

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. 6**  
**PRACTICAL CLASSES**  
**ON DISCIPLINE "STOMATOLOGY"**  
**SECTION "THERAPEUTIC DENTISTRY"**  
**4 YEAR (8 SEMESTER)**

**The THEME: Changes of the mucous membrane of the oral cavity due to dermatoses.**

**Goal:** To learn to diagnose diseases: lichen planus, chronic lupus erythematosus. To master the methods of treatment of patients with these diseases.

**Educational objective:** To master the methods of medical care for these conditions.

**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>

### **INITIAL LEVEL OF KNOWLEDGE:**

- Etiology, pathogenesis, clinical manifestation of red planus on the skin. To reproduce the peculiarities of treatment of these patients to pay attention to General methods of treatment.
- Etiology, clinical manifestation of the chronic forms lupus on the skin. Pay attention to the features the diagnosis of this disease.
- Etiology, pathogenesis and clinic pemphigus.

### **TEST QUESTIONS ON THE LESSON:**

1. List the typical clinical signs of red flat lichen on the mucous membrane of the oral cavity.
2. Please specify the clinical forms of lichen planus correspond to listed in table the symptoms?
3. Explain why the patient KPL needs to be sanitized?
4. Answer why diseases of the gastrointestinal tract for patients with CPL are a risk factor?
5. In need of oral prosthesis with KPL, which advice would You give to the patient and what recommendations should to give the doctor-prosthetist, who will this patient be treated?
6. Explain why chronic lupus erythematosus (HDCV) refers to a group of dermatoses?

7. List the characteristic clinical symptoms for HDKV that and with the appearance on the mucous membrane of the oral cavity.
8. Why focal (odontogenic) infection is a factor the risk for this group of patients?
9. List of additional methods of examination of patients with CPL and HDKV required for diagnosis, in the absence of clear clinic of these diseases.
10. List and justify the complex of therapeutic measures, treatment of patients with HDCV.

**Lichen planus** is a chronic connective tissue disease of autoimmune origin. Cause sensitization consider chronic diseases of the gastrointestinal tract. The most common causing the worsening factors are emotional stress, dental materials (fillings, dentures, galvanic current), nasyrovna the mouth. You need to know other points of view about the possible causes and pathogenesis of the disease.

Using LDS, examine the specific issues of the topic. Check learning by self-assessment questions available in the methodical recommendations for practical classes of this subject.

**The scheme is an indicative basis of the action of treatment of lichen planus.**

<b>Components of the action</b>	<b>Methods and means of action</b>	<b>Criteria of self-control</b>
I. Simple form		
Local treatment.	The sanitation of the oral cavity: replacement of amalgam fillings, removal of dissimilar metals, the elimination of foci of infection. Rational prosthesis. Hygiene education.	Elimination of provoking the disease agents from the oral cavity.
General treatment.	Examination yellow. tract, the exception of diabetes and concomitant pathology. Tranquilizers Physiotherapy	Consultation with relevant experts. Tab. rudotel (tazepam), pipolfen (3 weeks); galvanic collar on Shcherbak.
II. Exudative-hyperemic form		
Local treatment	What if the form I + Rinse decoction of herbs (sage, calendula, St. John's wort). Applique jelly solkoseril, vitamin "A", "B", sage oil, wild rose.	To enhance epithelialization.

General treatment	Same as in form I. + Scorpan 0.2 x 3 times a day; nicotinamide 1 tab. x 3 times. Pantothenate calcium 1 tab. x 3 times a day	Contribute to the normalization of the exchange will connect, fabric
III. Erosive-ulcerative, bullous form		
Local treatment	Similarly, the form II. + Injection of the emulsion of hydrocortisone or 5% R-RA of 1.0 delagil (under pathological items No. 5 through the day) HNL	To create the conditions for epithelialization. In the absence thereof, in the period up to 2 weeks, must be differentiated from cancer (biopsy).
General treatment	Same as in form II. + Possible to use acupuncture, hypnosis, Central electroanesthesia. Steroid hormones; presotsil, prednisolone, triamcinolone. Multivitamins, of Amit.	By acting on the Central nervous system, to create favorable conditions for obtaining good results of treatment.

**Chronic focal lupus erythematosus** — a chronic disease of the skin, red border of lips and mucous membrane of the oral cavity. Characterized by the exacerbation of the disease in the spring and summer season.

**Clinical symptoms:**

Localization	Clinical manifestations
The red border of the lips	Burning, itching. Edema and hyperemia along the lines of Klein, goes to the skin in the form of the flames of candles in different heights. It is possible to determine restricted infiltration with atrophy or ulceration in the center, covered with crust. Hyperkeratosis.
The mucosa of the oral cavity	Burning, soreness. Mucosa is edematous, more bright colors compared to other departments.

The distal buccal mucosa involving the retromolar area, gingiva, palate.	Hyperkeratosis in the form of circles, semi-circles. Very reminiscent of the clinic lichen planus. Ulcerative form, which is a mucosal defect slit-like shape, not covered with fibrinous coating, very painful. Torpid in relation to any anti-inflammatory therapy, except corticosteroids. While taking a biopsy it is impossible to stitch because the fabric is "cut through" suture. In case of combined lesions with skin diagnosis of the disease is no difficulty.
Local treatment	The treatment of lupus is similar erosive-ulcerous form KPL with great emphasis on the use of the ointment forms of steroid hormones (flucinar, sinalar). Sunscreen creams on the lips.
General treatment	Delagil and other synthetic antimalarial drugs, corticosteroids at low doses. Vitamin "PP" and B12, anabolic (nerobolum et al)
Prevention	Addressing the actions of sun exposure (ultraviolet radiation).

### **CYSTIC DISEASE (ACANTHOLYTIC PEMPHIGUS AND NEGASTRINA).**

**Pemphigus (pemphigus)** — malignant disease, clinically manifested by education nevospalitelnoe the skin and mucous membranes endometrial unstressed bubbles as a result, acantholycosa.

For clinic of mucosal lesions of the oral cavity characterized by:

- a) the presence of erosions in the region of the distal mucosa and posterior wall throat;
- b) erosion occur on the intact mucosa;
- c) the bottom of erosions brightly hyperemic, not covered by a fibrinous coating;
- g) erosion of a relatively long (7-10 days) not epitelizirutmi;
- d) positive Nikolsky's sign;
- e) from the bottom of a fresh erosion in the imprint-smear is determined by a significant number of cells Tzenka (in the midst of the disease).

Constant irritation of the mucous membrane favors the accession secondary infections, development of inflammation, making it difficult to timely to diagnose the disease.

May be affected by the red border, which is covered with purulent and bloody crusts are quite easily removable.

**Treatment.** The total treatment of the patient by a dermatologist.

Local: symptomatic, antimicrobial. Ointment forms and solutions steroid hormones applications.

### **SITUATIONAL TASKS**

1. Patient 32 years old suffering from infectious arthritis. A few years took a course of sanatorium treatment in the southern regions of the country. Appealed to the dentist with pain, burning, red border of the lower lip.

Objective: the presence on the red border of the lower lip area of redness size of 0.5 to 1.5 with cornification of the epithelium on the periphery having the form of radiating lines. The red border in this area have lost a clear line of transition in the skin of the lips. On the face, forehead, there is an area of atrophy 1.5 2.0 telangiectasia at the periphery.

Put the diagnosis. Map out a plan of examination and treatment of the patient.

Write down the medications.

2. The patient is 45 years. Informed about the diagnosis HDKV of the mucous membrane of the mouth was treated. After a six-month remission symptoms of the disease.

What can be the cause of relapse? Make adjustments to the plan treatment of the patient.

3. To the dentist asked the woman for 55 years. The mucous membrane of the soft palate are isolated erosion in diameter 1.0 to 1.5 cm that appeared about two weeks ago; the pain in the intake of spicy and bitter food. The self is not given effect.

During the inspection — erosion around a circumference of the remainder of the tire bladder, which when tension is removed, is not accompanied by pain and bleeding beyond the edges of erosion.

Put the preliminary diagnosis.

What needs to be done to clarify the diagnosis?

4. The patient 54 years old has addressed to the dermatologist about a skin maceration under the Breasts. For 1.5 months she was treated at the dentist about erosive stomatitis no noticeable effect.

During the examination the patient is found under the Breasts large,

oozing erosion, bordered by exfoliating the epidermis. When pulling on the fringe of the epidermis with tweezers, the area of erosion increased. In smears-prints from the erosions on the mucous membrane of the mouth and the skin discovered of acantholytic cells.

Make a diagnosis (presumably). Explain possible reasons incorrect the diagnosis of a dentist.

What additional research is needed to confirm the diagnosis?