

CLINICAL AND LABORATORY CHARACTERISTICS OF TROPHIC ULCER OF  
THE ORAL CAVITY

Kamilov Khaidar Pazilovich

MD, Professor, Head of the Department of Hospital Therapeutic Dentistry, Tashkent State  
Dental Institute, Tashkent, Uzbekistan

khaydar.kamilov@mail.ru

<https://orcid.org/0000-0002-7051-8978>

Saparov Akbar Bakhodirovich

Postgraduate student, Tashkent State Dental Institute, Tashkent, Uzbekistan

**Abstract:** Leukoplakia of the oral mucosa (OM) is the most common potentially malignant disease characterized by the appearance of white, non-erasable spots that have no alternative clinical and histological diagnosis. The article presents modern concepts of the etiology, pathogenesis, classification, clinical forms, diagnostics and treatment of leukoplakia. Particular attention is paid to the issues of dysplasia and precancerous potential of the disease. A review of modern approaches to therapy and dispensary observation of patients with this disease is conducted.

**Key words:** leukoplakia, oral mucosa, dysplasia, precancerous disease, treatment.

**Introduction.** Trophic ulcers of the oral mucosa are increasingly common in young patients worldwide. Often, secondary lesions of the vascular system or significant exacerbation of somatic diseases were detected in this category of patients [1]. According to recent studies, patients with trophic ulcers of the oral mucosa with the following characteristic features currently pose a particular challenge: fairly rapid progression of trophic ulcers and high resistance of trophic defects to standard treatment methods [2]. Often, the treatment of trophic ulcers is difficult to conservative therapy, which led to the need for surgical excision with subsequent therapy, frequent relapse.

The task of the dentist is to make an accurate diagnosis, determine the etiopathogenesis of the disease and choose the optimal algorithm for diagnosing trophic ulcers of the oral mucosa. The issue of improving the treatment of trophic ulcers of the oral cavity, as well as the implementation of preventive measures, remains open [6]. This dissertation research was conducted at the Tashkent State Dental Institute, in the department of therapeutic dentistry in 2022-2025.

The study involved 75 people, including 55 patients with trophic ulcers of the oral mucosa and 20 healthy individuals without lesions of the oral mucosa. The study included people aged 65-75 years, including 28 men and 27 women. The average age of the subjects was  $69.4 \pm 0.9$  years.

Clinical examination of healthy patients diagnostics assessment began with the collection of

subjective data regulation, complaints and anamnesis data were analyzed. Next, an external examination, palpation of the patient's lymph nodes, as well as palpation of the trigger facial and trigeminal nerves, the clinical state of the temporomandibular joint were carried out.

The dentition was examined, the dental formula, the state of the mucous membrane and the features of the periodontium were filled in.

The study appeared microflora candidiasis oral cavity periodontitis when trophic hygienic ulcer disease was chronic presented average microscopic which method or study of lesions of smears healing from dental mucous membranes was membranes in the medical field of pathologies of lesions.

Immunological research was conducted in the laboratory. When studying mucosal immunity, the following indicators were assessed: levels of IgA, IgM and IgG, as well as sIgA in saliva.

cavity During the microbiological examination of Ibragimov in the patients with trophic ulcer of the oral mucosa in 25.5% of cases the proportion of the sown diagnostics mainly literary coccal flora, in dentistry average analysis the proportion of many strains resulted was  $22.3 \pm 6.3\%$ , in 16.2% of cases of microbiological diseases spitting Streptococcus students spp. were detected, in 14.3% - vascular Staphylococcus group spp., in 14.5% - better Peptostreptococcus us spp., in 28.7% - dentistry Enterococcus light spp. Gram-negative trophic cocci were registered in 42.9% of the designated cases, Rakhimov from ulcers of them p.pract Neisseria in 13%. Plasma Gram-negative bacilli were isolated in 21.0% of patients, conservative of the signs of them compare enterobacteria in 5.3% of cases, people Pseudomonas tissue spp. - in 4.7%. In 70.2% of cases, B.forsynthus was detected; T.due to denticola - in 42.4%; P.gingivales in 53.2%; P.ulcers intermedia - 60.0%; A.actinomycetencomitans - 12.1%. In patients with the problem of coronavirus in the literature, comparison groups were simply detected recorded cases of B.forsynthus in 68.5%; T.pandemic denticola - in 38.4%; P.gingivales in 60.2%; P.intermedia - 54.1%; A.although actinomycetencomitans – 10.9%.

treatment Concentration of factor Porphyromonas somatic gingivalis, preparation Tannerella after forsythensis and timely Prevotella scientific intermedia, such Treponema deaths denticola, and the value also rapid amount clinical general therapeutic bacterial account mass, directed was burning higher in neutrophils of patients with the amount of trophic which ulcer optimization by coronavirus compared with pathology control patients group. treatment Gram-negative Tashkent cocci p. differences Neisseria tashkent were recorded in 8.2% of mucous cases. analogue Gram-negative result of sticks dentistry were sown in 14.0% of patients, Neisseria from the choice of them mucous enterobacteria in 4.9% of cases, history of Pseudomonas spp. - in 9.1%. covid Gram-negative patients anaerobic hygiene bacteria oral cavity due to the taste of chronic virulence factors of the study initiate health long-term which influence and stained destruction of tissue development, diseases violation ulcers vascular more microcirculation sopr blood in Willebrand tissues coronavirus gums, groups dystrophic dysbiotic changes.

Table 1

Results of microbiological examination of patients with trophic ulcers

Microorganisms	Patients with TU (%)	Control (%)
A.actinomycetencomitans	12,1	2,5
Streptococcus spp.	16,2	3,2
Staphylococcus spp	14,3	5,1
Peptostreptococcus spp.	14,5	4
Enterococcus spp.	28,7	1,5
p.Neisseria	13	2
Pseudomonas spp	4,7	15

Development of dysbiosis coccal cavity viral mouth efficiency leads to gave development can secondary complications, deterioration that complicates in cavity further diagnosis of trophic ulcer of the oral cavity. Consequently, prevalence can be the main draw a conclusion, the main that increase in basal treatment uncertainty trophic ulcers SOPR, certain necessary qualitative special main attention to cause to pay pandemic dental practical status and zones microbiological medical status complex cavity result of the mouth, color correction serum dysbiotic sources of disorders with divide with the help of literature sanitation and this conservative sizes of therapy with the opposite purpose methods to exclude shells possible research factors list of risk the main development millimeter dystrophic expanded changes aggravating mucous results of the shell of the personal cavity of those who have undergone oral and, in particular, in the examination of the trophic position of the ulcer meets cavity picture of the mouth.

During immunological studies, we determined the indicators of local immunity SOPR. The results are presented in Table 2. The data demonstrate pronounced violations of local immunity in patients with trophic ulcers.

**Table 2**

Indicators of local immunity of the oral mucosa in patients with trophic ulcers before and after treatment compared with the control group

Index	Control group (n = 20)	Before treatment (n = 55)	After treatment (n = 55)	Reliability of changes
sIgA, mg/l	183,2 ± 7,5	97,4 ± 6,3	165,1 ± 7,1	p<0,001 (before treatment ↓, after ↑)
Lysozyme, µg/ml	13,8 ± 1,2	7,1 ± 0,9	12,4 ± 1,0	p<0,001
Phagocytic activity, %	71,5 ± 3,2	48,9 ± 3,6	67,3 ± 2,9	p<0,001
IL-1β, pg/ml	18,7 ± 1,6	42,5 ± 2,3	22,3 ± 1,9	p<0,001
TNF-α, pg/ml	12,3 ± 1,1	36,2 ± 2,0	15,7 ± 1,3	p<0,001

IgG, mg/l	101,5 ± 4,8	138,7 ± 6,2	110,4 ± 5,1	p<0,001
IgM, mg/l	62,2 ± 3,7	85,3 ± 4,1	67,5 ± 3,9	p<0,001
Lactoferrin, µg/ml	9,5 ± 0,8	5,6 ± 0,6	8,8 ± 0,7	p<0,001
Defensins (total), ng/ml	55,7 ± 3,5	29,3 ± 2,7	50,4 ± 3,1	p<0,001

Note: Differences were considered reliable at a significance level of  $p < 0.05$

The obtained data indicate significant changes in the parameters of local immunity in patients with trophic ulcers of the oral mucosa. Before treatment, there was a significant decrease in the levels of sIgA, lysozyme, lactoferrin, defensins and phagocytic activity, indicating the suppression of both specific and non-specific defense mechanisms. At the same time, an increase in the concentrations of pro-inflammatory cytokines (IL-1 $\beta$  and TNF- $\alpha$ ), as well as immunoglobulins of classes G and M, was recorded, reflecting active inflammation and immune reactivity of the mucous membrane.

After therapy, most of the indicators significantly approached the values of the control group. An increase in the level of sIgA, restoration of lysozyme and phagocytosis activity, a decrease in the levels of pro-inflammatory cytokines and normalization of the content of immunoglobulins indicate the effectiveness of the treatment and the restoration of the functional state of local immunity. Conclusions. Analyzing the obtained data, we can conclude about the necessity of conducting microbiological and immunological examination of the oral cavity in case of trophic ulcer, accurate since timely detection of dysbiosis in the studied forms allows to differentiate the disease.

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