



Structure Of Treatment of Diseases of The Oral Mucosa and Periodontal Under the Influence of Covid 19

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ABSTRACT

COVID-19 infection can be an individual while oral pathology. The new SARS-CoV-2 coronavirus is characterized by high contagiousness, transmitted by airborne droplets, directly through inhalation drops or indirectly through the use of infected objects. The survival rate of the virus on surfaces, depending on its composition, varies from 4 hours to 9 days. Initiation of infection is possible through binding of viruses to the host cell site in connection with the affinity receptor and an angiotensin converting enzyme (ACE2) distributed in the epithelium, alveoli, vascular endothelium, lung pneumocytes and macrophage.

Keywords:

Oral Pathology, Survival Rate

Relevance. COVID-19 infection can be an individual while oral pathology. The new SARS-CoV-2 coronavirus is characterized by high contagiousness, transmitted by airborne droplets, directly through inhalation drops or indirectly through the use of infected objects. The survival rate of the virus on surfaces, depending on its composition, varies from 4 hours to 9 days. Initiation of infection is possible through binding of viruses to the host cell site in connection with the affinity receptor and an angiotensin converting enzyme (ACE2) distributed in the epithelium, alveoli, vascular endothelium, lung pneumocytes and macrophage.

The severity of the infection varies from asymptomatic forms to severe complications, acute and high mobility. In the absence of a treatment or vaccine with evidence of efficacy to be approved for use in practice, prevention is limited to hygiene and social space, proper use of protective equipment and restriction of services and procedures at risk [1.2]. The persistence and recurrent nature of such inflammatory lesions requires not only the usual hygienic measures for the care of the oral

cavity and teeth, but also appropriate justified therapy aimed at stimulating the protective forces of the oral mucosa. The oral cavity is anatomically and functionally connected with the pharynx, inflammatory diseases of which are currently in the focus of attention of otolaryngologists due to their wide prevalence, and mainly in people of working age [2.3.5]. Despite the signs of infection, including loss of taste, dry mouth and mucous membrane, such as ulcers, enanthema and spots, the oral cavity in coronavirus disease 2019 (COVID-19) is poorly understood. To solve this problem, we created and analyzed two sets of single-cell RNA sequencing data from human small salivary glands and gums (9 samples, 13,824 cells), identifying 50 cell clusters. Using integrated cellular normalization and annotation, we classified 34 unique cellular subpopulations between glands and gums. Severe acute respiratory syndrome of coronavirus 2 (SARS-coronavirus-2) virus penetration factors such as ACE2 and TMPRSS were widely enriched with epithelial cells of the glands and oral mucosa. Using an assessment of the expression of orthogonal RNA and protein, we confirmed the

infection of SARS-CoV-2 in the glands and mucous membranes. Saliva from the TORSO of coronavirus-2 infected individuals concealed epithelial cells exhibiting [1.2]. Ace2 and TMPRSS expression and resistant SARS-CoV-2 infection. It was found that cell-free and cellular fractions of saliva of asymptomatic people transmit SARS-CoV-2 *ex vivo*. Compared samples of nasopharynx and saliva showed a distinct dynamics of virus release, viral load in saliva correlated with symptoms of COVID-19, including loss of taste. After recovery, resistant IgG antibodies to SARS-CoV-2 were observed in this asymptomatic cohort. Taken together, these data show that the oral cavity is an important site of infection with SARS-CoV-2, and suggest that saliva is a potential route of transmission of SARS-CoV-2 [2.4].

Patients were in contact with those who had COVID-19 disease. Other infectious diseases have also been identified. At the time of examination, the general condition of the patient is very serious. Welcome, without glasses. Answers the questions correctly. To hurt. The skin and visible mucous membranes are pale, without rash. The nose-lip triangle and fingers-toes have a slightly bluish hue. Body weight is normal. The tongue is clean, dry. There are no deformities in the musculoskeletal system, but intuition and behavior in both legs of the patient are not fully observed until the chest becomes numb. Breathing through the mouth-nose, with the participation of auxiliary muscles. Mixed wheezing is heard against the background of auscultative bubbly breathing. Exhalation and inhalation are observed in hansiash. Respiratory conduction is not audible from the left side (SpO₂ - 84-86% when it comes to patients with acute respiratory failure and taking into account the severity of the patient's behavior.) the patient begins with oxygen therapy with warm and moistened oxygen through a nasal cannula. After that, the symptoms of respiratory failure in the patient improve somewhat due to a decrease in axvoli. SpO₂-increased to 95%. The heart tones are muted, rhythmic. Peripheral vascular stroke has an average fullness and tension. The abdomen is soft, painless, intestinal peristalsis is audible. The appearance of constipation was

independent, it was not present during the examination. Diuresis is carried out through a urethral catheter, colored yellow.

The purpose of the study.

Mechanisms of local immunity of the oral mucosa against the background of coronavirus infection to substantiate the principles of immunocorrective therapy based on the identified changes.

Material and methods: Other infectious diseases have also been identified. At the time of examination, the general condition of the patient is very serious. Welcome, without glasses. Answers the questions correctly. To hurt. The skin and visible mucous membranes are pale, without rash. The nose-lip triangle and fingers-toes have a slightly bluish hue. Body weight is normal. The tongue is clean, dry. There are no deformities in the musculoskeletal system, but intuition and behavior in both legs of the patient are not fully observed until the chest becomes numb. Breathing through the mouth-nose, with the participation of auxiliary muscles. Mixed wheezing is heard against the background of auscultative bubbly breathing. Exhalation and inhalation are observed in hansiash. Respiratory conduction is not audible from the left side (SpO₂ - 84-86% when it comes to patients with acute respiratory failure and taking into account the severity of the patient's behavior.) the patient begins with oxygen therapy with warm and moistened oxygen through a nasal cannula. After that, the symptoms of respiratory failure in the patient improve somewhat due to a decrease in axvoli. SpO₂-increased to 95%. The heart tones are muted, rhythmic. Peripheral vascular stroke has an average fullness and tension. The abdomen is soft, painless, intestinal peristalsis is audible. The appearance of constipation was independent, it was not present during the examination. Diuresis is carried out through a urethral catheter, colored yellow.

Local use of medications for inflammatory periodontal diseases contribute to the disappearance of inflammatory processes, stimulate metabolic and nutritional processes and have an impact on the microbial landscape

of the oral mucosa. There are various methods of topical application of medicines: oral baths, applications, irrigation and pressure washing, therapeutic dressings, physiotherapy with electrophoresis and ultraphonophoresis, as well as injections. Several groups of drugs can be distinguished depending on their effect on periodontal tissue. Antifungal drugs used as part of therapeutic dressings include 1% decamine, 5% levorin and nystatin ointments. Bacterial preparations include 1% suspension of metronidazole [3]. In connection with the development of inflammatory periodontal diseases against the background of sensitization of the body by toxins and tissue breakdown products, the need for the use of specific and non-specific drugs 22 (autoserum, sodium thiosulfate, autovaccines) in combination with antihistamines starting from the 5th generation has been proven [3.5].

Herbal materials are used as local preparations for the treatment of inflammatory periodontal diseases. They include vitamins, BAS, glycosides, alkaloids, and therefore they have a wide spectrum of action: regenerating, antiseptic, analgesic, anti-inflammatory. The most commonly used extracts are chamomile, calendula, St. John's wort, plantain, kalanchoe, aloe, eucalyptus, yarrow, nettle, calamus and plant collections. Often used drugs such as: salvin, obtained from sage leaves; sangviritrin, prepared from the ground part of maclea cordate and small-fruited; romazulan, containing chamomile extract and essential oil; maraslatin, made from wormwood extract, cloves, black pepper; juglon, containing green walnut peel; chlorophyllipt, which includes chlorophyll [4.5].

One of the most common drugs used in the complex treatment of inflammatory periodontal diseases is Metrogil Denta. There is a lot of literature data on the effective use of a combination of Metrogil Dent and Mexidol Dent active in chronic generalized catarrhal gingivitis. A number of authors have conducted studies on the use of Metrogil Dent in combination with phonophoresis in chronic generalized periodontitis in the anamnesis. The results obtained in this study allow us to speak about the effectiveness of such an application.

Conclusions. Treatment with drugs that affect the virus indirectly, stimulating human immunity, is always a risk. Treatment is very important to me, because I am a clinical immunologist who deals with the immunology of infectious processes. At the very beginning of the pandemic, a Chinese reference book fell into my hands. He was urgently transferred, and I was surprised that "Plakvinil" appeared everywhere there. I knew that it is used not only for malaria, but also rheumatologists prescribe to patients in order to suppress the immune response.. The doctor looks at the body, analyzes, and understands how it reacts. It acts based on the clinic: there is not enough protein - it makes up and so on. The process of learning about a new coronavirus infection has been going on all these months. Temporary protocols arise all the time. Temporary, because as soon as doctors see that the scheme is not successful enough, they change it.

List Of Literature:

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