

**ВИДЫ И ОСОБЕННОСТИ ТРАВМАТИЧЕСКИХ ПОРАЖЕНИЙ ПОЛОСТИ РТА У
ДОШКОЛЬНИКОВ**

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АННОТАЦИЯ

Травматические повреждения слизистой оболочки полости рта детей сопровождаются большим количеством осложнений и повышением потребности детского населения в стоматологической помощи. Только осмотры и лечебные меры, без проведения профилактических мероприятий, не могут привести к достижению существенных успехов в снижении стоматологической заболеваемости детей. В этой статье обосновывается необходимость улучшения профилактики и лечения стоматологических заболеваний у детей дошкольного возраста.

Ключевые слова: травматические поражения, дети младшего возраста, воспаления, слизистая оболочка полости рта, профилактика, лечение.

**TYPES AND FEATURES OF TRAUMATIC LESIONS OF THE ORAL CAVITY IN
PRESCHOOLERS**

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ABSTRACT

Traumatic injuries of the oral mucosa of children are accompanied by a large number of complications and an increase in the need of the children's population for dental care. Only examinations and medical measures, without carrying out preventive measures, cannot lead to the achievement of significant successes in reducing the dental incidence of children. This article substantiates the need to improve the prevention and treatment of dental diseases in preschool children.

Keywords: traumatic lesions, young children, inflammation, oral mucosa, prevention, treatment.

Relevance. The mucous membrane of the oral cavity is constantly exposed to some kind of irritants. Even when eating food, both mechanical factors (the very element of chewing food) and chemical factors act on the mucous membrane of the oral cavity: spicy and salty food, hot drinks, alcohol, smoking [2, 8, 15]. However, with a significant strength of local and general immunity, these effects do not significantly harm the mucous membrane, since the mucous membrane has good protective and regenerative properties. In this article, we will look at traumatic lesions of the oral mucosa [5, 7, 13]. The protective mechanisms of the oral mucosa are specific, that is, immune defense, and nonspecific [12, 14, 18]. Non-specific protective factors include saliva and its components, such as lysozyme, dextrans, proteases and glycolytic enzymes, phagocytic factors, and complement factors.

All of the above listed protective factors of the oral mucosa do not always cope with their task, and when exposed to external (exogenous) factors, traumatic lesions of the oral mucosa occur [6, 9, 10, 17]. The relevance of this problem is due to a fairly high level of injuries in children. Traumatic exposure reduces the barrier function of the mucous membrane, which becomes the entrance gate of infection for the introduction of microorganisms and the development of inflammation [1, 4, 8, 16, 22]. The urgency of the problem increases due to the progressive decrease in the dental components of the quality of life of patients against the background of the appearance of additional clinically concomitant pathology of the oral cavity in patients with traumatic injuries [3, 7, 11, 20].

An important problem of modern conservative and preventive dentistry is the search for optimal means for the prevention of inflammatory diseases of the oral mucosa that have arisen as a result of injuries, and the success of therapy depends not only on the correct choice of the active substance, but also on the dosage form, as well as the ways of administration [15, 19, 21].

The purpose of the study. Improving the dental health of children with traumatic injuries of the oral cavity justification for optimizing the organization of dental care for young children.

Materials and methods of research. Basic and additional diagnostic examinations conducted at the outpatient level: external examination of the face (skin, facial symmetry, skin color, condition of the lymph nodes); complaints and anamnesis; visual examination of the oral mucosa (color, moisture, consistency, thickening, thinning, deformation, integrity of the epithelium); palpation of regional lymph nodes (submandibular, parotid, chin lymph nodes); determination of the integrity of the epithelium.

The results of the study and their discussion. Classification of traumatic lesions of the oral mucosa. The classification of traumatic lesions of the oral mucosa includes the course of the injury, that is, traumatic lesions of the oral mucosa are: Acute traumatic lesion of the oral mucosa; Chronic traumatic lesion of the oral mucosa; By their nature, traumatic lesions of the oral mucosa are divided into: Mechanical damage to the oral mucosa; Physical (radiation and thermal) damage to the oral mucosa; Chemical damage to the oral mucosa;

It is possible to distinguish the classification of traumatic lesions of the oral mucosa and by the factor that had a pathological effect: Home injury (household); Sports; Road; Production;

In principle, it is not so difficult to determine the nature of the injury, its course and the nature of its occurrence, having carefully collected anamnesis.

Mechanical trauma to the oral mucosa can be both acute and chronic. Determination of the course of mechanical trauma to the oral cavity is not difficult, it is only necessary to clarify the time of occurrence of the received mechanical trauma. Mechanical trauma to the oral mucosa is one of the most common injuries, especially among men and children, meaning acute mechanical trauma to the oral mucosa. Etiology of acute mechanical trauma of the oral mucosa. The leading causes of acute mechanical trauma to the oral mucosa are: Strikes. The blows can be a fist or an object, or against an object, such as a fall. Bites; Wounds from cutting and stabbing objects.

Clinic of acute mechanical trauma of the oral mucosa.. The clinic of acute mechanical trauma is accompanied by minor pain. At the site of an acute mechanical injury, there can be either erosion, or an ulcer, or a site of hemorrhage. Often, erosion and ulcers are irregular in shape, with indistinct wound edges. Erosion on the oral mucosa heals quickly, but with a secondary infection, the erosion turns into an ulcer. If there was a hemorrhage, then after 1-3 days the color will change to bluish-purple or black-violet.

Treatment of acute mechanical trauma to the oral mucosa. Treatment of acute mechanical trauma to the oral mucosa does not present any difficulties. So, if there is bleeding, use 1.5% hydrogen peroxide; treat the damaged area with a warm antiseptic solution; in case of significant pain, an anesthetic, for example, 2% lidocaine, can be used. The patient is prescribed oral baths with a warm antiseptic solution, applications of foam aerosols (pentanol, hyposol). If the wound was very deep, then stitches should be applied.

Chronic trauma to the oral mucosa. Chronic trauma to the oral mucosa involves exposure to an irritant for a long time. The main reasons for the occurrence of chronic trauma to the oral mucosa are: Overhanging edge of fillings; Unrecovered contact point; Poor quality prostheses; Dentofacial anomalies (teeth outside the dental arch, deep, open, cross bite); Metal ligatures; Poor quality tires; Bad habits.

All these factors trigger the catarrhal response. The severity of the phases of inflammation (exudation and proliferation) in these cases depends on the site of the stimulus, its strength and duration of action. So some chronic mechanical injuries of the oral mucosa can be with serous, serous-purulent and purulent discharge. With purulent exudation, erosion occurs on the oral mucosa, and as I wrote above: in the absence of erosion treatment, an ulcer occurs on the oral mucosa, with mechanical injury it is called decubital (i.e. traumatic).

Clinic of chronic mechanical trauma of the oral mucosa. The clinical picture of chronic mechanical trauma to the oral mucosa is not characterized by a vivid picture. Patients usually do not complain. Complaints in chronic mechanical trauma to the oral mucosa are most often a feeling of awkwardness, discomfort, yes, there may be complaints of swelling and soreness. Erosions in chronic mechanical trauma of the oral mucosa are not distinguished by sharp soreness, which cannot be said about decubital ulcers. Decubital ulcers are very painful when eating and talking. If you examine it, the doctor may notice uneven edges, hyperemia along the periphery, fibrinous plaque in the center, when removed, a bleeding surface. With the long-term existence of the ulcer, its edges are compacted, rarely, but it is capable of epithelialization. Decubital ulcers can be of different depths, in the clinic

there were cases when the depth of decubital ulcers in chronic trauma of the oral mucosa reached the muscle layer.

Treatment of chronic mechanical trauma to the oral mucosa. The first treatment of chronic mechanical trauma to the oral mucosa should be aimed at eliminating the irritating factor. That is, all the fillings were restored, the prostheses were corrected (during the treatment of ulcers, prostheses, in principle, are not recommended to be worn) and stuff like that.

In case of pain, erosion / ulcer should be treated with a warm solution of anesthetic, the same 2% lidocaine. To facilitate the removal of necrotic or fibrin films, it is necessary to treat the wound with proteolytic enzymes for 1-2 minutes before starting this procedure. Foam aerosols, healing ointments such as solcoseryl, keratoplastic agents (sea buckthorn oil, rosehip oil) are applied.

Thermal damage to the oral mucosa. Thermal damage to the oral mucosa, of course, occurs when exposed to excessive temperature. Let's say hot food, drinks, careless work with a coagulator, incorrect electrophoresis technique. The degree of damage to the mucous membrane depends on the duration of the temperature stimulus. Therefore, the wound that occurs with thermal damage to the oral mucosa can be: Limited; Spilled; Hyperemic; Bubble; With secondary infection; No secondary infection.

Clinical picture of thermal lesion of the oral mucosa. The clinic of thermal lesions of the oral mucosa is characterized by constant pain, aggravated by eating, talking, any effect on the affected area. Often, with thermal damage to the oral mucosa, bubbles appear, after opening which erosions occur. In more severe cases, a dark gray or black area of necrosis may occur.

Treatment of thermal lesions of the oral mucosa. Treatment of thermal damage to the oral mucosa consists in the application of anesthetic drugs (for example, 2% lidocaine), treatment with low concentration antiseptic ointments, and the use of foam aerosols. In case of prolonged absence of erosion healing, keratoplasty can be used.

Radiation damage to the oral mucosa. Radiation injury to the oral mucosa is often an occupational injury if radiation therapy is not followed. In any case, all radiation injuries are called radioactive mucositis.

Etiology of radiation injuries of the oral mucosa. Etiology of radiation injuries of the oral mucosa includes: Inadequate exposure to radioactive substances; Failure to comply with the technique and rules of radiation therapy (X-ray, gamma radiation, radio exposure).

Clinic of radiation injuries of the oral mucosa. The clinic of radiation injuries of the oral mucosa is progressive and dynamic. The clinic of radiation injuries of the oral mucosa has several periods. 1 period of radiation damage to the oral mucosa is noted in the first hours after the injury. Patients complain of dry mouth, loss of taste and sensitivity. Period 2 (period of well-being) is characterized by both subjective and objective facts. That is, there are no complaints, and the doctor will not notice anything during the examination in the second period. 3 period - the peak period. The mucous membrane of the oral cavity is hyperemic, edematous, loses its shine, thickens, becomes dry, folds appear. The gum papillae begin to swell. Bleeding of the gums is pronounced. On the mucous membrane of the cheeks, the back of the tongue, hard palate - desquamation of the epithelium with the formation of erosions. Erosions with radiation damage to the oral mucosa are covered with necrotic plaque. Erosion can be of different shapes and lengths. In the worst case, necrosis can extend to the muscle layer. Salivation increases, but the saliva is white and viscous, with an unpleasant odor.

Radiation injury to the oral mucosa can proceed as a primary - chronic process, when the mucous membrane is constantly exposed to radioactive substances, or chronic radiation injury may occur.

Treatment of radiation injuries of the oral mucosa. Treatment of radiation injuries of the oral mucosa is primarily aimed at increasing the body's resistance to radiation exposure, reducing the permeability of blood vessels, and slowing down radiochemical reactions. Therefore, patients are prescribed antihistamines, calcium preparations, vitamins of group B. It is recommended to rinse the oral cavity with weak solutions of antiseptics, to carry out a complete thorough sanitation of the oral cavity. If there are metal orthopedic structures, such patients are recommended to replace metal structures with ceramic or plastic ones. Anesthesia of the mucous membrane is carried out with the help of weak warm applications with analgesics, ointments aimed at regeneration, and within 2 to 3 months, positive dynamics of treatment will be noticeable.

Conclusion. Traumatic lesions of the oral mucosa have a very diverse picture: from catarrhal inflammation to ulcerative or hyperplastic manifestations. The cause of damage can be both external traumatic factors and local defects and deformations of the dentition. Also Careless dental practice or restless behavior of the patient influence possible etiologically. Young children require special attention, in whom the diagnosis and treatment of diseases of oral mucosa are significantly difficult. Knowledge of the clinical manifestations of traumatic disorders of the mucous membrane allows in each clinical case to choose the optimal medical tactics.

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**ПРОФИЛАКТИКА КОРОНАВИРУСНОЙ ИНФЕКЦИИ COVID-19 ПУТЕМ
ИСПОЛЬЗОВАНИЯ ЗУБНОЙ ПАСТЫ COLGATE,
СОДЕРЖАЩИЙ ЦИНК**

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**Prevention of COVID-19 Coronavirus Infection with Colgate Zinc Toothpaste
Murtazaev S.S., Ishanova M.K., Khasanov S.A., Makhkamova F.T.**

Аннотация. В данном обзоре представлены данные по известной зубной пасте Colgate, о составе и влиянии на течение коронавирусной инфекции COVID-19. Также описаны ополаскиватели на основе поливидона йода, который эффективно устраняет и нейтрализует коронавирусную инфекцию в полости рта. Представлены данные о строении коронавируса и