

**IMPROVEMENTS IN THE DIAGNOSIS OF PATHOLOGY OF CHRONIC  
RECURRENT APHTHOUS STOMATITIS IN PATIENTS WITH INFECTIOUS  
PATHOLOGIES OF THE GENITOURINARY SYSTEM**

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**RELEVANCE**

Chronic recurrent aphthous stomatitis (CRAS) is a fairly common pathology. In recent years, there has been a steady increase in the development of complications of this disease. All patients showed violations of the immunological status of local and general nature, correlating with the severity of the clinical course of the disease.

Today, there are many views on the development of HRAS; the author notes (L.N. Maksimovskaya (1992), almost all patients with CPAS show foci of chronic infection of ENT organs; another author notes in the oral fluid (RJ) in patients with CPAS increases the content of histamine and urea with a significant decrease in lysozyme activity, allergic supporters the nature of XCRAS is expressed on the role of the herpes simplex virus as a lesion of the oral mucosa (MOP) in XCRAS.

It is believed that, in the pathogenesis of XPA, great importance is attached to the imbalance of the vitamin balance, in particular, vitamins B1, B2, B6, B12, hypovitaminosis, and also with CPAS, a relationship was established between the violation of the biocenosis of COPD, nose and intestines. In addition, there is information about the role of the cross-immune response in the etiology of XCRAS to CRP and in the intestine there is a bacterial flora and antibodies.

According to modern concepts, the leading concept of XCRAS etiopathogenesis is the immune theory of the development of the disease, which allows the occurrence of pathological elements to be associated with a violation of cellular and humoral immunity, both local and general:

- There is a depression of the T-system of immunity,
- Identified changes in the B-system of immunity,
- The production of interleukins IL-1 and IL-2 is reduced,
- Changes in indicators of non-specific humoral and cellular defense,
- Disrupted local oral protection factors (PR).

The dentist's task is to determine the severity and etiological factors in the pathology of CHRAS; for this, anamnestic and dental examinations will be necessary in place of a number of special clinical research methods:

- Immunological,
- Immunohistochemical,
- Microbiological,
- Biochemical and

samples of Wasserman, Kahn, Sachs - Vitebsk for the purpose of diagnosis and differential diagnosis with other diseases.

The aim of the study was to study the condition of the oral cavity with CPAS against the background of the pathology of the genitourinary infection and to improve diagnostic methods.

## **MATERIALS AND RESEARCH METHODS**

We have studied 180 patients aged 25 to 45 years, suffering from CHRA (mild to moderate) SOPR of them 120 against the background of chronic inflammatory pathology of the genitourinary system (group 1) and suffering from CHRA without pathology of the genitourinary system (2nd Group). All patient information on anamnestic data; when applying for dental and urological complaints, it was entered into the form No. 043 / of the medical record of a dental patient with special data developed including information about urogenital tracts.

All pathologies were diagnosed using ICD-S based on ICD-10 (1997).

Dental research methods; the intensities of dental caries and the hygienic state of PR were determined (according to the method of J.C. Green, J.R. Vermillion, 1964); The intensity of the carious process (KPU and PEC) was evaluated; determination of the complex periodontal index (KPI according to P.A. Leus, 1988), the saliva viscosity was determined (N.V. Gracheva, 1999), and with the help of a macroluminescent lamp, SOPs were examined and a final diagnosis was made.

The studies used;

- 1) Enzyme-linked immunosorbent assay (ELISA);
- 2) Real-time polymerase chain reaction (PCR);
- 3) The reaction of direct immunofluorescence (UIF).

The epithelial cells were taken from the urogenital tract, blood and RG.

Immune status was assessed by the total number and phagocytic activity of leukocytes. (according to the method of J. Wibran, Y. Funderberg (1973). Immunoglobulins in saliva and serum of IgA, IgM, IgG (according to the method of Mancini G. et al., (1965)). The glucose content, total protein and their fractions were studied. SIgA, the balance factor of local protection factors (CSB), the activity of alkaline phosphatase (ALP), the amount of total calcium, the concentration of inorganic phosphorus and color reaction with o-creosolphthalein complexon (o-KFK; EL Hess) in blood serum.

The relationship between CPAS and inflammatory manifestations in the pathology of the urogenital system in patients with CPAS compared with group 2 ( $p \leq 0.01$ ), local clinical manifestations of the inflammatory process in the genitourinary tract were detected.

We know that today, the gold standard for diagnosing any infection is to use direct methods, such as bacteriology, virology and real-time PCR. By the result of identification of pathogens; Group 1, chlamydia by PCR was detected in  $46.6 \pm 2.88\%$  of cases, direct ELISA revealed chlamydia in  $33.6 \pm 3.84\%$  of cases, and ELISA analysis in  $24.4 \pm 2.46\%$  of cases .

Patients of the 1st group during the examination - PCR - in 27.6% of cases of chlamydia were found in scrapings. from cervix and 27.1% of cases were found in scrapings, from the urethra; Mutual fund - in 7.3% of cases found in scrapings, from cervix and 25.4% of cases found in scrapings from urethra; ELISA - IgG was detected in 14.8% of cases.

As a result, the determination of mycoplasma hominis in the 1st group of patients, the best results were shown by PCR method ( $46.2 \pm 2.8\%$  of cases) and bacteriological culture on liquid diagnostic media ( $46.2 \pm 2.6\%$  of cases), and ELISA appeared in third place ( $23.8 \pm 6.4\%$  of cases).

The analysis of the results obtained allows us to conclude that the real-time PCR method is the main one for the diagnosis of pathogens of urogenital infection in patients with CPAS more effective than other existing methods.

In most patients with CHRAS and foci of infection of the genitourinary tract, acute immunological signs of exacerbated chronic inflammation are noted. In addition, the prevalence and severity of allergic and

autoimmune manifestations in these groups was also significantly higher ( $p < 0.001$ ), compared with the 2nd group.

In case of CHRAS and CKD, especially in infectious lesions of the genitourinary tract, in RJ there is a decrease in the activity of alkaline phosphatase, the level of total calcium and inorganic phosphorus, SigA and an increase in ALAT and Ksb. On this, the most pronounced changes were noted with chlamydia.

To carry out work with great care in diagnosing pathological processes is still difficult.

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