
TROPHIC ULCERS OF THE ORAL MUCOSA IN SOME SYSTEMIC DISEASES

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Relevance

Changes in the state of the mucous membrane of the mouth and tongue can occur and be detected as before other clinical manifestations of systemic diseases [1, 8, 17, 23]. In many systemic (somatic, general) diseases of the oral mucosa, it reacts with the appearance of various kinds of disorders: disorders of the trophic tissues, bleeding, swelling, dyskeratosis [3, 9, 16]. Trophic ulcers of the oral mucosa clearly indicate one or another type of organ or systemic disorder and are of great diagnostic importance [7,13, 25]. However, in most cases, despite the different etiology and pathogenesis, the manifestations of systemic diseases on the oral mucosa are not specific and are characterized by similar, sometimes outwardly identical clinical signs, which creates difficulties in recognizing them [1, 10, 19].

Frequent lesions of the oral mucosa in diseases of the gastrointestinal tract, cardiovascular system, endocrine pathology, vitamin deficiency (especially group B), macro- and microelements can attract the attention of specialists of various profiles [5, 6]. Since changes in the mucous membrane of the mouth and tongue can occur and be detected earlier than other clinical manifestations of systemic diseases or simultaneously with them, patients themselves often turn to a dentist [4, 20, 24]. In turn, gastroenterologists, endocrinologists, cardiologists, hematologists can involve a dentist for consultation and joint supervision of patients with lesions of the oral mucosa [2, 11, 15]. In this regard, we consider it necessary to share our clinical observations [18]. This message may be useful to specialists whose professional interests relate to the diagnosis of these diseases and the treatment of such patients. Our previous publications were devoted to these issues [6, 14, 22]. The last report [12, 21] provided data on oncoscreening of diseases of the mucous membrane of the mouth, tongue and lips.

Purpose of the study:

To analyze the problems of diagnosis and treatment of trophic ulcers of the oral cavity that occur with a non-specific symptom of several diseases, and to determine ways to solve them.

Material and methods

The modern scientific literature on the problem of ulcerative-necrotic lesions of the oral mucosa with the formation of trophic ulcers in disorders of systemic diseases has been studied.

In total, 114 papers published on the research topic in Russian and English in the period from 2012 to 2022 were critically analyzed.

Results

Vesicovascular syndrome occurs more often in women aged 40-75 years. Bubbles appear suddenly, often during meals. The appearance of blisters is usually associated with an increase in blood pressure, which patients often do not suspect. A favorite localization is on the mucous membrane of the soft palate, the lateral surfaces of the tongue, cheeks. Bubbles can be unchanged from several hours to several days. Sometimes they disappear without opening, but more often they open with the formation of erosion, epithelizing within 3-7 days, depending on the size. Ulcerative-necrotic lesions of the oral mucosa Ulcerative-necrotic lesions of the oral mucosa with the formation of trophic ulcers develop in a number of cases in patients with circulatory disorders of II-III degree. Pathohistologically, in the area of trophic ulcers, a chronic inflammatory process with extensive necrosis and proliferation of interstitial tissue, sclerotic vascular changes and damage to nerve fibers are determined. Differential diagnosis. Trophic ulcer is differentiated from: traumatic ulcer; ulceration of malignant neoplasm; tuberculous ulcer; ulcerative-necrotic stomatitis of Vincent; ulcerative-necrotic lesions of the oral mucosa in blood diseases.

With relapses of the disease, along with atrophic changes, papillary hyperplasia develops at the root of the tongue (hypertrophic papillitis). At the same time, leukoceratosis of the tongue and lip mucosa can be observed. Lesions of the oral mucosa in diseases of the cardiovascular system are noted in more than half of patients with this pathology, which reveals: swelling and cyanosis of the mucous membrane of the mouth and lips; with myocardial infarction, swelling of the tongue may be accompanied by the appearance of erosions, ulcers and "cracks"; vesicovascular syndrome is the appearance (usually in older women suffering from hypertension) of dense blisters (after opening of which erosions are formed) with hemorrhagic contents on the mucous membrane of the soft palate, the lateral surfaces of the tongue, cheeks. It is necessary to differentiate this syndrome with pemphigus and multiform exudative erythema; ulcerative-necrotic lesions of the oral mucosa with the formation of trophic ulcers in the absence of a pronounced inflammatory reaction in the surrounding tissues. We observed a patient with necrosis and sequestration of the body and branches of the mandible. These lesions must be differentiated from: traumatic ulcer, malignant tumor, ulcerative-necrotic stomatitis of Vincent, necrotic lesions of the oral mucosa in blood diseases.

General treatment should be aimed at eliminating cardiovascular insufficiency. In some cases, it is advisable to conduct general treatment in a hospital setting. Symptomatic therapy is performed locally according to indications. First of all, all local traumatic factors are

eliminated. Necrotic tissues are removed using proteolytic enzymes. The oral mucosa is treated with antiseptic and stimulating epithelization drugs. A gentle, high-calorie, vitamin-rich diet is prescribed.

Conclusion

Cases of ulcerative necrotic lesions of the oral mucosa against the background of circulatory disorders with necrosis and sequestration of jaw bone tissue, the formation of cheek tissue defects are described. Necrotic tissue breakdown can lead to severe bleeding. In some diseases, changes in the color and general appearance of the oral mucosa, the surface of the tongue do not have an independent diagnostic value. However, in combination with other symptoms, the appearance of the lips, tongue, and oral mucosa can help in clarifying the diagnosis. The prognostic value of changes in the organs and tissues of the oral cavity is great. The dentist is responsible for recognizing and diagnosing the early manifestations of "common" diseases, conducting a thorough examination of the patient by the efforts of somatic doctors. We are sure that a timely and correct assessment of the described conditions in the practice of doctors of other specialties is very necessary and expedient.

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