

# CONNECTION OF DISEASES OF THE DIGESTIVE SYSTEM WITH STOMATOLOGICAL DISEASES AND METHODS OF TREATMENT

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**Annotation:** In the system of relationships between an internist and other specialists, the aspects of their interaction with a dentist are the least studied. This is primarily due to the isolated structural location of urban and regional dental clinics from other medical institutions. It should be noted the mutual underestimation of changes on the part of organs and tissues of the oral cavity in various diseases of internal organs and under the influence of drug therapy of these diseases.

**Key words:** Stomatological diseases, digestive system, dentist, modern medicine, drug therapy, oral cavity.

However, often the reason for the patient's visit to the dentist is due to the presence of somatic pathology, and not absolutely somatically healthy patients whose problems are limited to the oral cavity come to the dentist. On the other hand, the presence of certain changes on the part of the organs and tissues of the oral cavity and the appropriate dental advice can help the internist in the diagnosis and adequate treatment of the patient.

Diseases of the digestive system are often accompanied by various changes in the organs and tissues of the oral cavity. This is explained by the morphofunctional similarity of the mucous membrane of the oral cavity and the digestive tract, as well as the presence of a close relationship between various departments of the gastrointestinal tract and its initial department - the oral cavity, carried out through anatomical, physiological and humoral relationships.

In a number of diseases, such as gastroesophageal reflux disease, inflammatory bowel diseases (crohn's disease, ulcerative colitis), the presence of changes in the patient's organs and tissues of the oral cavity makes a certain contribution to their diagnosis.

In diseases of the stomach, the patient's subjective complaints include a burning sensation, soreness in various parts of the tongue, especially when eating irritating food. Paresthesia and unpleasant sensations in the tongue are specific symptoms of vitamin B deficiency, especially vitamin B12.

Patients often point to a perversion of taste sensations, primarily a metallic taste in the mouth, especially in the morning.

Gingivitis is detected in almost all patients with gastric ulcer and duodenal ulcer, the severity of which is directly dependent on the nature of the course and duration of the underlying disease. During the period of exacerbation of peptic ulcer disease, swelling of the oral mucosa, hyperemia and hypertrophy of the filamentous and mushroom-shaped papillae of the tongue are observed, taste sensitivity to sweets decreases.

An infectious factor, *Helicobacter pylori* (Hp) infection, is of great importance in the development of diseases of the stomach and duodenum. Periodontal pockets can serve as a



natural reservoir for Hp. The detection of *H. pylori* in plaque (dental plaque), and subsequently in oral fluid and the contents of periodontal pockets, allows us to consider the oral cavity as a reservoir and an additional source of *H. pylori* reinfection after eradication. A number of studies have noted positive associations between the presence of *H. pylori* in plaque and stomach and with gastrointestinal reflux. Thus, the presence of Hp in the oral cavity may be a source of reinfection in patients with peptic ulcer disease and helicobacter-associated gastritis. Patients with pancreatic pathology often have various immune disorders. The close connection of the pancreas and salivary glands is demonstrated by the presence of antibodies to the tissue antigen of the salivary glands in 1/3 of patients with chronic pancreatitis with the presence of antibodies to the tissue antigen of the pancreas.

Inflammatory changes in the oral mucosa can serve as the first clinical manifestations of Crohn's disease or be observed simultaneously with lesions of the ileum and colon. Aphthous stomatitis, macrocheilia (lip enlargement) or changes in the relief of the mucous membrane in the form of a "cobblestone pavement" are most often detected. Approximately 10% of patients with ulcerative colitis have aphthae on the mucous membrane of the oral cavity, which disappear as the activity of the underlying disease decreases. Pyostoma with vegetations (Pyostomatis vegetans) is considered to be practically specific for ulcerative colitis. At the same time, swellings appear on the mucous membrane of the cheeks, lips, and palate, turning into dark slit-like ulcers and papillary growths.

The appearance of complaints and changes in the patient from the organs and tissues of the oral cavity is also possible due to the ongoing drug therapy of diseases of the digestive system.

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When taking antibiotics, it is possible to develop a candida dose of the oral mucosa due to the biological effect of the drugs. The use of clarithromycin in the eradication scheme of helicobacter pylori infection of the 1st line suggests the possibility of developing taste disorders (distortion and change in taste perception); glossitis, stomatitis, discoloration of the tongue and tooth color (in most cases reversible). Discoloration of teeth is usually restored by professional cleaning at the dentist.

The appointment of the Hp 2nd line eradication regimen to the patient suggests the appearance of possible side effects of metronidazole and tetracycline from the organs and tissues of the oral cavity. So, taking metronidazole may be accompanied by a change in taste sensations, a metallic taste in the mouth, dry mouth, and the development of glossitis and stomatitis is possible. The use of tetracycline, in addition to the well-known irreversible discoloration of teeth in children during their development, suggests the possibility of dry mouth, glossitis, and discoloration of the tongue. When using the antibiotics reservarifabutin and rifampicin, red-brown staining of the tongue, saliva and other body fluids is possible.

Taking a number of drugs for the treatment of diseases of the gallbladder and biliary tract can also be accompanied by side effects from the organs and tissues of the oral cavity - dry mouth (metacin, platyphylline, atropine, pirenzepine, hyoscine butyl bromide, bencyclane fumarate), changes in taste sensations. The development of allergic reactions is possible when taking pinaverium bromide, benzyclane fumarate, mebeverine (urticaria, Quincke's edema), hyoscine butyl bromide (skin rash).

The development of allergic reactions, including with clinical manifestations from the oral mucosa, may be noted when using protease inhibitors (ingitritil, kontrical, gordox) and taking enzyme preparations (pancreatin preparations) in patients with pancreatic pathology.

Treatment of chronic liver diseases with antiviral drugs (interferons, nucleoside analogues) may be accompanied by taste distortion, dry mouth, bleeding gums, glossitis, catarrhal and ulcerative stomatitis, candidiasis of the oral cavity. With prolonged use of glucocorticoid hormones by patients, the dentist should take into account their immunosuppressive effect, manifested by slowing down the regeneration processes, reducing resistance to infections. The use of other drugs with immunosuppressive effects (methotrexate, azathioprine, etc.) may additionally be accompanied by the development of ulcerative stomatitis, gingivitis, increased bleeding (due to the development of thrombocytopenia).

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Patients with chronic inflammatory bowel diseases should also be aware of the possible side effects of medications used to treat these diseases. The use of infliximab can cause cheilitis, swelling of the face and lips of allergic origin, herpetic rashes, lymphadenopathy, vasculitis (mainly cutaneous), candidiasis of the oral cavity. When taking aminosalicylates, dry mouth and stomatitis are noted. Immunosuppressive therapy (methotrexate, azathioprine, etc.) may be accompanied by the development of ulcerative stomatitis and gingivitis.

Of course, if a gastroenterological patient has dental problems, the participation of a dentist in his supervision is optimal. However, traditionally, the main reasons for going to the dentist are acute toothache and the appearance of caries. Complaints about changes in the oral mucosa and preventive visits in the structure of the reasons for visiting the dentist in most surveys account for only about 10%. In addition, there is a distinct tendency to "postpone" a visit to the dentist, explained by fear, lack of time, financial difficulties and other reasons.

In this regard, when curating gastroenterological patients with dental problems, it is advisable for an internist to give the patient certain therapeutic and preventive recommendations, which is especially important given the possible side effects of drug therapy. It is necessary to recommend modern natural oral care products (toothpaste, mouthwash, spray), produced according to standards, which include oils and extracts of sage and mint, clove oil, phenylsalicylate, thymol, eugenol, sodium fluoride, which have an effect on various symptoms, having anti-inflammatory, antibacterial, antikaryotic and deodorizing effects.

The use of natural herbal preparations in dental practice helps to relieve inflammation, irritation, pain, burning, swelling, reduce bleeding gums and bad breath. Their composition is selected in such a way as to ensure the effect on different groups of microorganisms of the oral cavity, regardless of the etiological factor. For example, thymol and essential oils have antiseptic (antibacterial and antifungal effects) on the mucous membrane of the oral cavity and gums. It should also be noted that some products include sodium fluoride, which stimulates the mineralization of hard tooth tissues, promotes maturation and increases the hardness of tooth enamel, protecting teeth from the development of caries.

The effectiveness and safety of herbal preparations has been demonstrated in a number of clinical studies in the treatment of inflammatory periodontal diseases (gingivitis, periodontitis) and inflammatory diseases of the oral mucosa. Their use makes it possible to stabilize the inflammatory process, reduce the degree of functional and structural periodontal disorders,



normalize the composition of the oral microflora, ensure stable positive dynamics of periodontal indices and, as a result, increase the effectiveness of treatment.

For inflammatory diseases of the oral cavity (stomatitis, gingivitis, periodontal disease), it is recommended to use a complex of remedies: toothpaste - brush your teeth at least 2 times a day in the morning and evening for 2-3 minutes, then use a solution for topical application - daily in the morning and evening after brushing your teeth or spray - apply as irrigation to the oral cavity. During the day, after eating, it is recommended to use a mouthwash between brushing your teeth.

Knowledge by gastroenterologists and dentists of changes in the organs and tissues of the oral cavity in diseases of the digestive system, as well as the possible effect of drug therapy of these diseases on the condition of the oral cavity, their prevention and treatment will improve the quality of medical care and improve the quality of life of patients.

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