

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. 5
PRACTICAL CLASSES
ON DISCIPLINE "STOMATOLOGY"
SECTION "THERAPEUTIC DENTISTRY"
4 YEAR (8 SEMESTER)

The THEME: Changes of the mucous membrane of the oral cavity in case of system diseases and disorders of metabolism. Drug-induced stomatitis.

Goal: To learn how to diagnose the most common clinical symptoms in the mucosa of the oral cavity due to pathology of the GI tract.

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 (PC-18);

- ability and willingness to make a diagnosis based on International statistical classification of diseases and related health (ICD) (PC-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 (PK-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 (PC-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 (PK-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](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](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. The anatomical structure of the tongue.
2. Microbiology and immunology in dentistry.
3. Etiology and clinic of gastritis, gastric ulcer, colitis, enterocolitis and other diseases of the digestive system. Methods of laboratory examination of patients.

TEST QUESTIONS ON THE LESSON:

1. What are the clinical forms of desquamative glossitis. Describe the main the clinical manifestations of each form.
2. A symptom of some pathology can be Genter-Millerovskiy glossitis?
3. List the main clinical form of the oval case.

What pathology of the gastrointestinal tract accompanied by this form of glossitis?

4. List the main stages of treatment of the patient oval glossitis.
5. List the methods of examination to be carried out to the patient with a presumptive diagnosis of candidiasis.
6. Make a diagram of the treatment of the patient with chronic candidiasis of the mucous membrane of the oral cavity.
7. List the complex of clinical symptoms characteristic of disease of chronic recurrent aphthous stomatitis.
8. List the distinguishing features of "aphthous" element of the lesions of chronic recurrent aphthous stomatitis and herpetic lesions of the mucous membrane of the oral cavity (ordinary herpes virus).
9. Make a diagram of the treatment of the patient with chronic recurrent aphthous stomatitis of the Seton.

aphthous stomatitis (CRAS) - chronic

the disease is characterized by recurrent rash on the mucous membrane of aft the shell of the oral cavity and the gastrointestinal tract (distal division of the rectum).

AFTA — (erosion) — an oval or round shape with sharp edges, whisk congestion on the periphery and fibrinous plaque. The number of elements in the period of recurrence of from 1 to 5.

The item runs a cycle of development:

- a) edema, burning sensation in the forming portion of the element (1-2 days);
- b) forming element (micronekton mucosa) — is accompanied by significant pain 3-5 days from the onset of the disease; size aphthae in diameter to 0.5 cm;
- C) epithelialization of the pathological elements, 6-8 days from the beginning of the disease).

In the case of reducing the protective properties of the mucous AFTA becomes an ulcer. The 5th day is marked infiltration in the basis of erosion, thickened fibrinous plaque appears fuzzy inflammatory infiltrate at the periphery of the element.

After epithelialization aphthous ulcers, scar formation. When treatment-resistant form

CHRAS chronical aphtosous stomatitis (stomatitis of Seton) resolution item comes in a few weeks (6-8 or more).

Evaluation criteria the severity of the disease are:

- a) the number of eruptive elements;
- b) the duration of the relapse;

C) the number of relapses during the year.

The same criteria are used to judge the effect of treatment.

**Clinical symptoms of diseases of the mucosa of the mouth and
related symptoms of diseases of the gastrointestinal tract.**

Clinical symptoms of diseases of the mucosa of the oral cavity	Diagnostic signs of diseases of the gastrointestinal tract
<p>1. Pallor of the mucous membrane of the mouth, bleeding gums, the tongue is often coated, with teeth marks on lateral surface. Angular stomatitis in the corners of the mouth. A fixed form of desquamative glossitis.</p>	<p>Chr. gastritis. Pain syndrome weakly expressed, the bowl is concerned about the heaviness in the epigastric region. Possible burp air, less food. The pain can appear after meals, worse when standing. Patients like to use rough, spicy foods, sour foods, pickles. Often reveals food allergies, flaky skin, brittle nails, premature hair loss.</p>
<p>2. Gelebilir or coated with white bloom ltangue with the imprints on the lateral surface of the tongue and the buccal mucosa in the midline. Probably fixed the detection of foci of desquamation of various shapes and sizes, there is no effect when applying local anti-inflammatory therapy.</p>	<p>Chr. Duodenitis, peptic ulcer disease. Pain 1-2 hours after a meal are acute, colicky. Accompanied by salivation, nausea, heartburn, mild swelling in the epigastric region. Autonomic dysfunction: weakness, drowsiness, hypotension, increased peristalsis of the stomach 2-3 hours after a meal.</p>
<p>3. Mucosa brighter than usual with shade in the area of palatal curtain. During periods of exacerbation of the underlying disease may increase the swelling of the tongue. In the area of contact with the teeth possible thinning of the epithelium of the tongue, cheeks, appear micro erosions; paresthesia, aggravated by eating. Serous inflammation of the gingival margin. More clearly microtrauma of mucosa visible by staining with a solution of Pisarev. Migratory form of desquamative glossitis.</p>	<p>Peptic ulcer disease with dysfunction of the biliary tract. Irritability. The sleep disturbance. Symptoms characteristic of duodenitis and peptic ulcer disease. Flatulence, violation of the defecation.</p>
<p>4. Mucosa is edematous, hyperemic. Clear teeth marks on the buccal mucosa along the</p>	<p>XP. gastroenterokolit. Expressed phenomena of a dyspepsia: belching,</p>

<p>line of occlusion and on the lateral surface of the tongue. Hypersalivation may be replaced by hypocalvaria. The back of the tongue coated sarbatoreste bloom. In case of dysbacteriosis it is possible to change the color of filiform papillae of the tongue. May be complicated by candidiasis.</p>	<p>heartburn, diarrhea. Cramping pain in the upper abdomen.</p>
<p>5. The mucous membrane of the mouth pale pink color, slightly edematous. The back of the tongue covered with a coating over the entire surface, which is particularly pronounced in the morning in the distal tongue. Often the appearance of a single aft; and possible scarring aphthae.</p>	<p>XP. enterocolitis. Cramping pain at the navel, going after bowel movements, increased flatus, stool copious 3-7 times a day, can be foamy.</p>
<p>6. Mucosa is cyanotic; the veins expanded language; enhanced vascular pattern, mucous. Typical feelings of bitterness, perversion of taste sensations. It is noted ikterichnost tint of the mucous membrane in the area of the sky. Itching, paresthesia of the palate, lips, tongue.</p>	<p>XP. hepatitis. Reduced efficiency, characterized by irritability, sleep disturbance. There may be pain or a feeling of heaviness in the right hypochondrium, dyspeptic symptoms, nausea, flatulence, violation of the chair.</p>
<p>7. The mucous membrane is atrophic, dry. Foci of desquamation or single drain. Language smooth, flushed. On the red border of the lips cracks. Possible candidiasis.</p>	<p>Portal Perros liver. The emaciation, hypovitaminosis, dyspeptic disorders, tolerance to greasy food, heaviness in the epigastric region. Palmar erythema.</p>
<p>8. Desquamative (migratory) glossitis</p>	<p>A consequence of functional changes yellow. tract, does not require treatment. Prevention: balancing diet and lifestyle.</p>
<p>9. Hairy tongue</p>	<p>Dysbacteriosis. Gastritis Chr. with hyperplasia of the mucous membrane, possible polyps.</p>
<p>10.Oval (diamond) glossitis.</p>	<p>XP. gastritis, pernicious habits (Smoking, alcohol). A precancerous disease.</p>

Patients with the described symptoms should be evaluated

gastroenterologist, after which the treatment is carried out on the results

survey.

The dentist is obliged to sanitize the sick, to hold a rational

prosthetics, teach oral hygiene. Dispensary treatment

the gastroenterologist.

Diagram of the approximate basis of action in the treatment sick CHRAS

Components of the action	Components of the action	Criteria of self-control
General treatment		
1. The readjustment of the organism: identification of foci of chronic infection	Examination of the patient by a physician, otolaryngologist, gastroenterologist, allergist.	The treatment is carried out according to the results of the General survey.
2. non specific desensitizing therapy	30% R-R sodium thiosulfate — 10,0 intravenous, every other day, at the rate of 10 injections; 25% R-R magnesium sulfate — 10,0 intramuscularly, every other day, at the rate of 10 injections	In any period of the disease alternate through the day
- antihistamines	table. diphenhydramine - 0,05 suprastin — pipolfen 0,025 - 0,025	On the table 1-2. a day for 10-12 days
- calcium	10% R-R calcium chloride — 10 ml intravenously, day, at the rate of 10 injections. Table. calcium gluconate — 0.5 of the Table. calcium lactate and 0.5	1 table. 3 times a day for 10 days
3. Increase the protective forces of the body	Solution prodigiosan - 0,005% 1 ml intramuscularly, 2 times a week, at the rate of 5 injections. Herpes gamma globulin — 1 ml — 3 times	In hospital (aphthae of Seton)

	in 3-4 days	
	Pills levamisole (dekaris) 0.15 2 times a week (2 consecutive days) for 8 weeks. Break 1 month and repeat the course. Children — 0.075 per day, for the night	Can cause leukopenia. Before and during treatment 1 time per month CBC
	Apogeotropic	Fractional scheme: 2,0; 4,0; 6,0; 8,0; 10,0 ...up to 10 treatments
	The multivitamin group B1: 2 tablets 3 times daily; Vitamin e - 0,05, vitamin C — 1,0 nicotine-TA - 0,1	1 table. three times a day for 10 days
4. Specific desensitizing therapy	Conducted in case of detection of microbial allergies to allergymorecondition (Proteus, Staphylococcus, Streptococcus)	According to the scheme: a course of treatment in a hospital
Local treatment		
1. Pain relief and anti-inflammatory therapy	A solution of rivanol 1:1000 Solution of novocaine 1% - 0,5 under the elements	
2. An application of enzymes	Trypsin, chymotrypsin crystal. 500,000 UNITS	Put a tampon soaked in the solution for 1 min., 2-3 times per procedure
3. Means stimulating regeneration	Sea buckthorn oil, rose hips, cartolin, balm of Shestakovsky, vitamin a, solcoseryl. Aerosols-vinizol, ingalipt, kameton, alisol, liven; KUF, helium-neon laser	At the stage of epithelialization
4. The sanitation of the oral cavity by the	Elimination of foci of chronic infection. Individual	

dentist. Rational prosthetics, hygiene of an oral cavity	selection of stomatologic materials	
5. Physical therapy	Galvanic collar on Shcherbak, HNL	Normalizes the function of pituitary-adrenal gipotalamusa.

DRUG-INDUCED STOMATITIS: CLINIC, DIAGNOSTICS, DIFFERENTIAL DIAGNOSTICS WITH INTOXICATION DRUGS, MULTIFORME

EXUDATIVE ERYTHEMA (MEE).

Drug-induced stomatitis — symptom drug Allergy (drugs illness). Are the consequence of different medicines that can act under certain conditions, such as allergens and trigger an immune response, accompanied by damage to the mucous membranes of the oral cavity alone or in combination with other mucous membranes, skin and organs.

Necessary condition for the development of drug Allergy is the repeated use of the drug. After the first contact with the medicine comes the latent period (10-20 days) within which the complex drug-protein induces the formation of antibodies capable of realizing an allergic reaction within several minutes (allergic shock) to several days (urticaria, allergic stomatitis) in response to

another infusion of medication. Stomatitis often occurs when taking drugs inside.

Allergens can be all medicines, often antibiotics, sulfonamides, anesthetics, vitamins, enzymes.

Clinic. Symptoms of drug-induced disease, nature clinical

changes largely determined by:

- a) type of immunological response;
- b) localization of the pathological process.

Classification

- The nature of the morphological changes of the mucosa
 - a) serous;
 - b) exudative-hyperemic;

C) erosive-ulcerative stomatitis drug.

- Localization of the pathological process:

stomatitis, palatinit, glossitis, cheilitis, which restores cheilitis.

The occurrence of drug-induced stomatitis may be preceded by minor discomfort, itchy hands, hives, swelling of the soft tissues of the face and lips.

From the mouth — disturbances of secretion of saliva, restricted or diffuse swelling of the mucous membrane with a sharp hyperemia of the tissues. May develop exudative eruptive elements (papuleznah to vesiculobullous), located endometerial. The latter contain serous

the liquid, strained, quickly opened, forming erosion various forms and length.

In some cases, in response to the drug allergen is formed syndrome — exudative erythema multiforme.

Diagnosis drug-induced stomatitis is based on the history, clinical symptoms and the results of cytological and immunological research (in the smear is dominated by eosinophils), as well as data allergological examination.

Treatment. Avoid contact with the allergen. Antihistamine therapy.

Local: rinse mouth 0.5-1% solution of sodium bicarbonate or infusion of green tea.

Differential diagnosis of drug Allergy and drug intoxication.

Drug Allergy	Drug intoxication
Clinical manifestations do not depend on the type and dose of medicine	Clinical manifestations have specificity for various drugs and are dose dependent
The body produces antibodies to suspected antigens, positive skin tests	Antibodies are absent, skin test negative, blood or feces revealed an increased amount

	of the drug
With repeated intake of drug allergies increases	Intoxication with repeated receptions of the drug is weakened
For the treatment apply antihistamines, corticosteroids, protivosemnye and other means	For the treatment are antidotes, leaching, bondage, corticosteroid hormones

Examples of intoxication are ARSENICAL keratosis, melanosis, mercury, bismuth, hydantoinyl gingivitis.

The diagnosis of drug intoxication to some extent can be confirmed by laboratory identification of an elevated number of of the drug in the blood or excreta (e.g., the mercury content in excess of 0.02 mg/l or the presence of crystals of sulfonamides in the urine).

Laboratory diagnosis of poisoning is usually possible during the acute clinical manifestations of intoxication related to circulation of medicines in the blood.

Exudative erythema multiforme (MEE)

— acutely developing disease characterized by eruptive polymorphism of cells in the skin and mucous membranes, cyclic course and tendency to relapse in the spring and autumn period.

Distinguish, on the pathogenesis, two forms of this disease — intentionalities and toxic-allergic MEE.

In infectious-allergic form of the disease, by means of allergological examination revealed sensitization of the organism to bacterial antigens of Staphylococcus, Streptococcus, Proteus, Escherichia coli.

The second form MEE develops in individuals with hypersensitivity to various chemicals (washing powders), including drug drugs. For this form is not characterized by seasonality of relapses.

At the same time with the skin it affects the mucous membranes, including

of the oral cavity. The disease duration of 2-3 weeks.

Clinic. Acute onset, increased body temperature. Accompanied malaise, headache, pain in muscles, joints. Typical burning sensation and hypersalivation.

By the end of the second day appear the eruptive polymorphic elements mucosa — swollen and congested brightly. Localization of the pathological elements: red border and mucosa of lip, cheek, lateral surface language, rarely sky. In the second, the third day of the eruptive period are formed drain bubbles subepithelial localization. Mucosa — ulcers, coated with either cap bubble or thick fibrous, gray, film. When pulling the cover of the bubble is its separation of the border with unchanged tissues, which is accompanied by a significant bleeding and pain. Observed periodicity in the development of the clinic which is manifested with appearance of fresh podsyanin, preceded by chills and increased body temperature.

In the course of the disease there: easy, medium severity and severe clinical forms of MSE.

The Stevens-Johnson Syndrome clinical form severe course disease, often toxic-allergic Genesis. Occurs with pronounced symptoms of intoxication. Along with the defeat of the mucous membrane mouth to note the rash on the skin of hands, feet, and genital organs, conjunctiva of the eyes.

To differentiate this clinical form of the disease should be herpetic stomatitis, acantholytic pemphigus, drug stomatitis, a syndrome of Lyell.

Treatment. Local and General treatment of patients with MEE can be performed

using OOD sick CHRAS. However, when the treatment of the syndrome Stevens-Johnson — preferred hospitalization using corticosteroids and immune-modifying therapy.

When preparing this question, carefully review the LDS and the table differential diagnosis of MEE.

SITUATIONAL TASKS

1. The patient 32 years during a few years suffers occasional "sores" in the mouth. These eruptive elements have a rounded shape and a bright rim of hyperemia around.

What kind of disease it is?

What methods of examination need to hold?

What factors depends on the treatment plan? Outline a plan of treatment.

2. The patient 20 years appealed to the doctor complaining of the appearance of the mouth 3 days ago "sores". The General condition has not changed. From the anamnesis it is established that such a lesion of the mucous membrane was observed a year ago.

When viewed in the vestibule of the lower jaw discovered AFTA oblong shape with smooth edges. There are a large number of decayed teeth.

Put the diagnosis.

What tactics of the physician in the treatment of the patient?

3. Patient 32 years old for three years (spring and autumn) is forced to consult a doctor about the bad General condition: the appearance of bluish-red spots on the skin of hands, feet, and difficulty eating because of severe pain in the mouth.

What you will see when You check your mouth? What is the presumable diagnosis?

What additional research can clarify the alleged

diagnosis?

4. Patient 30 years after exposure felt a sharp malaise, headache, chills. Body temperature increased to 38°C. Through a day and a half, increased salivation, there was a burning sensation of the mucous membrane of the mouth, which soon gave way to pain, aggravated by eating. To the dentist directed by the physician with a diagnosis of ARI on the seventh day of the disease. The examination of the oral cavity has allowed to reveal swollen, erythematous mucosa with multiple polymorphic

the eruptive elements: papules, blisters, erosion, covered with fibrinous coating.

Deliver and justify the diagnosis. Map out a plan of treatment.