

**MANIFESTATION OF HERPETIC INFECTION IN THE ORAL CAVITY AND THEIR TIMELY ELIMINATION**

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Annotation

Among viral diseases, herpes (from the Greek Herpes – fever) occupies one of the leading places. Currently, it is considered the most common human infection. One third of the world's population is affected by recurrent herpes, and more than half of such patients suffer several attacks of infection per year.

Keywords: herpetic infection, clinic, blistering rashes, herpes treatment.

Introduction

It occurs in the form of various clinical forms, causing damage to the skin, mucous membranes, eyes, nervous system, internal and genital organs, and plays a role in intrauterine fetal pathology. A wide range of clinical manifestations makes it possible to speak of herpes as an important medical and social problem. Acute herpetic stomatitis (AHS) accounts for 70–80% of all diseases of the oral mucosa in children and occupies one of the leading places in childhood infectious pathology. The disease occurs in the form of small outbreaks in organized children's groups, where up to 3/4 of the children in families can get sick. Children of different age groups get sick with ACS, but most often at the age of 6 months to 3 years, which is explained by the disappearance of antibodies obtained from the mother interplacentally, and the structural features of the oral cavity membrane (OM) at this age. The susceptibility of newborns (from 2 to 43 days after birth) was established due to ante- and postnatal infection, while intrauterine infection was noted in 1/3 of cases. There is no clear seasonality in the manifestation of the disease, which is explained by the wide spread of the herpes virus among the population due to latent carriage and periodic relapses. Ways of infection transmission: airborne, direct contact indirect), transplacental, transfusion. The herpes simplex virus (HSV) enters the body through the mucosa, nasopharynx, eyes, genitals, and infects the skin. The initial multiplication of the virus occurs at the entrance gate of infection, and then penetrates into the regional lymph nodes (lymphadenitis). If the body's defenses cannot cope with the pathogen, then already in the incubation period, primary viremia occurs (that is, it enters the bloodstream), and then into organs and tissues. Settling there, the pathogen multiplies rapidly, tissue damage occurs by the type of necrosis. Secondary viremia is characterized by the appearance of a CV. The article provides information about the diagnosis and treatment of



herpetic stomatitis. The etiopathogenesis of acute and chronic recurrent lesions of the mucous membrane and perioral region is discussed. Mild, moderate and severe forms of the course of the disease, as well as drug therapy for patients are described. At this time, HSV rushes to the skin, mucous membranes, where its intracellular reproduction continues. It is found in leukocytes, erythrocytes, and platelets. Specific and non-specific immunity factors play a certain role in the body's resistance to disease. The state of immunosuppression was established, which manifests itself in a change in the indicators of natural protection. ACS proceeds according to the type of acute infectious disease, has 5 periods: incubation, prodromal, the period of disease development (rashes), extinction (epitalization) and clinical recovery (convalescence). Depending on the severity of intoxication and local manifestations in the oral cavity, the disease can occur in mild, moderate and severe forms. A mild form of stomatitis is characterized by an external absence of symptoms of intoxication of the body. The disease begins with an increase in body temperature to 37–37.5 ° C. The general condition of the child is quite satisfactory. In the oral cavity there is hyperemia, a slight swelling of the gingival margin in the area of erupted teeth. On the hyperemic mucosa, single (1–2) or grouped lesions appear in the form of 3–5 foci of superficial necrosis of the epithelium. In some cases, the disease can proceed without the appearance of elements, but only with severe hyperemia of the oral mucosa and gingivitis (catarrhal type of AGS). A mild form of stomatitis does not cause significant clinical changes and is very often not diagnosed, which leads to late isolation of these children from the children's group and contributes to the spread of infection among susceptible children. The moderate form of ACS is characterized by severe symptoms of toxicosis and lesions of the oral mucosa. In the prodromal period, the child's temperature rises from 37.5 to 39°C, which is very difficult to decrease, and lasts for 2-3 days. The general condition worsens, weakness appears, the child is capricious, restless, appetite worsens. In the oral cavity there are signs of acute respiratory disease, catarrhal tonsillitis. As the disease progresses, at the peak of the temperature rise to 38–39 ° C, the increase in hyperemia pour out multiple elements of the lesion, which go through several stages of development (spot - a vesicle with transparent serous contents - a vesicle with cloudy (fibrinous) contents - an area of necrosis of the epithelium by the type of papule , plaques – erosion – aphtha – spot) (Fig. 1). Often the elements are grouped, merge and form erosive areas with uneven edges, covered with necrotic plaque (Fig. 2). Rashes often recur, and when viewed in the oral cavity, elements at different stages of clinical and morphological development are simultaneously determined: spots, vesicles, erosion, aphthae. Localization: tongue, cheeks, lips, transitional folds, palate, temples, etc. After the first rash of the elements of the lesion, the temperature drops to 37.5–38 ° C. Hyperemia, swelling of the gingival margin, bleeding, salivation, and lymphadenitis of the submandibular lymph nodes are noted. The child does not eat, sleeps poorly, is restless, symptoms of intoxication are growing. Herpetic lesions may appear on the skin of the face in the oral region, on the auricles, eyelids, fingers (Fig. 3). During the peak of the disease, a violation of natural immunity is observed. Severe form of OGS. In the prodromal period, the child has all the signs of an acute infectious disease: headache, weakness, nausea, vomiting, diarrhea, nosebleeds. During the peak period, the temperature is kept within 39–40 ° C, it does not go astray for 3–5 days. The child is lethargic, pale, indifferent. Lips are dry and bright. The



mucosa is brightly hyperemic, edematous, there are multiple, multiple rashes, there are up to 100 elements of the lesion. They merge with each other, forming extensive areas of epithelial necrosis. The entire SOPR is affected. Catarrhal gingivitis turns into ulcerative necrotic. There is a putrid smell from the mouth, profuse salivation with an admixture of blood. The lips are swollen, hyperemic, often covered with herpetic crusts, which are located on the entire red border of the lips, resembling a picture of erythema multiforme. Humoral factors of natural defense during the height of the disease are sharply reduced. In the severe form of ACS, disturbances in various systems and organs are expressed. Even during the period of convalescence, reduced immunity persists. Herpetic infections are typical chronic viral infections. Once in the body, HSV persists throughout life, periodically causing relapses of the disease, which, as with primary herpes, occur with varying degrees of severity and different localization of lesions. Recurrent herpetic stomatitis (RGS) is clinically manifested by rashes consisting of 3–5 grouped hemispherical vesicles 1.5–2 mm in size against the background of erythema and swelling (usually 1–2 days before herpetic lesions are preceded by prodromal phenomena: burning, tingling, itching, and others subjective disorders). After a few days, the transparent contents of the vesicles become cloudy, due to the admixture of blood, it can become hemorrhagic and shrink into brownish-yellowish crusts on the skin and the red border of the lips. If, due to maceration and traumatization of the mucosa, the bubble covers rupture, the resulting slightly painful erosions repeat the scalloped contours of the rash elements. Their bottom is soft, smooth, the surface is moist. With microbial infection or irritation, erosion can turn into a superficial ulcer with a somewhat compacted bottom and Herpetic eruptions on the tongue (a), on the lower lip (b) a b Fig. 2. Herpetic rash with necrotic plaque, large edema of the periphery. In this case, regional lymphadenitis often occurs - lymph nodes of a doughy consistency, slightly painful on palpation. In place of epithelized erosions or torn off crusts, a gradually disappearing erythema with a brownish tinge remains. On average, the entire process is resolved within 10-14 days. The duration increases with the complication of a secondary infection. After regression of rashes, unstable pigmentation may remain. Factors contributing to the occurrence of relapses of infection include deviations in the humoral and cellular immunity, a decrease in the level of immunoglobulins, immunosuppressive hematological disorders in blood diseases, and the use of immunosuppressants. Factors such as local trauma, solar radiation, febrile illnesses, emotional and hormonal stress, overheating, and hypothermia are also significant. Relapses of stomatitis are observed in acute respiratory infections and exacerbation of respiratory diseases (bronchitis, pneumonia, sinusitis, tonsillitis), after an injury to the oral mucosa. Herpetic eruptions against the background of pneumonia indicate the severity of the general disease. Depending on the severity of symptoms of a general and local nature, as well as the frequency of relapses, 3 forms of the disease are distinguished according to severity: mild, moderate and severe. The mild form of CHD is characterized by relatively rare (1–2 times in 3–4 years) appearances of single elements on the oral mucosa, which are localized in favorite places for each patient: the mucous membrane of the tongue, lips, cheeks, and transitional folds. The general condition does not suffer. Before the appearance of rashes, there is a burning sensation, sometimes redness. In the moderate form of stomatitis, relapses of the disease are usually observed 1-2 times a year. The severe form of



CHD is characterized by frequent (4-5 times a year) relapses of the disease. There is a continuously relapsing course (permanent form), when new lesions appeared to replace epithelialized or epithelialized elements. With this form of CHD, the general condition of the body suffers: fever, headache, pain in the joints, muscles, poor sleep and appetite, feeling of weakness. The number of lesion elements on the RMS can be multiple

Research Methods

Laboratory research. HSVs are well cultivated in the chick embryo, forming white plaques on the chorionallantoic membrane. Such plaques appear when the virus reproduces in cell culture. For diagnostic purposes, a cytological examination of the contents of herpetic vesicles is carried out. At the same time, in smears prepared from liquid and cells of the base of the vesicle, after treatment with fluorescent antiserum, multinuclear giant cells with intranuclear inclusions of the virus and its antigen are found. Differentiation of HSV from other morphologically indistinguishable herpes family viruses can be carried out using the method of immune electron microscopy, which allows the detection of particles characteristic in structure. In some cases, these studies are sometimes extremely important for rapid differential diagnosis with other viral diseases accompanied by skin rashes in the form of vesicles. Of the serological methods for identifying the virus, the most commonly used is the complement fixation reaction (CSC). Treatment. In dental practice, in the treatment of lesions caused by the herpes virus, it is necessary to take into account both the etiopathogenetic factor and the severity of the disease. Complex therapy should include general and local treatment. From the first days of the development of the disease, it is necessary to use antiviral ointments: 0.25% oxolinic; 0.25–0.5% florenal; 0.25–0.5% tebprofen; 50% interferon; 0.25% bonaftone; 1% alpizarin; 1% helepin; ointments based on calendula: Calefton and Calendula. Particularly effective are modern antiherpetic ointments based on acyclovir (gerpevir, virolex, zovirax). These preparations are recommended to be used repeatedly (3-4 times a day) after antiseptic treatment of oral mucosa. Medicinal herbal preparations are used as antiseptics: warty birch (buds, leaves, sap), common pine (pine buds, resin, needles), eucalyptus leaves, colanchoe juice, calendula; collection "Elekasol", which includes herb succession, chamomile flowers, licorice roots, sage and eucalyptus leaves, calendula flowers. These drugs have an epithelizing, anti-inflammatory, antiviral effect. It is advisable to use painkillers when treating oral mucosa: 5% anesthetic emulsion, 1% pyromicaine ointment, 10% lidocaine aerosol. During the period of extinction of the disease, keratoplastic preparations acquire a leading role: rosehip and sea buckthorn oil, methyluracil ointment, Karotolin, solcoseryl ointment and jelly, vinylin, vitamin A oil solution, Hypozol, Vinizol. General treatment of herpetic stomatitis should be carried out, taking into account the severity of the disease. In moderate and severe forms of acute hepatitis C and CHD, the appointment of antiviral drugs is indicated in the first stages of the disease, according to the age dosage (bonafton 0.1, alpizarin 0.1), as well as highly effective acyclovir derivatives (gerpevir, virolex, zovirax), which have high selectivity in against the herpes virus against the background of low toxicity. Adults need to take 200 mg of acyclovir 5 times a day (every 4 hours). For children under 2 years of age, the drug is prescribed 100 mg 5 times a day. Timely intake of these drugs leads to a decrease in the future recurrence of



herpetic diseases. In severe general herpetic lesions, the following drugs are prescribed: ribavirin, vidarabine. The complex of general treatment also includes hyposensitizing and immunocorrective therapy. Of the antihistamines, non-sedating second-generation antihistamines, for example, loratadine (Claritin) orally 10 mg 1 time per day or ebastine (Kestine) 10-20 mg 1 time per day, have an advantage in outpatient practice. An important component of the complex therapy of severe and recurrent herpes infection is interferon therapy and the use of immunomodulators: imudon, echinacea preparations (imudal, estifan), galavit, glutoxim, levamisole (decaris) and others. Considering that OGS and RGS develop against the background of a significant decrease in the body's defenses, it is advisable to include immunity stimulating agents in complex therapy: lysozyme - 75-100 mg daily for 5-10 days; prodigiosan - 1 time in 3-4 days, 15-25-50 mcg (3-5 injections); human leukocyte immunoglobulin and antiherpetic immunoglobulin 1.5-3.0 ml 1 time in 3-4 days (2 or 3 injections); leukocyte interferon, cycloferon 2.0 - 1 time per day (1st, 2nd, 4th, 6th, 8th day). It is justified to prescribe physiotherapy during the peak of the disease (both OGS and RGS): ultraviolet irradiation, helium-neon laser, the use of transcutaneous laser blood biostimulation. In connection with the intoxication of the body, much attention is paid to the introduction of a sufficient amount of liquid, it is necessary to establish a balanced diet: liquid, non-irritating, high-calorie food.

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