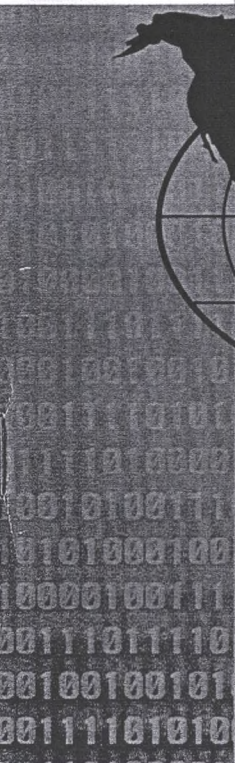
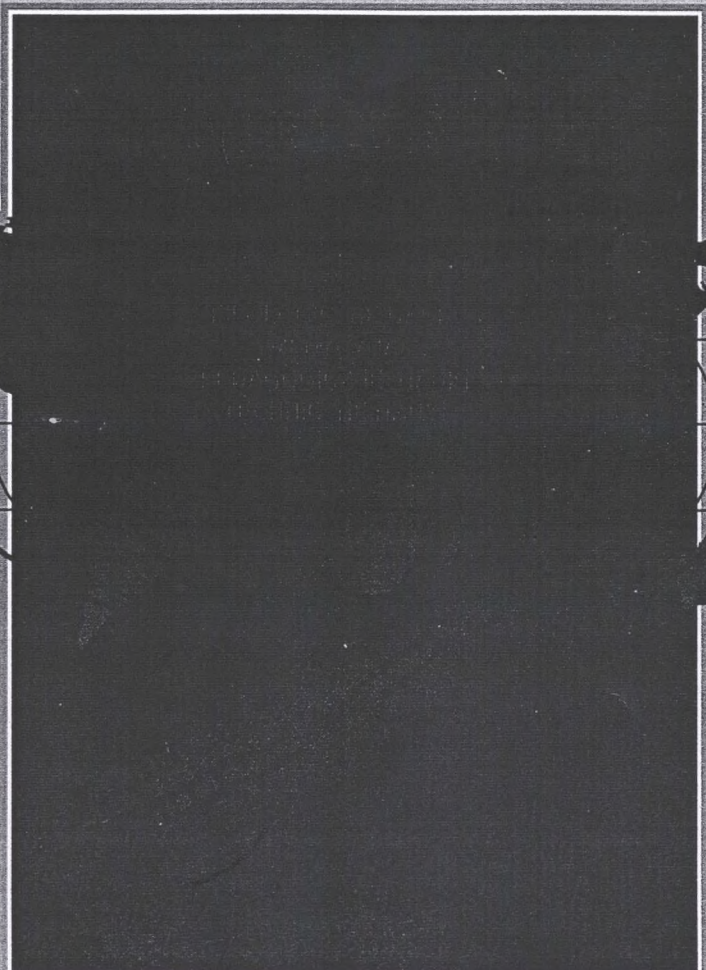


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MEDYCYNĄ

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STOMATITIS: ITS SIGNS, TREATMENT AND PREVENTION

The largest group of diseases of the oral mucosa and the lips that a dentist encounters on a daily basis is the so-called stomatitis, whose frequency has recently increased. This tendency is explained by the significant influence of negative external factors related to the general environmental problems, the effect of local irritants and the urbanization. All that leads to a significant reduction in the protection of the oral mucosa and helps develop its diseases.

The term "stomatitis" defines the diseases that are most commonly found on the oral mucosa and that manifest themselves by its edema, redness and painfulness, the appearance on it of a fur of varying color (white or yellow), and, if there is no treatment, that fur very quickly develops into painful erosions and ulcers. At the same time, heightened salivation may be observed or, on the contrary, the dryness of the oral mucosa, bleeding of the gingivae and the appearance of bad breath.

Stomatitis often occurs in persons of any age, but the highest prevalence is in the elderly and children up to 4-5 years old.

The causes of stomatitis are quite diverse, viz.:

- Insufficient attention to the rules of the oral hygiene, diseases of the gingivae and the teeth;
- Disorders of the vitamin metabolism that lead to the vitamin deficiency;
- Mechanical damage to the oral mucosa, viz. injuries during meals, e. g. by fish bones, sharp edges of the teeth, tooth fillings, improperly made dentures, etc.;
- Burns of the oral mucosa on account of hot or spicy food;
- Effects of various kinds of alkaline and acid substances;

- Among the infection-causing factors, there may be various viruses, e. g. those of herpes, influenza, as well as bacteria, viz. staphylococci, streptococci and fungal infection, viz. fungi of the Candida species, cryptococci, actinomycetes;

- Allergic reactions to certain foods, medications and cosmetics.

Within the types of stomatitis, independent ones are distinguished that develop as a result of the action of certain factors on the oral mucosa. They are united by a characteristic mechanism of the development and a conditioned clinical course. Most often, independent stomatitis arises under the influence of mechanical, chemical or physical trauma.

The other group of stomatitis, regardless of their clinical manifestations, includes symptomatic stomatitis, whose occurrence is associated with general diseases. Thus, stomatitis can be one of the clinical manifestations of diseases of the internal organs and systems, e. g. a lesion of the digestive tract, blood diseases, etc. The fungal stomatitis can also provide an example. It can occur in persons, who use antibiotics, hormonal drugs and medications for their treatment, as well as in patients with bronchial asthma or diabetes mellitus.

Also identified is the variety of stomatitis, under which changes in the oral mucosa and lips occur and develop as an obligatory sign and a component of a disease. Such stomatitis became to be known as syndromes.

Consequently, stomatitis is not only a dentistry problem. It can be encountered by physicians of therapeutics and surgery areas as well as those of other specialties. In addition, many patients with the first symptoms of stomatitis do not always seek advice from a dentist. Instead, they engage in self-treatment or turn to a therapist or a family doctor. Those specialists should therefore be well aware of the issues of diagnosing and treating stomatitis.

Classifying and diagnosing stomatitis

By the type of pathological changes in the oral cavity, stomatitis is divided into catarrhal, ulcerative and aphthous one.

Patients having stomatitis are bothered by heartburn, painfulness in the oral mucosa during meals, and bad breath.

In patients having the catarrhal stomatitis, inflammation occupies only the superficial part of the oral mucosa. Against the background of the ulcerative stomatitis, inflammation extends to the deeper parts of the oral mucosa. With the aphthous

stomatitis, many small and roundish defects are formed on the oral membrane. The cause of such stomatitis is chronic diseases of the intestine, more often than not those of its colon portion.

Stomatitis that arises as a result of an injury or a thermal burn is characterized by the appearance of painful ulcers and/or erosions compromising the integrity of the oral mucosa under the influence of external factors. In most cases, such manifestations are eliminated on their own, healing up within 3 to 5 days.

Stomatitis of an infectious origin is characterized by the formation of ulcers and/or blister rashes that damage the oral mucosa and the palate.

The herpetic stomatitis has certain distinctive features: at the beginning, the specific area of the mucous membrane turns red, then a small blister with clear liquid inside forms at that spot. In 2 to 3 days, that blister bursts with the subsequent formation of a red, swollen surface.

It is also worth mentioning the allergic stomatitis that can often occur as a result of taking medications, using removable dental prostheses made of plastics, etc.

Stomatitis can be diagnosed during the visual and instrumental examination of patients on the basis of their complaints, the anamnesis of the disease and the analysis of its clinical manifestations. In addition, it is necessary to perform a clinical blood test, to determine the level of glucose in the blood, and to do a microbiological study of the fur sample taken from the surface of the affected area for the purpose of detecting pathogenic bacteria and finally to determine, if necessary, their sensitivity to antiseptics or antibiotics.

Medicinal measures

The General Recommendations – according to the Protocol of the Provision of Dentistry Services – set out in the regulatory documents of the Ministry of Health of Ukraine assign, as far as the treatment of stomatitis is concerned, an important role to the careful implementation of the rules of the oral hygiene, as the bacteria that are in the oral cavity, reproducing on the food debris, complicate the course of stomatitis. Of particular importance is the administering of the diet, viz. the restriction of spicy and irritating food (it is not desirable to take coarse and too hot food).

Drug treatment should be administered depending on the cause of the lesion of the oral mucosa. Thus, for example, with the herpetic stomatitis, the chief medications

should be anti-herpetic and anti-viral agents, while with the fungal stomatitis it can be both antiseptics for the local treatment and systemic-action drugs. With the allergic stomatitis, it is obligatory for the patients to rule out contact with allergens and to have anti-allergic drugs prescribed. It should be especially noted that the use of this or that drug should be allowed only after consultation with a dentist and, in some cases, also with physicians of other specialties, viz. therapists, gastroenterologists, allergists and others.

An obligatory component of the treatment of any type of stomatitis is the use of antiseptic drugs (Chlorhexidine, MYRAMISTINUM, STOMATIDIN, ANGILEX), whose main purpose is removing inflammations (Tantum verde, Cholisal, MEFENAT gel), anesthetizing (Calgel®, Kamistad®-GEL N, Dologel ST, Anginovag) and accelerated healing of ulcers (LYSOBACT®, Hexalyse®, LIZAK), as well as preventing the latter from being infected.

For that purpose, it is ideal to use drugs based on medicinal plants, viz. decoctions of chamomile, plantain, sage or a **Chlorophylliptum** oil solution (**Anginal**, **Tymsal**, **SEPTOFIT**). Among the ready-made medications, one can use Stomatophyt that has a total of 7 medicinal plants in its composition. This drug has an anti-microbial effect, including antifungal one, has an analgesic, anti-inflammatory action, and stops bleeding. Stomatophyt should be applied on prescription and in accordance with the respective instructions.

In order to eliminate pain and stimulate healing of festers and erosions, it is recommended to use a cinquefoil rhizome decoction in the form of mouth rinsing, mouthwashes and mouth applications.

In the comprehensive treatment of stomatitis, vitamin medications are also used, viz. vitamin A in the form of retinyl acetate, B-complex vitamins, ascorbic acid, **Ascorutin**, mixed-vitamins medications **Aevit** and **Duovit**, etc.

In the event of ulcerative-necrotic lesions, antibiotics should be prescribed.

In case a person has the prosthetic stomatitis, where the lesion of the oral mucosa occurs due to the irritation caused by a dental prosthesis, he/she should consult a dentist, and it is strictly prohibited to use cauterizing agents.

The medical treatment of chronic lesions involves the obligatory elimination of the trauma cause, the external treatment of ulcers and the oral cavity with antiseptic solutions and medications that enhance fester healing (Livian,

Vinisolum, vitamin A and vitamin E solutions, rosehip oil, 1% citral solution, Solcoseryl[®]dental adhesive paste, Katomas, Biosedum etc.).

In order to prevent stomatitis, it is recommended to observe the rules of the oral hygiene, to completely sanitize the oral cavity and to timely treat diseases that compromise the immunity and lead to the appearance of changes in the oral mucosa.

If we are talking about preventing the infestation with fungal infections, it is necessary to make women in childbirth aware of the rules of correct feeding of the baby, the benefits of breastfeeding, the maternal hygiene, and the necessity of the treatment of feeding utensils with alkaline solutions. In order to prevent the occurrence of infection in the child-care institutions, it is necessary to adopt general hygiene measures to make ensure that a baby or a child does not suck his/her fingers, toys, etc.

As can be seen from the above, despite the availability of a wide range of medicines, people who have noticed the appearance of certain problems in the oral cavity in the form of inflammation and festers should consult a physician instead of engaging in self-treatment.

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