluids to prevent general symptoms of poisoning.

If the swallowing, the beginning of the respiratory tract is injured as a result of chemical exposure, the child is hospitalized and treated under the supervision of ENT specialists.

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