

Federal state Autonomous educational
institution of higher education
"Kazan (Volga region) Federal University"
Institute of fundamental medicine and biology



CLAIM

Head. the Department Khafizov R. G.

METHODICAL DEVELOPMENT NO. 3
PRACTICAL CLASSES
ON DISCIPLINE "STOMATOLOGY"
SECTION "THERAPEUTIC DENTISTRY"
4 YEAR (8 SEMESTER)

The topic: Infectious diseases of oral mucous membrane. Viral infection, bacterial infection.

Goal: - To learn how to diagnose infectious diseases caused by

fusospirochetal flora, pathogenic fungi. Learn how to treat

the patient's ulcerative-necrotic gingivitis Vincent and candidiasis. To learn how to diagnose viral diseases of the mucous membranes of the mouth caused by herpes infection, influenza, foot and mouth disease, to plan and conduct activities for therapy of these diseases. To get acquainted with the measures of prevention of viral diseases and their recurrence.

Educational objective: learn the tactics of the physician in the treatment of the patient with diseases of the oral mucosa.

Forming of cultural competence:

- ability and willingness to analyze socially significant problems and processes, practical use of methods of humanitarian, scientific, biomedical and clinical Sciences in various professional and social activities (QA-1);

- ability and willingness to carry out its activities taking into account the accepted in the society moral and legal standards, abide by the rules of medical ethics, laws and regulations on handling confidential information, maintain patient confidentiality (OK-8).

Forming of professional competence:

- ability and readiness to carry out professional dental procedures (PIK-18);

- ability and willingness to make a diagnosis based on International statistical classification of diseases and related health (ICD) (PIK-23);

-ability and willingness to diagnose the typical diseases of dental hard and soft tissues of the oral cavity, dentoalveolar and facial anomalies in patients of all ages (PIK-24);

- ability and willingness to analyze the effect of drugs on the totality of their pharmacological properties in the treatment of various diseases, including dental (PIK-28);

- ability and willingness to the treatment of diseases of hard dental tissues in patients of different age groups (PK-30);

- ability and willingness to undertake simple endodontic treatment diseases of pulp and periodontium in patients of different age (PIK-31).

THE DURATION OF THE CLASSES: 4 academic hours.

MATERIAL SECURITY: sets dental trays of instruments for the reception of patients and work on phantoms; dental filling materials; supplies; videos, tests, situational tasks; presentations for the multimedia projector.

LOCATION: phantom study of the Department of implantology and dentistry.

LITERATURE:

Fundamentals of literature

1. Yanushevich O. O., preventive dentistry [Electronic resource] / O. O. Yanushevich, Y. M. Maksimovskaya, L. N. Maksimovskaya, L. Smith, Y. - M. : GEOTAR-Media, 2016. - 760 p. - ISBN 978-5-9704-3767-4 - Mode of access: <http://www.studmedlib.ru/book/ISBN9785970437674.html>
2. Barer G. M., operative dentistry. In 3 parts. Part 3. Diseases of the oral mucosa. [Electronic resource] : the textbook / Under the editorship of G. M. Barere - 2-e Izd., Rev. and extra - M. : GEOTAR-Media, 2015. - 256 S. - ISBN 978-5-9704-3460-4 - Mode of access: <http://www.studmedlib.ru/book/ISBN9785970434604.html>
3. Makeeva I. M., diseases of teeth and mouth [Electronic resource] : a textbook / Makeeva I. M., In S. T., Alimov M. I. and others - M. : GEOTAR-Media, 2012. - 248 S. - ISBN 978-5-9704-2168-0 - Mode of access: <http://www.studmedlib.ru/book/ISBN9785970421680.html>

Further reading

1. Dentistry. Record and case management : the manual / Under the editorship of V. V. Afanas'eva, O. O. Yanushevich. - 2nd ed. Rev. and extra - M.: GEOTAR-Media, 2013. - 160 p. [http://www.studmedlib.ru/ru/book/ISBN: 5970431648 ISBN-13\(EAN\): 9785970431641.html](http://www.studmedlib.ru/ru/book/ISBN: 5970431648 ISBN-13(EAN): 9785970431641.html)
2. Plans for the management of patients. Dentistry / O. Yu. Atkov [et al.] ; under the editorship of O. Y. Atkov, V. M. Kamenskikh, V. R. Bezakova. - 2nd ed. Rev. and extra - M. : GEOTAR-Media, 2015. - 248 p. <http://www.studmedlib.ru/ru/book/ISBN: 978-5-9704-3400-0.html>
3. Dictionary of dental terms professional: proc. manual / E. S. Calibration, E. A. Bragin, S. I. Abakarov, and others - M.: GEOTAR-Media, 2014. - 208 p. <http://www.studmedlib.ru/ru/book/ISBN9785970428238.html>

QUESTIONS TO IDENTIFY INITIAL LEVEL OF KNOWLEDGE:

1. Let the microbiological characterization of autologous microflora of the oral cavity.
2. List the factors that favor fusospirochetosis, pathogenetic significance fusiform bacteria.
3. Let the microbiological characterization of fungi of the genus *Candida*.
4. List the factors contributing to the development of candidiasis.
5. **TEST QUESTIONS ON THE LESSON:**

1. Give the definition of ulcerative-necrotic gingivo-stomatitis

Vincent.

2. List the main etiological factors of the disease.

3. Tell pathogenesis of ulcerative-necrotic gingivo-stomatitis.

4. What are the main clinical and laboratory signs envenomations gingivo-stomatitis.

5. Make a diagram indicative of steps of treatment of the patient with envenomations gingivo-stomatitis.

6. List the major activities for the prevention of recurrence

ulcerative-necrotic gingivo-stomatitis.

7. What are the causes that contribute to acute and chronic

candidiasis of the mucosa of the oral cavity.

8. What are the clinical signs of candidiasis in the mucous membrane of

the shell of the oral cavity, methods of laboratory diagnosis.

9. List and explain the principles of the treatment of patients

candidiasis of the mucosa of the oral cavity.

10. Define prevention of candidal mucosal lesions

the shell of the mouth, including professional.

Infectious diseases the mucous membrane of the oral cavity on the etiological factor are divided into four groups:

1. **VIRAL** (herpes, influenza, adenovirus, Cocksackie tonsillitis, measles, diphtheria, viral warts, foot and mouth disease);
2. **AIDS (HIV)**
3. **BACTERIAL** (ulcerative-necrotic gingivo-stomatitis, streptococcal stomatitis, chancriform pyoderma, leprosy, tuberculosis);
4. **Sexually transmitted DISEASE** (syphilis, gonorrheal stomatitis);
5. **MYCOSES** (candidiasis in the mucous membrane of the oral cavity);

ULCERATIVE-NECROTIC STOMATITIS VINCENT - disease caused by

sympiosis fusiform bacilli and spirochetes of Vincent, often manifests ulceration of the mucosa of the gingiva, retromolar region and cheek.

Involving to disease factors are the decline in

nonspecific reactivity of the organism. Therefore, the disease often

occurs in individuals weakened by chronic somatic

disease or on the background of vitamin deficiency, alcoholism, Smoking.

Bad hygienic state of the oral cavity is the determining,

as it promotes the growth of gram-negative bacteria microflora

of the mouth and their toxins penetrate the mucosa. Gingival pockets

accumulate small lymphocytes, plasma cells and other

immunocompetent cells. All of them are involved in the implementation of the inflammation.

As you know, immunoglobulin G, M in connection with the complement activate

the fraction of complement that leads to thrombotic regional vessels of the gums, and then to necrosis of the mucosa. For further development the pathological process of active influence of opportunistic microflora of the oral cavity. Vicious pathological circle.

Clinic. The disease begins always in the background of serous inflammation gingival margin with ulceration of the apex of the gingival papilla. In this case significant bleeding from the mechanical irritation (receiving solid food, brushing your teeth). The pathological changes can to spread along the gingival margin and the depth of the tissues. Can ulcers occur on the contact of the mucosa, usually of the cheeks, palatal curtain. Ulcers are very painful, characteristic appearance: covered with a grayish-yellowish bloom, clearly limited from the surrounding mucosa of the same color border. The West is determined fetid breath. When you localize in retromolar region, expressed lockjaw. Regional lymph nodes enlarged, painful on palpation. The increase in body temperature for the disease is not typical. With inadequate treatment the disease may to buy chronic.

Stomatitis Vincent should be differentiated from ulcerative lesions tuberculosis, syphilis, blood diseases (leukemia, agranulocytosis), a malignant ulcer.

Treatment. Mostly local anesthesia by means of an application anesthetics (10% lidocaine, 10% emulsion anestezina), if the severity of trizma — Neretva conduction anesthesia (for Bersetubuh). Thorough removal of necrotic tissue through solutions of proteolytic enzymes, irrigation of the oral cavity alkaline solution (0,5:1,0%) with a temperature of 38-39°C with a solution of chlorhexidine the digluconate (0.05%) and other antiseptics. Is assigned to tab. trichopolum —

1 tab. Two times daily (five days).

Mandatory daily treatment of the oral cavity. Sparing diet.

Of the total funds recommended antihistamines, Amit
or a multivitamin.

Contraindicated until recovery, any surgical
intervention, including instrumental removal of subgingival
deposits.

Candidiasis — disease that is caused by yeast fungi of the genus
Candida, usually Candida albicans.

Unicellular organisms are members of the normal microflora
of the mouth, but under certain conditions can acquire properties
pathogenic (condition of the body, the number of fungi on the surface
mucosa, the degree of their pathogenicity, the duration of candidemichelle).

At long kandidonositelstvo mushrooms included in microbial

Association and influence the activation of pathogenic properties of other
microorganisms (staphylococci, streptococci), exacerbating and burdening
the clinical course of various infections, diseases, tumors, oral
mouth.

Among the factors contributing to the development of candidiasis adults should
highlight: chronic diseases of the gastrointestinal tract
(goiter, enzyme deficiency, gastritis, enterocolitis and
etc.); prolonged antibiotic therapy (antibiotics); reception
corticosteroids, immunosuppressive agents, use of contraceptive
hormones, disorders of carbohydrate metabolism, immunodeficiency, AIDS.
Favor the development of the disease the presence of removable prostheses.

Classification

— on the course of candidiasis of mucous membranes:

1. acute: a) thrush — childhood
b) atrophic candidiasis
2. chronic: a) chronic atrophic candidiasis;
b) chronic hyperplastic candidiasis.

— localization process:

- a) oral thrush
- b) cheilitis
- q) which restores cheilitis
- d) palatinit

Clinic extremely diverse, poliforma. Patients complain

discomfort in the mouth: Hyper - or Hypo -, the salivation, burning sensation, itching red border. Sometimes there is pain of varying intensity in mealtime, a violation of taste sensations.

Acute atrophic candidiasis — mucosa is brightly hyperemic, somewhat swollen. The dorsal surface of the tongue — papillae are atrophied, and possible ulcers different form, which are surrounded by thinned, but varying degrees of "dead skin" of the mucosa. When removing white-sarbarile color plaques under them is exposed is bright or bleeding mucosa.

Chronic atrophic candidiasis — pathological changes, often the field of prosthetic bed. Clinical symptoms are similar the above. The course is chronic. May be complicated with papillomatosis, and which restores halidom.

Chronic hyperplastic candidiasis — probably develops in congenital or acquired immunodeficiency. Mucosa (cheeks, the dorsal surface of the tongue, corners of the mouth) formed a colony

fungi are intimately connected to the superficial layers of the mucosa.

Plaque removed when poskablivanii spatula, sometimes can only be removed surface layer.

Clinic very similar to the changes in the mucosa with leukoplakia, lichen planus and secondary syphilis.

For substantiation of the diagnosis results of clinical studies have to be confirmed by microscopic and bacteriologically research of a scraping from a mucous membrane, as well as the study of biopsy material.

Treatment. To reduce the consumption of antimicrobial agents. To assign an alkaline rinse. Strict observance of hygiene of an oral cavity. Polyene antibiotics 500 000 UNITS 4-8 times per day, 10-12 days. Furniture Decameron every 3-4 hours. Vitamins: B1, B2, B12, PP, C, K.

Prevention. The sanitation of the oral cavity. Pathogenetic therapy. Re treatment with the replacement of one anti-fungal antibiotic others. Good results in the appointment of trichopolium on 1 tab. 4 times a day five days. (Examination of the gastric contents in Candida albicans.)

Viral infection cause various pathological changes of the mucous membrane of the oral cavity (simple and herpes zoster, influenza, adenovirus infections, sore throat Coxsackie, foot and mouth disease, mononucleosis, viral warts), frequently affects other mucous membranes and skin. The most widely disseminated herpetic disease.

Herpes disease the mucous membrane of the oral cavity are caused by the herpes virus genus, in particular the ordinary herpes virus (VOG) and zoster (shingles). It is established that there are two forms of VOG herpes infections — primary and recurrent. Primary herpes infection occurs during the initial contact of the virus with the body. This form of acute (primary) herpetic disease mostly affects children from 6 months to 3-5 years (70 - 90%). Up to a certain period, the children protected by maternal antibodies. For various reasons, their titer is reduced (childhood infections, somatic diseases) and the child is ill. After recovery of blood VOG ill children produce antibodies to this pathogen, however, the titer of antibodies is not permanent and can be dramatically reduced under the influence of various adverse factors: chronic somatic diseases, infections, blood disease, AIDS, etc. Primary infection VOG can be sick and adults, in which blood has no antibodies. All ill people remain carriers of the virus VOG and sore while reducing non-specific reactivity and titre of antibodies to the virus recurrent forms of herpetic stomatitis.

The herpes virus epitheliotropic. Spread by airborne droplets. Once in the epithelium, irritating effects on cells of the basal layer of the epithelium, causing increased mitosis and amicos. The result is a specific for diseases of giant multinucleated cells with granular inclusions in nuclei. Disturbed metabolism of virus infected epithelial cells, increases intracellular and intercellular edema develops bulloneria degeneration, intraepithelial cavity with serous content.

The scheme is an indicative basis of the action of clinical treatment forms

herpetic stomatitis

Clinical forms of herpetic stomatitis	Methods and means of action
Acute herpetic stomatitis	
1) Prodromal period 24-48 hour. Symptoms: chills, malaise, rheumatoid pain, increased body temperature to 38-39°C. Locally: burning sensation, etc. catarrhal inflammation of the gingival margin, hypersalivation.	In epidemiological awareness shown: polimerbetonov injection of gamma globulin, to bury his nose in a solution of interferon, Reaferon, ointment of bonafton and so on antiviral drugs. Vit. With up to 2-3 grams. a day
2) the Period of active lesions pathological elements (4-5 days from onset of illness). Primary element — serous, tense, intraepithelial vesicles grouped closely. The mucous membrane of the mouth quickly opened, forming erosion rugged shape with scalloped edge. The location is most often symmetrical (the front parts of the mouth).	Identical therapy prodromal period. Application of antiviral drugs on the pathological departments of the mucosa for 10 - 15 min. every 2-3 hours. Helium neon laser or LCUF — daily. The oral hygiene. Diet.
The clinical course: mild, moderate and severe form of the disease.	
a) Easy clinical form: a single erosion. In the prodromal period, the symptoms of intoxication are absent.	Only local treatment. Disease duration was 5-8 days.
b) The average severity of the disease. A prodromal period with symptoms of intoxication. Significant diffuse inflammatory changes of the mucosa. The	Local treatment: irrigation of the oral cavity alkalizing solutions. Anti-viral drugs. Rinsing with antiseptic solutions in combination with anesthetics. Aqueous solutions of aniline

number of eruptive elements of order 50 (red border, the mucosa of the lips, cheeks, tongue).	dyes, HNL. General treatment: antihistamines and antiviral agents: bonafon, acyclovir, rimantadine. Vitamins C, e, PP.
in) Severe clinical form of the disease: there is the weakening of various infectious and somatic diseases of the body, acquired immune deficiency. Pronounced symptoms General intoxication of the organism. Mucosa totally amazed. Involves the skin around the nasal opening, the lips. Possible conjunctivitis, paronychia.	Treatment of patients in the hospital. Local treatment as in the treatment of herpetic stomatitis of medium severity. General treatment is physician internist: nonsteroidal anti-inflammatory drugs, immunocorrecting, analyticheskii steroids and other symptomatic drugs.
3) the Period of epithelialization. The General condition is satisfactory. Diseased mucosa and skin exempt from fibrinous plaque and crusts.	Prescribe a mandatory observance of hygiene of an oral cavity and epitheliotropic funds: vinilin, rosehip oil, sea buckthorn. Rinse with infusion of herbs: sage, calendula, Hypericum, etc.
4) the Period of remission.	Anti-relapse treatment: sanitation of the oral cavity. Restorative therapy. A healthy way of life.

In the process of designing the scheme, the OOD of herpetic stomatitis should write prescriptions for all recommended drugs.

Recurrent form herpetic stomatitis. Is more common light and the average severity of clinical forms. Treatment is determined the clinical form and is not different from that during the initial infection. Special attention should be paid to the treatment plan of the patient in the period of remission of the disease based on the immunobiological reactivity body condition and age of the patient.

Shingles the disease is caused by a neurotropic virus of the herpes zoster. The disease does not recur. Hurt only those adults who do not have immunity to varicella (variola). Along with skin (herpes zoster) the disease can occur on mucous the shell of the mouth, along the branches of the trigeminal nerve and other nerve

fibers, anastomosing with them.

The OLD scheme of treatment of herpes zoster of the mucous membrane of the oral cavity.

Clinical periods of the disease	Methods and means of action
1) Prodromal period (up to 48 hours.) General malaise, headache, myalgia. Typical neurogenic, unilateral pain, without remission, in the course of the branches of the trigeminal nerve, usually the 2nd branch.	The WPPT. diagnosis of acute pulpitis or periodontitis, as well as neuralgia. Local anesthesia, non-narcotic analgesics, salicylates, heat.
2) the Period of rash pathological elements: serous vesicles and tense. Grouping of elements is linear, along the nerve fibers. Formed linear erosion with scalloped edge, covered with fibrinous coating. The mucosal unilateral.	Local treatment is similar to herpetic stomatitis VOG.
3) the Period of epithelialization (5-8 days from the onset of the disease).	Local use of funds, accelerates epithelization: Kartalin, Amit, vinilin, etc

SITUATIONAL TASKS

1. Patient A. came to the clinic of therapeutic dentistry on the first day of the disease. Eve felt sick, there was a headache. Took one tablet of acetylsalicylic acid. In the morning there was pain in the mouth when eating, talking, and rashes on the mucous membrane of the mouth in the cheeks, tongue. On examination: the patient's state of moderate severity. Submandibular lymph nodes are enlarged, painful on palpation. For inflamed mucous membrane of tongue, cheeks, palate erosions with scalloped edges, covered with gray bloom. Doctor was diagnosed — allergic medication stomatitis. Your tactics? What you need to clarify the final diagnosis? Put the final diagnosis.

2. Patient 23 years old asked the doctor about the bleeding gums, pain when eating. Got sick five days ago, released from work by a physician due of the disease a cold. Acutely ill, body temperature rose to 39°C, on the third day there was a burning sensation and pain when you eat. On examination revealed a hemorrhagic crust in the area of the red border of the upper lip, inflammation of gingival papillae in both jaws. On the mucous membrane of the cheeks, along the line of occlusion, and the lateral surface of the tongue to the right there erosion with

scalloped edge and a fibrous coating. Palpable submandibular and cervical lymph nodes. Put the presumptive diagnosis. Additional examination.