

THE APPEARANCE OF AN ULCER IN THE ORAL CAVITY

Muydinova Barnokhon Asqarovna

Dentistry Department Assistant

Annotation: This article is due to the fact that diseases of the oral mucosa, in particular herpetic ulcers, are quite common. With the development of medicine and pharmacology in the 21st century, there are many methods and drugs for treating this disease, but there is still no fully effective treatment. This is due to the fact that stomatitis has many causes of development, as a result of which the treatment should be complex and versatile. The problems of relapse and treatment of stomatitis are relevant to this day, which motivates specialists to conduct research in this area of dentistry.

Keywords: Ulcers, oral cavity membranes, severity of the pathological process, treatment.

Mouth ulcers are small, painful lesions that can appear anywhere on the mucous membrane of the oral cavity. These are shallow lesions that develop on the palate, tongue, lip mucosa, and inner wall of the cheeks. They can appear at any age, but younger patients often come with characteristic complaints. Unlike herpes, ulcers are not contagious and do not appear on the surface of the lips. In most cases, mouth ulcers are harmless and go away on their own, without treatment, within one or two weeks. If ulcers persist for a longer period of time, it is recommended to seek medical advice from a doctor. The doctor will determine the presence of risk factors that underlie the formation of ulcerative defects.

About 30% of patients note repeated episodes of mouth ulcer formation. Often, people with such relapses have a family history of the disease. As a rule, this is due to heredity and general environmental factors. Treatment is aimed at relieving symptoms. Following simple recommendations helps eliminate pain, heal faster and reduce relapses.

Ulcerative defects in the mouth are round or oval in shape with a white, gray or yellow center and a red border of inflamed mucous membrane. A day or two before the appearance, a tingling or burning sensation may occur in this area. They form on the mucous membrane of the oral cavity - on the palate, on the gum, on the cheek, on the lip, on the tongue.

There are several types of ulcerative formations, which include small, large, and herpetiform ulcers.

- Small ulcers are the most common type. They are usually oval in shape with a red edge. They heal on their own without scars within 1-2 weeks;
- Large ulcers are less common, usually have clear boundaries, and may have uneven edges. They are accompanied by more severe pain, difficulty speaking, and eating. They spread deeper into the mucous membrane, leaving scars after a long healing period;
- Herpetiform ulcers are diagnosed much less frequently and are represented by numerous lesions that merge into one large formation with jagged edges. Despite the names, they are not associated with the herpes virus and pass without treatment within 1-2 weeks, leaving no

scars. Separately, it is worth mentioning the decubital ulcer, which appears against the background of long-term damage to the oral mucosa. The appearance of such an ulcerative defect is associated with wearing dentures and their tight fit, rubbing of dentures in the absence of proper hygiene, wearing braces. The microflora of the oral cavity gets into the wound of the mucosa and causes inflammation, which, with constant damage, becomes chronic.

The exact cause of mouth ulcers remains unclear. Research shows that a combination of factors underlies the development of mouth ulcers.

Factors that provoke mouth ulcers include:

- damage to the oral mucosa as a result of dental treatment, rough brushing of teeth with a hard brush, accidental biting of the cheek while eating;
- individual reaction to food (coffee, chocolate, nuts, cheese, eggs, strawberries);
- deficiency of iron, folic acid, vitamin B12;
- chronic stress;
- hormonal changes during the menstrual cycle, pregnancy, breastfeeding;
- use of oral hygiene products that contain sodium lauryl sulfate. This is a foaming component that dries the mucous membrane.

Mouth ulcers can also occur against the background of certain diseases:

- inflammatory diseases of the gastrointestinal tract (ulcerative colitis, Crohn's disease);
- celiac disease is a congenital disorder associated with gluten intolerance. Gluten is a protein found in most cereals;
- weakened immunity (HIV, systemic diseases such as systemic lupus erythematosus).

Common stomatitis is easy to recognize on your own, but other types of ulcers require a visit to a specialist. The doctor conducts a bacteriological study, makes a differential diagnosis and prescribes the optimal treatment regimen depending on the cause. In case of chronic ulcers, measures are necessarily taken to strengthen the immune system, vitaminize and harden. In addition, special treatment is prescribed, most often local, but in some cases - general. In advanced situations, surgery is performed. Treatment of mouth ulcers caused by bacteria (tuberculosis bacilli, streptococci, etc.) is carried out using appropriate antibiotics. Traumatic ulcers go away within a week if irritants are eliminated: a tooth fragment, smoking, a hard brush, hot, sour or spicy food, etc. Stomatitis is as common a chronic disease as sinusitis. At the moment, there is no treatment method that allows you to get rid of it once and for all. But folk remedies are quite effective. In case of ulceration of herpetic elements, treatment with antiviral drugs is effective.

Any type of injury or trauma to the mouth, such as accidentally biting or scraping the inside of the cheek with broken or uneven teeth or poorly fitting dentures, can cause blisters (vesicles or bullae) or ulcers in the mouth. Typically, the surface of the blister quickly breaks down (ruptures), forming an ulcer. Many foods and chemicals can cause irritation or an allergic reaction, resulting in mouth ulcers. Acidic foods, cinnamon flavoring, or astringents can be particularly irritating, as can some ingredients in common substances such as toothpaste, mouthwash, candy, and chewing gum.

The most common medications that cause mouth ulcers are certain chemotherapy drugs used to treat cancer. Radiation therapy is also a common cause of mouth ulcers. Medications containing gold, which were once used to treat rheumatoid arthritis and some other autoimmune diseases, can cause mouth ulcers, but they are used in rare cases because more effective medications are now available. Rarely, mouth ulcers may occur after taking antibiotics.

The results of the study objectively show that the most effective procedure for treating caries is the procedure of combined use of traditional methods of treatment and methods of intellectual support of the doctor in the form of an automated computer system for diagnostics and selection of a rational scheme for treating caries based on mineralogical and therapeutic factors. The effectiveness of the implementation of research results lies in providing the opportunity in practice not only to predict, but also to adjust the quality and effectiveness of treatment and preventive measures in the treatment of the carious process. The possibilities of using modern computer technologies, mathematical methods for solving diagnostics, prognosis, choosing treatment tactics, as well as visualization of the results of processing medical information allow improving the quality of diagnostics and treatment of initial forms of caries, provides the opportunity to implement a rational choice of treatment measures taking into account an individual approach to the patient.

Protective applications containing sucralfate and aluminum-magnesium antacids may provide pain relief when used as a rinse. Many doctors add other ingredients such as lidocaine and/or diphenhydramine (an antihistamine). Amlexanox paste is another option. These topical treatments may help relieve discomfort but do not treat the underlying cause of the ulcers. Mouthwashes that contain alcohol (ethanol) should be avoided as they may make mouth ulcers worse. Once doctors are sure that the ulcer is not caused by an infection, they may prescribe a corticosteroid rinse or a corticosteroid gel applied to each lesion.

Some mouth ulcers can be treated with a low-power laser, which relieves pain immediately and often prevents the ulcer from coming back. Chemically burning the ulcer with a small stick coated with silver nitrate can also relieve pain, but it is not as effective as a laser.

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