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RECOMMENDATIONS FOR THE TREATMENT OF CHRONIC RECURRENT APHTHOSIS STOMATITIS

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Annotation: The search for topical drugs for the treatment of chronic recurrent aphthous stomatitis, which simultaneously have an anesthetic, regenerating, anti-inflammatory effect, is relevant. The combination in one product of active substances belonging to different pharmacotherapeutic groups, acting on all links in the pathogenesis of aphthous stomatitis, enhances and expands the range of application of such a drug. It has been established that local application of the anti-inflammatory drug Cholisal in the focus of erosive and ulcerative lesions, in patients with chronic recurrent aphthous stomatitis against the background of an increase in the level of opportunistic microflora, a significant increase in the titers of normal microflora of the oral cavity was recorded [1]. The main active ingredient of the drug is choline salicylate, which has a local anti-inflammatory and analgesic effect. The mechanism of the analgesic and anti-inflammatory action of salicylates is associated with the inhibition of cyclooxygenase, as well as the activity of thromboxane synthetase [2]. The provision of such an approach (using once a day for 5 minutes for 5 days) for the treatment of patients in outpatient dental practice with chronic recurrent aphthous stomatitis, the anti-inflammatory agent Cholisal, made it possible to reduce the frequency of relapses and complications of the disease. Clinical efficacy in 92 ± 74% of outpatients selected for the main group showed a significant reduction in pain due to the analgesic effect of the anti-inflammatory drug Cholisal, there was a cleansing of the aphtha from plaque and the appearance of signs of epithelization in 68 ± 44% of the subjects in the main group. In this group of patients with chronic recurrent aphthous stomatitis, the anti-inflammatory agent Cholisal had a positive effect on aphthae, in combination with the general strengthening effect of vitamins and solcoseryl, which also contributed to the acceleration of epithelialization by more than two times ($P<0.001$). Based on this, the drug is recommended for topical use in the treatment of khras, since it has the necessary properties, such as local anesthesia and anti-inflammatory effects, as well as a decrease in the permeability of blood vessels and the normalization of the microflora of the oral cavity.

Key words: Chronic recurrent aphthous stomatitis, oral mucosa, Kholisal, treatment, efficacy, aphthae.

Relevance: Chronic recurrent aphthous stomatitis (CRAS), according to the World Health Organization (WHO), affects up to 20% of the population. The age of most patients ranges from 20 to 40 years. The incidence of khras does not depend on gender up to 20 years, while after 20 it is higher among females. The spread of CRAS is 5% of all diseases of the oral mucosa [3]. According to domestic scientists, the location of the aphthae occurs on the mucous membrane of the cheeks (45.6%), transitional folds of the oral cavity (45%), the tip and lateral surface of the tongue (6.1% -14%), the sublingual region (4% -7 %), upper and lower lip (41.2%), soft palate (2%) [17].

It is known that the factors provoking relapses include trauma to the oral mucosa (OM), hypothermia, exacerbation of chronic diseases of the digestive system, stress, malnutrition, chronic foci of infections, functional disorders of the central and autonomic nervous system, and abundant use of antibiotics. These factors can lead to the development of an inflammatory response to OM, the release of inflammatory mediators and lead to mucosal ischemia, subsequently causing tissue destruction with the formation of deep aphthae and ulcers [4].

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Purpose of the study: To identify alternative methods of treatment of chronic recurrent aphthous stomatitis in outpatient dental practice.

Objectives of the study: To evaluate the effectiveness of the impact of the drug Cholisal on the regenerative mechanisms of the oral mucosa.

Materials and methods of the study: The study included 24 patients with CRAS, which were divided into two groups, 12 patients with CRAS of the main group received treatment with the anti-inflammatory drug Holisal, in the comparison group 12 patients with CRAS received traditional treatment without the use of the anti-inflammatory drug Cholisal, 10 practically healthy persons of comparable sex and age, which are controls, aged 21 to 30 years, who applied to dentistry. Research methods: clinical, dental, microbiological, statistical, analytical.

Results and discussion. When examining the oral cavity of all the examined, aphthae were found, soft to the touch, painful on palpation, located on the hyperemic mucous membrane of the oral cavity of a round or oval shape, covered with a fibrinous grayish-white coating, which was not removed by scraping. All aphthae had a hyperemic border around them. In 46±72% of patients, a slight swelling of the oral mucosa was determined, regional lymph nodes were enlarged.



Rice. 1. Single afta on the gum.



Rice. 2. Single afta on the lower lip.

The oral hygiene index (OHI-S) in patients with CRAS before treatment was 2.14 ± 0.06 points, after treatment the oral hygiene status improved significantly OHI-S - 1.21 ± 0.09 points, the hygiene index scores decreased by half (P<0.001).





Rice. 3. Epithelialization of aphthae on the gums. Rice. 4. Epithelialization of aphthae on the lower lip.

Clinical efficacy in 92 ± 74% of patients showed a significant reduction in pain after the application of Cholisal on the second day, and there was a cleansing of the aphtha from plaque and the appearance of signs of epithelization by the end of the first week in 68 ± 44% of the examined. In the main group of CRAS patients, the anti-inflammatory drug Cholisal had a positive effect on aphthae, in combination with the general strengthening effect of vitamins and solcoseryl, and contributed to the acceleration of epithelization, more than two times (P<0.001) (Fig. 3, 4).

Conclusion. The use of the application of the anti-inflammatory drug Holisal 5 minutes once a day for 5-8 days caused a decrease in the index indicators of oral hygiene. Due to the improvement of subjective indicators, we can assure the restoration of the oral mucosa. The combination of antibacterial, anti-inflammatory and analgesic action of the drug Cholisal makes it possible to use it in the treatment of chronic recurrent aphthous stomatitis. Application of the drug promotes accelerated healing of aphthae, reduction of foci of inflammation, as well as a more comfortable transfer of the disease and its symptoms. In conclusion, as we stated in the abstract, the topical application of the anti-inflammatory drug Cholisal can be considered as the main component in the treatment of patients with chronic recurrent aphthous stomatitis.

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