



Immunocorrective Therapy of Chronic Recurrent Aphthous Stomatitis

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ABSTRACT

Lycopide in the complex treatment of patients with chronic recurrent aphthous stomatitis contributes to the normalization of local protection of the oral cavity, accelerates the healing time and reduces the number of relapses [1].

Keywords:

chronic recurrent aphthous stomatitis, local immunity, immunocorrection.

Chronic recurrent aphthous stomatitis (CRAS) is one of the most common diseases of the oral mucosa. Thus, according to many authors, the prevalence of chronic recurrent aphthous stomatitis can reach up to 40% in various age groups of the population [1]. In the pathogenesis of CRAS, the leading role in the development of this disease is assigned to disorders of the immune system. With HRA, the indicators of nonspecific humoral and cellular protection factors change and a violation of local oral protection factors is revealed. The disease is accompanied by an inflammatory reaction of the mucous membrane, the presence of painful AFT, polymorphism of clinical manifestations and insignificant effectiveness of treatment. The resulting violations of the immune system require the use of methods of immunocorrection of detected violations in the immune defense [2]. The relevance of the use of various immunomodulatory drugs and the development of various schemes to improve the effectiveness of treatment of CRAS is beyond doubt. One of the modern immunomodulators is the drug lycopid, which is a semi-synthetic

glycopeptide—a structural fragment of the cell wall of all known bacteria. The biological activity of the drug is due to the presence of specific receptors (NOD-2) for glucosaminylmuramyl dipeptide (GMDP) localized in the endoplasm of phagocytes and T-lymphocytes. The drug stimulates the functional (bactericidal, cytotoxic) activity of phagocytes (neutrophils, macrophages), enhances the proliferation of T- and B-lymphocytes, increases the synthesis of specific antibodies. Pharmacological action is carried out by enhancing the production of interleukins (IL-1, IL-6, IL-12), tumor necrosis factor-alpha, gamma interferon, colony stimulating factors and increases the activity of natural killer cells. This drug is used to treat a number of diseases that are accompanied by disorders of various parts of the immune system [3]. In dentistry, lycopide was used in the treatment of erosive and ulcerative form of lichen planus [4]. In the literature available to us, we have not found works on the use of the drug lycopid – sublingual tablets for resorption in the oral cavity for the treatment of HRAS, which

determined the relevance of the work and served as a prerequisite for the study[5].

The aim of the study was: to evaluate the clinical efficacy of lycopid immunocorrection.

Materials and methods: A total of 22 patients with HRAS (mild form) aged from 20 to 53 years (average age 37.2 years) were examined and treated at the Er-stom dental clinic, 10 of them men and 12 women. All patients were divided into 2 groups. The main group - 12 people received the immunomodulatory drug lycopid in the scheme of complex treatment. The control group consisted of 10 people who received traditional complex treatment excluding the use of the drug lycopid. Control immunological studies were conducted in a group of 10 healthy individuals. Patients of the main and control groups underwent complex therapy: oral sanitation, occupational hygiene, elimination of traumatic factors and the appointment of general and local therapy. Local treatment included the appointment of traditional epithelizing agents (solcoseryl, acto-vegin) and painkillers. For anesthesia, patients in the control subgroups were prescribed applications or oral baths of 2% lidocaine solution. General treatment, in patients of the control and main groups, included traditional remedies (antihistamines, vitamin preparations). Patients of the main group were additionally prescribed sublingual tablets of the immunomodulator lycopid 2 times a day (1 tablet of lycopid contains 1 mg of the drug). The daily dose of sublingual tablets was 2 mg. The course of taking the drug was 10 days, 2 mg per day, and then 1 mg every other day - 10 days. The total course was 30 days with the intake of 30 mg of the drug. In patients, indicators of pain sensitivity of the lesion elements before and during local treatment and the area of the erosive-ulcerative lesion were recorded, which was determined by the maximum vertical and horizontal dimensions. To assess the indicators of local immunity of the oral cavity during traditional treatment and when using sublingual lycopid tablets, the dynamics of changes in the saliva content of local immune protection indicators - secretory

immunoglobulin A, as well as total protein, Mixed saliva was collected on an empty stomach after rinsing the oral cavity with water by spitting into a 2 ml test tube, for 6 minutes, which was then stored at $t: - 20^{\circ} \text{C}$ until the moment of analysis. Mixed saliva was collected before treatment and at the end of the treatment course. Similar studies were conducted in control subgroups of patients receiving traditional treatment and healthy individuals. Immunological studies were carried out in the laboratory of MC GMU Semey[6].

Results: The duration of HRA in patients ranged from 1 to 3 years, during the entire period of the disease, patients noted the periodic appearance of painful formations in the oral cavity. (Table 1). In most patients of both groups, the healing of painful AFT developed on average within 8-10 days. Clinical examination revealed characteristic aphthae in patients, localized more often on the mucous membrane of the cheeks, lips, and bottom of the oral cavity. All patients had 2-3 elements at the time of examination. During the whole time, patients noted the periodic appearance of painful formations in the oral cavity. Exacerbations occurred up to 3 times a year in 25% of patients in the experimental and 30% in the control groups, every 2-4 months - in 58.3% and 50.0%, monthly - in 16.6% and 20.0% of patients, respectively. In most patients, the healing of painful AFT developed on average within 8-10 days. The appearance and course of AFT in the oral cavity was accompanied by varying degrees of pain. Pain sensations of patients were noted in questionnaires with 3 modes: at rest, eating, talking. The results of immunological studies have shown that in practically healthy people, when studying mixed saliva, individual fluctuations in the content of secretory immunoglobulin A (sIgA) and total protein were detected, According to averaged individual and group indicators, the content of these immunological parameters in mixed saliva was: sIgA- 103.01 ± 2.55 micrograms/ml; total protein - 0.68 ± 0.1 mg/ml; In diseases of the oral mucosa, all the studied immunological indicators in both groups of patients were significantly higher compared to healthy people.

Immunological indicators after treatment in group 1 of patients almost corresponded to the data of healthy individuals, and in patients of the control group significantly decreased compared to the baseline data, but exceeded the indicators of healthy people. Registration of the dynamics of aft healing in the main and control groups was carried out once every three days. The decrease in the area of the lesion elements, the intensity of pain and the process of epithelization were determined. The therapeutic effect of the use of lycopide was noted in all patients. In 3 people (25.0%), the healing of aft was noted on the 3-6 day of taking lycopide. By the 8th day of taking lycopide, 9 more people (75.0%) had almost complete epithelialization and recovery of patients. However, the observation of patients showed that 2 individuals developed a relapse after 3-4 months. At the same time, patients noted that relapses were less severe than before treatment (the number of aft decreased, the regeneration process accelerated). In patients of the control subgroup, during local treatment using traditional means (actovegin and solcoseryl), complete epithelialization of aft was recorded in 2 patients (20.0%) by day 6 and a decrease in the erosive surface in other patients. Full capitalization of the mucosa was observed by the 10th day of treatment. Relapse of the disease was detected in 4 patients after 2-3 months. Thus, the use of lycopide in the complex treatment of patients with CRAS restores immunological parameters, accelerates the healing time and reduces the number of relapses compared with the data of patients who received only traditional treatment.

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