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CHANGES OF THE ORAL MUSICAL CURTAIN IN TB DISEASES

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ANNOTATION

This article describes in detail the diseases of the oral mucosa, its manifestations, the prevention of this disease on the basis of scientific theories.

Keywords: oral mucosa, tuberculosis, mycobacteria of tuberculosis, oral cavity, reaction, dispenser, immunology, exogenous …

INTRODUCTION

Tuberculosis of the oral mucosa and lip is usually caused by mycobacteria of secondary tuberculosis, and in rare cases, primary tuberculosis of the oral mucosa is observed in a complex form. Mycobacteria of tuberculosis can enter the oral mucosa endogenously (through the blood, through the lymph) and exogenously.

The mucous membrane of the oral cavity is an unfavorable nutrient medium for the location of mycobacteria of tuberculosis; Mycobacteria of tuberculosis that die in the mucous membrane die. If a falling mycobacterium develops, it is the course of the process; depends on the degree to which the immune status of the organism responds to the tuberculosis reaction.

In the process of tuberculosis in the body, the characteristics of human nutrition, internal nervous tension and other factors play an important role. If the oral mucosa is damaged by a secondary type of tuberculosis, it is considered a tuberculous runny, in which the first two forms of tuberculosis are positive, in billion-ulcer tuberculosis in the form of allergies, and the tuberculosis reaction is negative. In primary tuberculosis - primary tuberculosis complex-tuberculosis chancre is rare, mainly observed in children in the oral mucosa, it is often due to exogenous contamination; airborne droplets, rarely alimentary. This type of tuberculosis develops in people who do not have TB mycobacteria and who do not have a positive TB reaction. The mucous membranes of the oral cavity and the labia majora are the most common. The disease is characterized by recurrence and observation in the facial area, while in the red border of the lips, it quickly passes into the nasal area. In some cases, tuberculosis of the red border of the upper lip may be limited. The first element of a silly runner is a lump. Lipoma is initially a flat, small bumpy head, a large or partially larger red, yellowish-red, soft, painless tumor that is placed on adjacent tumors with branched parts. The lesion can be of various sizes and shapes. Two different methods are used to diagnose lipomas: diascopic and probing. When lipoma diascopy is performed, a simple glass device is used; when the glass is pressed against the skin and the red border of the lip, the shell bleeds, causing the lipoma to disappear from the red border, the perifocal blood vessels to dilate, the lipoma to appear brownish-yellow or purple, and reminiscent of the color of apple porridge. When several lipomas are stacked together, a large spot on the diascopy, in some cases several separate small brown spots up to 1 cm in size,

is formed. In the second method of diagnosis, when the congenital probe is pressed against the lipoma, the probe is easily inserted. This phenomenon was introduced in 1898. According to AI Pospelov, at present, collagen and shape variability are explained by shape distortion.

Outbreaks appear to be exacerbated during pregnancy and in patients with defective immune systems. The edges of the wound are uneven and uneven. The bottom of the wound is yellowish-stained in appearance, or the granular form of the enlarged papule is reminiscent of a light-colored ripe raspberry. On the surface of a running wound on the red border of the lip, a hard look at the ball is rare, and a very thick look is often observed.

O.N. Podvisotskaya says that there is also an early infiltrative appearance of the runner, which is located more on the lips. The lesion of the lip is partially enlarged, dark red in color with the skin of the lips and the red border of the lips, and on diascopy it is observed in the form of an apple scab. In this type of run, the infiltrate falls off quickly and causes significant tissue damage. When the upper lip is located runny, a tumor of the elefontiza type is observed, which then persists for a long time.

The oral mucosa is a common area of tuberculosis, often spreading to the facial skin and, conversely, from the facial skin to the labia and oral mucosa, causing major injuries to many parts of the face. possible. According to a number of authors, the amount of mucus in the oral mucosa is 18 to 35%. In the gums, hard and soft palate of the mouth, there is a lot of running, and it is rare on the tongue. IG Lukomsky divided the clinical course of tuberculosis into four stages; infiltrate, bulge, wound and scar. In the first stage of the clinical course, infiltration is observed, and usually no lumps are observed. The area of the wound mucosa is pale red, swollen, and the lesion is raised from the surrounding tissue.

In the secondary stage, there are small bumps, reddish and swollen in appearance, covered with easily removable epithelium. Later, in most patients, the nodules of various sizes, irregular in shape, often solitary, but with no margins, fall off. Mycobacteria of tuberculosis are found when the contents of the wound are examined under a microscope. When the process is injured, the scars become hard, rough, and the mucous membrane attaches to the underlying tissue.

Tuberculosis has a unique clinical appearance, depending on the location of the run. As mentioned above, tuberculosis is more common in the upper part of the mouth - the gums. I.G. Lukomsky described the lesion of tuberculosis in the gums in 4 forms: 1) scaly - first with the appearance of a banal infiltrate at the edges of the gums, and then in the form of a bulging erosion (wound); the edges of the gums and interdental nipples swell quickly, the edges of the gums are flattened, the mucous membrane layer is light red, the gums are like a lump, painless, smooth, dull, easily bleeding remains: 2) a bulging-wound lesion with a high cleft infiltrate or not pressed into the gingival pockets: 3) total infiltrate, often, erosive, in rare cases, covering the entire surface of the wound. In this type of tuberculosis, the apveola bones are more injured, and "hypertrophic lupus-like gingivitis" also develops: 4) a type that manifests itself in the form of a bilateral wound runny nose.

In severe cases, the alveolar bones are completely eroded and the teeth fall out. Tongue and gum injuries are common in silly running. A type of wound that develops by infecting 1/3 of the frontal lobe is a condition characteristic of a wounded runner. The runner on the tongue is located at the root of the tongue or on the wall of the tongue. In the clinic, on the surface of the tongue, the rounds are scattered, and the erosive wounds are usually detected. Varicose and

papillomatous lesions are observed in the wound areas. These tumors are non-severe sclerosing, dilated, painless lesions, or soft-tissue tumors that the patient usually does not complain of. Injuries to the labial mucosa are clinically traumatic and cause pain when the lip is moved. Injuries to the upper lip can lead to scarring, pulling the lips to the side, impaired speech, and difficulty eating. If both lip lesions are detected, the patient's mouth is shrinking - a microstoma.

If left untreated, the process can take decades. Running is more common in patients with pulmonary tuberculosis (inactive type) and in patients with lymphadenitis tuberculosis. Tuberculosis can sometimes cause yellowish inflammatory complications. A serious complication is the development of cancer. Lupus-carcinoma is an incurable, hard-edged, abrasive, and rapidly spreading wound.

Tuberculous tuberculosis or scrofulode PMA is rare in the oral mucosa and forms nodules in the deeper layers of the oral mucosa, mainly in children. This nodule gradually softens and is injured, with a small amount of blood mixed with pus, as well as a small piece of dead tissue, the resulting wound is soft, solitary, torn in appearance, the edges are painful, the bottom of the wound is covered with weak granulation. Wounds do not connect to each other through tubes. During scarring, uneven scars form.

Miliar-wounded sil. The disease is mainly caused by inoculation of tuberculosis mycobacteria excreted through the saliva of patients with debilitating pulmonary and pertussis tuberculosis. Mycobacteria attach to the mucous membrane and cause disease. Large amounts of mycobacteria can be found in the product isolated from rashes in such patients. In miliary ulcerative tuberculosis, the mucous membrane of the oral cavity is initially bluish-yellow or reddish in color, dotted, with partial abscesses of the mucous membrane - small abscesses, which later turn into a billion lumps. This stage of the disease is rapidly replaced by the wounded, so that the primary elements of the disease cannot be observed in a billion-wound tuberculosis.

If the patient is not treated, the disease progresses very slowly, the process gradually spreading. Spontaneous scarring is rare. The ulcer is usually painful and the process can often be accompanied by maxillary lymphadenitis, but no lymph node pus is observed. We diagnose miliary ulcerative tuberculosis differently from gum lesions. In some cases, it is difficult to differentiate between a billion-wound tuberculosis and a running tuberculosis. In miliary ulcerative tuberculosis, pain is felt subjectively, while in chronic tuberculosis, pain is rarely or not observed at all.

Treatment of tuberculosis of the oral mucosa is carried out in the same way as in the treatment of general tuberculosis, usually the patient is taken to the TB dispensary. In the treatment of tuberculosis, an effective method is the hydrolysis of isonicotinic acids, which have both bacteriostatic and bactericidal effects on mycobacteria of tuberculosis. In adults, ftivazid is calculated from 1-1.5 g per day for 6-7 months, in children from 0.03-0.04 g / 1 kg body weight per day. Clinical treatment of tuberculosis is effective in 45% of patients.

V. I. Klass and N. Ya. In Kosovo, ftivazide has been shown to be effective in tuberculosis of the oral mucosa, with a therapeutic effect in 90% of patients. However, a few months after the end of treatment, 16% of patients have a recurrence of the disease and receive repeated treatment. Therefore, re-treatment or administration of vitamin D2 after 2-3 months without waiting for

the clinical symptoms of the disease to appear after the end of the course of treatment of the runner is mainly beneficial for the wounded type of runner tuberculosis.

The consequences of tuberculosis of the oral mucosa mainly depend on the patient's long-term treatment and the quality of the drug. As soon as the symptoms of early forms of tuberculosis are detected, patients should be placed in special treatment facilities and immediately taken to the dispensary.

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