



Modern View on the Etiopatogenesis of Chronic Recurrent Aphthosis Stomatitis

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ABSTRACT

Recently, there has been an increase in the number of patients with chronic recurrent aphthous stomatitis. Due to the unclear etiology of the disease, the issue of diagnosing aphthous stomatitis remains relevant for dentists. The article presents a review of the literature on the etiological factors and pathogenesis of chronic recurrent aphthous stomatitis

Keywords:

chronic recurrent aphthous stomatitis, etiology, pathogenesis

Relevance. Oral diseases are preventable in most cases, but in many countries, they place a heavy burden on health, affecting people of all ages, causing pain and discomfort, disfigurement and even death. It is estimated that almost 3.5 billion people suffer from oral diseases [Salari N, et.al., 2021].

Oral health care is a costly service that is usually not included in universal health coverage. In most low- or middle-income countries, there is no capacity to provide universal oral disease prevention and treatment services. Oral disease is driven by a range of controllable and common noncommunicable disease risk factors, including sugar, tobacco and alcohol consumption and poor hygiene, as well as the social and commercial determinants behind these factors. In 2022, the World Health Assembly adopted the Global Strategy for Oral Health, the vision of which is to achieve universal coverage of people and communities with oral health services by 2030. A detailed action plan is currently being developed to put the global strategy into practice. It provides for the creation of a monitoring mechanism to track progress towards measurable targets set for 2030 [Salari N, et.al., 2021, Wu, Cz., Yuan, Yh., Liu, Hh. et al., 2020]. According to the results of

an epidemiological dental survey of the population, the proportion of diseases of oral mucosa in adults aged 35-44 is 8.6%, among them recurrent aphthous stomatitis is in first place with an indicator of 3.67%. In patients older than 65 years, the proportion of OM pathologies increases to 11.6%, while the prevalence of chronic recurrent aphthous stomatitis also increases - 4.38% [Abdullakhodzhaeva, M.S., et al., 2017]. Стоматиты составляют более 85% от всех заболеваний слизистой оболочки полости рта у детей [Азимбаев Н. М., 2016]. Stomatitis is an inflammation of the oral mucosa caused by local or systemic factors, which can involve the mucous membrane of the cheeks and lips, palate, tongue, floor of the mouth and gums [Mavrutenkov V.V., 2015]. The terms used to describe rashes on the oral mucosa correspond to skin elements, and are based on an assessment of the size and nature of the rashes: - maculae (flat and < 1 cm); - spots (flat and > 1 cm); - papules (palpable and < 1 cm); - plaques (palpable and > 1 cm). The terms "vesicles" and "bulls" are used to describe cavitory elements filled with exudate. Afta (from Latin, Greek "thrush") is a small ulcer. Round-shaped lesion with grayish exudate, surrounded by a red

corolla, characteristic of recurrent aphthous stomatitis [Mavrutenkov V.V., 2015]. There are five causes of vesicles and aphthae on the oral mucosa: - trauma (burns, radiation damage, bite); - infections (herpesviruses, enteroviruses, HIV, mycoses, syphilis, anaerobic flora, etc.); - autoimmunity (Behçet's disease - Adamantiad, Crohn's disease and ulcerative colitis, idiopathic rheumatoid arthritis, Kawasaki disease, etc.); - tumors (carcinoma); - idiopathic stomatitis - recurrent aphthous stomatitis, etc. [Klein J.D., 2007]. Thus, the problem of lesions of the oral mucosa is interdisciplinary in nature, and not only dentists, but also doctors of various specialties are involved in it [Wilhelmsen N.S.W., 2009].

Stomatitis can act as an independent disease and as a symptom of systemic pathologies. So, the cause of the appearance of stomatitis as a symptom can be pemphigus, systemic scleroderma and streptoderma. Immunodeficiency states in the prodromal period are most often manifested by long-term stomatitis that is difficult to treat. But more often stomatitis acts as an independent disease. Mechanical injuries from chipped teeth, hard food fragments or improperly installed prostheses are the causes of traumatic stomatitis. After the elimination of the traumatic factor, such stomatitis disappears on its own. Too hot food can cause a burn of the mucous membrane, such stomatitis also disappears without treatment. The exception is chronic inflammation of the oral mucosa due to the regular intake of excessively hot food. Hypersensitivity to food, medicines and components of oral care products can cause chronic allergic stomatitis that is difficult to treat.

The cytomorphological picture of cellular elements in chronic recurrent aphthous stomatitis is characterized by certain features: the cytological composition of smears in patients taken from the surface of aphthae is represented by cells of a slightly altered epithelium and a small number of leukocytes, and the formation of ulcers, which are less common than epitheliocytes, leukocytes are observed with noticeable dystrophic changes [Lalabovna H , Daskalov H., 2014]. Histological

examination of aphthae usually reveals deep fibrinous-necrotic inflammation of the oral mucosa. The process begins with changes in the connective tissue layer; following vasodilation, a small perivascular infiltration, edema of the prickly layer of the epithelium appears, then spongiosis and the formation of microcavities. Alterative changes end with necrosis of the epithelium and erosion of the mucous membrane. The epithelium defect is filled with fibrin, which is firmly soldered to the underlying tissues. The results of a morphological study of biopsies in patients of the main group with Crohn's disease showed the presence of pronounced degenerative changes in the mucous membranes in the affected areas, mainly in the form of vacuoles or balloons, dystrophy in the epithelium, parakeratosis zones, focal manifestations of an inflammatory reaction in the form of intraepithelial leukocytes, cells with signs apoptosis, focal acanthosis. Granulomatous inflammation was observed in the submucosal layer [Ibragimova MX, 2020].

Diseases of the oral mucosa occupy one of the leading positions due to the large number of etiological factors that cause them, as well as the lack of clear understanding of the pathogenesis of these diseases. The polyethiology of this pathology, diversity of pathogenetic mechanisms, inefficiency therapeutic and preventive measures make the problem of treatment and prevention of diseases of the oral mucosa, especially relevant. Moreover, the presence of signs of inflammation on the mucosa membrane of the oral cavity almost always indicates a serious pathology of other internal organs and systems of the body: stomach, intestines, liver, etc.

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