

CHANGES IN THE ORAL MUCOSA IN GASTROINTESTINAL DISEASES

Mamajonov Firdavs Sinobek

Assistant of the Department of Therapeutic Dentistry

Annotation: In recent years, the problem of diseases of the gastrointestinal tract has become increasingly important, due to the widespread prevalence of this pathology and the numerous problems associated with it. According to WHO, every second inhabitant of our planet suffers from various diseases associated with disorders of the gastrointestinal tract, which significantly worsens the quality of life of patients, limits their social and labor activities.

Keywords: Oral mucosa, gastrointestinal diseases, patients, filiform, stomatoscopy, tissues.

In chronic gastritis, the mucous membrane of the oral cavity is pale pink in color, normally moistened. Patients often complain of a perversion of taste sensations, primarily a metallic taste in the mouth, especially in the morning. The mucous membrane in the region of the vestibular surface of the lips is thinned, whitish dry scales and superficial cracks appear on the red border of the lips. The filiform papillae on the dorsal surface of the tongue are flattened, while the mushroom papillae, especially in the anterior third of the tongue, appear enlarged. This form of pathology is characterized by the presence of foci of severe atrophy of the filiform papillae, up to the appearance of subtle erosions that are detected only during stomatoscopy. Along the periphery of the foci of atrophy, a whitish rim consisting of hyperplastic epithelium can be observed. Subjective complaints are a burning sensation, soreness, especially when eating irritating food. With gastric ulcer, the mucous membrane of the oral cavity is pale pink, hyposalivation is most characteristic during periods of exacerbation of the underlying disease. There are changes in the epithelium of the dorsal surface of the tongue. A coating on the tongue of a grayish-white color is most pronounced in its distal sections, tightly attached to the underlying tissues. The mucous membrane of the gums is pale pink in color with a cyanotic tint, dense, with slight atrophy.

In case of duodenal ulcer, the oral mucosa is brighter, with an icteric shade in the region of the soft palate curtain. During periods of exacerbation of the disease, swelling of the tongue can be observed. The tongue is enlarged, the imprints of the teeth are pronounced on its lateral surfaces and in the area of the tip. In the areas where the tongue is attached to the teeth, stomatoscopy shows microerosion, areas of thinned epithelium, which sometimes causes the subjective sensations of the patient (burning sensation, slight tingling, soreness), which increase at the time of eating. In acute gastroenterocolitis in the first days of the manifestation of the disease, the mucous membrane of the oral cavity is edematous, hyperemic, salivation is increased. Clear imprints of the teeth are visible on the mucous membrane of the cheeks along the line of closure of the teeth, the lateral surfaces of the tongue. On the 2nd-3rd day of the



disease, dryness of the oral mucosa is noted. The dorsal surface of the tongue is covered with a dense greyish-yellow coating; with severe intoxication and dysbacteriosis, hyperplasia of the filiform papillae and their staining in brown and even black are observed.

The most common pathology of the oral mucosa in diseases of the digestive system is chronic recurrent aphthous stomatitis. It is not uncommon for aphthae to appear in the oral cavity long before the onset of symptoms from the gastrointestinal tract. Chronic recurrent aphthous stomatitis in the vast majority of patients is characterized by the appearance of single (from 1 to 3) painful elements - round or oval aphthae, 0.1 to 0.8 mm in diameter, covered with a yellowish or yellowish-white fibrinous coating. On the periphery of the aphthae, either a clear corolla of hyperemia can be seen, or infiltration is observed.

The organs and tissues of the oral cavity are in close connection with various internal organs and systems of a person, therefore a large group of lesions of the mucous membranes (SO) occurs as a result of a disease of certain internal organs. Sometimes they become early manifestations of the clinical signs of such a disease even before its objective symptoms arise, and force patients to turn first to the dentist. In this regard, he is often responsible for the correct diagnosis of early manifestations of common diseases and for examining patients together with doctors of other specialties. Such manifestations occur on the mucous membranes of the oral cavity (OM) with the defeat of most internal organs. Especially often they are found in diseases of the gastrointestinal tract, blood, endocrine disorders.

Changes in the oral cavity in diseases of the digestive system are most common. This is due to the commonality of functions and the unity of all parts of the digestive tract. Most often, there are signs such as discoloration, edema, plaque on the tongue, smoothness or hypertrophy of the filiform papillae, focal desquamation of the epithelium, ulcerative lesions. Language changes. In diseases of the gastrointestinal tract, they are most typical. The furred tongue is the most common of these signs. In the formation of plaque on the tongue, an important role is played by a violation of the process of keratinization and rejection of epithelial cells on the papillae of the tongue due to neurotrophic disorders. The nature of the food, the composition of the microflora, and oral hygiene also affect the accumulation of plaque. As a result of the absence of desquamation of the surface layer of the epithelium, keratinized cells are retained, dead leukocytes and microorganisms join from saliva, and plaque forms. This creates favorable conditions for the reproduction of microorganisms, in particular, a significant amount of fungi is formed. All this forms the basis of the raid. Plaque is found in gastritis, peptic ulcer of the stomach and duodenum, neoplasms of the stomach and other diseases. During an exacerbation of peptic ulcer, gastritis, enterocolitis, the lining of the tongue is more pronounced. Plaque covers the back of the tongue, mainly its back sections. It has the appearance of a gray, sometimes whitish layer, but under the influence of pigment-forming bacteria, food, drugs, it can turn yellow or brown. The plaque is not accompanied by subjective sensations. However, in the presence of a dense plaque, an unpleasant sensation appears, taste sensitivity is dulled.

The second sign of gastrointestinal diseases is swelling of the tongue. It does not cause subjective sensations in patients, and only with a significant increase in the size of the tongue can there be unpleasant sensations. Edema of the tongue is observed in chronic intestinal diseases, which is explained by a violation of the absorption capacity of the intestines and their barrier function. Swelling of the tongue is determined by the presence of imprints of teeth on the tip and lateral surfaces, as well as by an increase in its size. In diseases of the gastrointestinal tract, changes are observed in different groups of papillae of the tongue. Depending on their condition, hyper- and hypoplastic glossitis are isolated. Hyperplastic glossitis is observed in patients with gastritis with high acidity. Accompanied by hypertrophy of the papillae, the presence of plaque, some increase in the size of the tongue due to edema. Hypertrophy of fungiform papillae, which rise above the surface of the mucous membrane of the tongue in the form of bright red dots, is observed in persons with gastric and duodenal ulcers.

Hypoplastic glossitis is characterized by atrophy of the papillae, sometimes pronounced, as a result of which it looks like varnished, with bright spots and stripes. Atrophy of the papillae of the tongue causes a burning sensation, tingling, pain during meals. Such changes in the papillae of the tongue are observed in gastritis with reduced secretion, peptic ulcer, gastroenteritis, diseases of the biliary tract. In diseases of the gastrointestinal tract, increased desquamation of the epithelium of the tongue is quite common. With exacerbation of peptic ulcer of the stomach and duodenum, with chronic gastritis and colitis, there is focal desquamation of limited areas along the midline of the tongue and in its posterior third in the form of bright spots against the background of the coated tongue.

The most common manifestation of a disease of the gastrointestinal tract is a change in the color of the mucosa. With hyperacid and normacid gastritis, peptic ulcer, enterocolitis, catarrhal stomatitis is observed. With a peptic ulcer complicated by bleeding, the mucosa is pale. With carcinoma of the stomach, pigmentation of the hard and soft palate in the form of brown spots often appears. The characteristic pigmentation of the oral mucosa occurs in diseases of the liver: the entire mucosa acquires a pale pink color, and the soft palate turns yellowish. In gastrointestinal diseases due to trophic disorders, ulcerative lesions of the oral mucosa occur. Erosions, aphthae, ulcers on CO are characteristic of the late stages and exacerbations of gastric ulcer, colitis and enterocolitis. It is believed that chronic recurrent aphthous stomatitis is a characteristic sign of enterocolitis. Treatment of changes in oral mucosa in diseases of the digestive system is symptomatic. At the same time, it provides for the normalization of the function of these organs, hyposensitizing therapy, vitamin therapy (groups B, C, P, PP), sanitation of the oral cavity.

List of used literature:

1. Lutskaya I.K. Diseases of the oral mucosa: 2nd ed. - M.: Med. lit., 2007. - 316 p.
2. Lutskaya I.K., Martov V.Yu. Medicines in dentistry. - M.: Med. lit., 2007. - 384 p.



3. Bork B., Burgdorf V., Hede N. Diseases of the oral mucosa and lips. Clinic, diagnosis and treatment. Atlas and guide (translated from it). - M.: Med. lit., 2011. - 448 p.
4. Collection of scientific abstracts and articles "Health and education in the XXI century". 2009. Vol. 11. No. 4.