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EFFECTIVENESS OF TREATMENT OF STOMATITIS IN CHILDREN WITH THE HELP OF THE DRUG CHOLISAL-GEL

Xurramov Suhrobjon Abdunazarovich
Clinic Resident of the Department of Orthopedic Dentistry Samarkand State Medical University, Samarkand, Uzbekistan
Ortikova Nargiza Khairullayevna
PhD, Associate Professor Department of Orthopedic Dentistry Samarkand State Medical University, Samarkand, Uzbekistan

Annotation One of the common diseases of annotation is currently a childhood herpes infection, which is explained not only by the prevalence of herpes simplex virus (HSV), but also by the peculiarities of the formation of the immune system in the body of a developing child. In general, herpes infection is one of the most common and poorly controlled diseases
Keywords: childhood, viral infections, stomatitis, Cholisal - gel.

According to the who, among viral infections, diseases caused by HSV are second only to influenza. Acute herpetic stomatitis occupies one of the first places in infectious pathology in childhood. (Figure 1).

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Figure 1. Manifestation of viral stomatitis in the oral cavity in children.

Analysis of literature data shows that in recent years the manifestation of primary and recurrent herpetic infections has increased significantly in dentistry, ophthalmology, dermatovenerology, Otolaryngology, among others. OHS not only ranks first among all lesions of the oral mucosa, but is also among the leading group among all infectious diseases of childhood. At the beginning of the 20th century, first in 1902, N.F. Filatov has shown the role of HSV in diseases of the oral mucosa. He proposed the possible herpetic nature of acute aphthous stomatitis, the most common among children. This evidence was later obtained when the HSV antigen began to be detected in the epithelial cells of the affected areas of the oral mucosa. In addition, every 7-10 children, AGS becomes chronic with early periodic relapses. Currently, the treatment of acute herpetic stomatitis using antibacterial, antiviral, anti-inflammatory and keratoplastic means is widely covered. Acute herpetic stomatitis is characterized by specific rashes on the mucous membrane of the oral cavity, usually accompanied by a violation of the integrity of the epithelium, a local inflammatory reaction and severe pain. In this regard, it is very important to solve the issues of local treatment of this disease. The choice of drugs used to treat diseases of the oral mucosa is large, but not all of them meet the basic requirements - fast, effective, painless treatment of the oral mucosa. Therefore, the search and clinical testing of new topical drugs that can be used in dental practice in the treatment of AHS in children according to their pharmacological properties seem relevant.

Purpose of the study it was to increase the effectiveness of the treatment of children with acute herpetic stomatitis using the drug "Cholisal".

Research materials and methods Holisal-Elfa A.O. a gel-based pain reliever and anti-inflammatory drug produced by a pharmaceutical plant. (Poland). The drug is a mass that has the smell of colorless, transparent jelly-like anise oil. Active ingredients: choline salicylate and setalkonium chloride, as well as auxiliary substances - glycerin, methyloxybenzoate, hydroxyethylcellulose, licorice oil, purified water. When applied topically, the main active ingredient choline salicylate is quickly absorbed by the oral mucosa and has an analgesic and anti-inflammatory effect. Cetalkonium chloride has antimicrobial effects. The effect of degreasing occurs in 2-3 minutes and lasts 2-4 hours. "Cholisal" does not contain sugar, does not have a local irritating effect and is well tolerated by children. 36 children between the ages of 3 and 5 were put under surveillance. In 26 of them, the local drug "Cholisal" was used in complex treatment (main group), and in 10-only conventional therapy (comparison group). The main principles of traditional treatment of OGs were: pain relief, cleansing the wound surface

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of the oral mucosa, antiseptic, antiviral and keratoplasty therapy. As an anesthetic, an anesthetic spray "Perilene-Ultra" was used (due to its unpleasant taste, gels and ointments are contraindicated for children under four years of age, since they increase saliva and can penetrate the respiratory tract and cause respiratory arrest). Cleaning of the oral mucosa was carried out using proteolytic enzymes - 2% trypsin or chymotrypsin. Antiseptic treatment was carried out with gexolar, miramistin or corsodil. Antiviral drugs include alpizarin and Acyclovir oils, a solution of human leukocyte interferon, and keratoplastics include sea buckthorn oil, rose oil, and solcoseril. Observation and treatment of children with OGs was carried out on an outpatient basis. The diagnosis of OGS is established on the basis of Anamnesis, epidemiological data and characteristic clinical signs. In a number of cases, the herpes viral nature of the disease has been confirmed directly using immunofluorescence (TIF) and polymerase chain reaction (PCR) methods. It is known that immunosuppression is one of the main factors in the implementation of herpes virus infection. In this regard, the state of local immunity of the mucous membrane of the oral cavity was studied: the content of lysozyme, the level of immunoglobulins (in particular, secretory immunoglobulin A (IgA) in mixed saliva in the dynamics of the disease. At the height of the disease, the amount of lysozyme in mixed saliva was found to be significantly lower than usual. During the recovery period, the activity of lysozyme in mixed saliva increased relative to the initial level, especially in mild to moderate forms of the disease (almost 2 times). However, if during the recovery period in the moderate form of OGs, the amount of lysozyme exceeded the normal level, with an increase in severe and complex forms of the disease, it did not reach normal values. During the period of O'GS height, the amount of IgG in mixed saliva increased by an average of 2 times, and its level does not depend on the age of children or the severity of the disease. The IgA level, on the other hand, has a downward trend. But in children under 1 year of age of OGS and severe (including complex) forms of the disease, a significant decrease has been noted. A study of secretory IgA content in mixed saliva during O'GS showed that it reflects the severity of the pathological process and is a reliable criterion for local immune status. In the acute period of the disease, there was a significant decrease in secretory IgA in mixed saliva in all age groups and forms of the disease. The lowest levels of secretory IgA have been observed in children with severe OGS. With the weakening of the pathological process, in mild forms, the level of IgG in the saliva returned to normal, while in moderate and severe forms of the disease it continued to increase. In mild to moderately severe cases of OGs, IGA indicators have tended to normalize, and in severe cases they have decreased even more significantly. The dynamics of Iga secretory levels is also associated with the severity of damage to the oral mucosa. In mild to moderately severe cases of OGs, when the local process subsided, the level of secretory IgA in the saliva returned to normal, which continued to decrease. The effectiveness of the local therapeutic effect of the new drug was assessed by the size of the lesion, the depth of the erosive defect, the presence of fibrin deposits and the nature of epithelization. Degreasing the duration of the effect, the time of sticking to the mucous membrane of the oral cavity, the taste of the drug and the burning sensation after its application deserve special attention. The convenience of using the drug, its organoleptic properties, tolerability and side effects were assessed. The cholisal was used 2-3 times a day after meals and before bedtime. For one-year-olds, a 0.5 cm gel is squeezed over a clean finger and applied to the damaged area of the mucous membrane with light massage movements (against the background of basic therapy). There were no side effects when using the drug.The light form of OGs was determined in 10 children, the average form - in 12 children, the heavy form - in 8 children. It is worth noting that 7

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children with a severe form of the disease have had a complicated course of OGs. Clinically, complications manifested themselves in the form of the spread of the herpetic process from the mucous membrane of the oral cavity to the mucous membrane of the lips, nose and facial skin. Facial skin damage was accompanied by the addition of a bacterial infection and the appearance of pyo - and streptoderma. All this indicates a more pronounced manifestation of OGs at the present stage. Hemograms on the dynamics of the disease were analyzed to assess the severity of the condition and monitor therapy in observed children. The severity and frequency of disorders in hemograms during the O'GS depended directly on the age of the children and the severity of the disease. In the moderate form of OGs, the phenomena of lymphocytosis (an indicator of viral action) and eosinophilia predominated, and in the severe form, neutrophilia with a pronounced linear shift. The complex course of OGs was accompanied by more noticeable inflammatory changes in hemograms, which indicates the addition of a bacterial infection. Analysis of hemograms during the course of the disease showed that their normalization was delayed compared to clinical manifestations. This is often observed, the more severe the course of the disease and the smaller the age of the child.

Results When assessing the effectiveness of this drug in terms of treatment time, it was found that on the 4th day of treatment, a number of children with OGs in the main group developed a cure with "Cholisal".

It follows that the drug Cholisal-gel accelerates the time of epithelization on average by 3 days in degreasing, in diseases of the oral mucosa, which have anti-inflammatory, antimicrobial effects, and can be widely used in children. At the Department of Pediatric Dentistry, the drug "Cholisal" - gel has been used for 4-5 years, it has proven itself well; children use it with pleasure, thanks to the anise oil included in the composition of the drug. In conclusion, it should be noted that O'GS is an acute infectious disease in any form, requiring the attention of a pediatrician and dentist in any case to carry out complex treatment, eliminate the contact of a sick child with healthy children and carry out preventive work. (Figure 2).

Figure 2 *Measures in children's groups*

In conclusion, the studies carried out showed certain clinical and laboratory features of the course of acute herpetic stomatitis in early and preschool children in modern conditions. This

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primarily concerns the increase in severe forms of the disease and the emergence of complex forms of OGs in all observed age groups. A significant history of negative effects can be the basis for the risk of developing chronic forms of herpetic stomatitis. Serious changes in hemograms were found, indicators of local immunity of the oral cavity are associated with the severity of the disease, the normalization of which does not always occur at the time of recovery. Comparing clinical data, it was found that there is a significant acceleration (up to 3-4 days from the start of therapy) during the epithelization of the oral mucosa and a reduction in the treatment time by 3-4 days. The results of the work made it possible to scientifically substantiate the need for the use of a new drug "Cholisal" in the complex treatment of acute herpetic stomatitis in children. OGS has been developed as a topical treatment tactic that can be recommended for widespread use in practical Pediatric Dentistry.

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