

OPTIMIZATION OF COMPREHENSIVE THERAPY FOR EXUDATIVE-HYPEREMIC AND EROSIVE-ULCERATIVE VARIANTS OF ORAL LICHEN PLANUS

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Abstract. This study explores optimized treatment strategies for the exudative-hyperemic and erosive-ulcerative variants of oral lichen planus (OLP), a chronic inflammatory disorder of the oral mucosa known for its persistent course, therapeutic resistance, and potential for malignant transformation. The research evaluates the distribution of clinical forms of OLP across different age groups and highlights the condition's correlation with systemic illnesses and detrimental lifestyle factors such as smoking. Findings indicate that a tailored, multidisciplinary treatment approach significantly alleviates clinical symptoms, enhances mucosal healing, and contributes to a better quality of life for patients affected by OLP.

Keywords: oral mucosa, oral lichen planus, exudative-hyperemic variant, erosive-ulcerative variant, integrated therapy, systemic comorbidities, risk factors.

Oral lichen planus (OLP) is one of the most prevalent diseases affecting the oral mucosa (SMF), distinguished by its unknown etiopathogenesis, the presence of severe forms, a wide range of symptoms, potential for malignant transformation, and frequent resistance to therapy. These characteristics underscore its significant medical and social importance. [1] Among the different forms of OLP is the erosive-ulcerative form o damage to the mucous membrane of the oral cavity and the red border of the lips , the disturbance of eating due to pain , which leads to a decrease in the quality of life of patients.[2] Factors provoking the development of OLP develop as a result of a violation of the microbiocenosis of the oral cavity , a decrease in local and general immunity, stress, an increase in related somatic diseases, and the reception of certain drugs. Solving the problem of effective treatment of SMF OLP remains an urgent problem in dental practice .[3]

Erythematous flatulence on the mucous membrane of the oral cavity (OLP) is one of the common, difficult to treat diseases, the etiology and pathogenesis of which have not been fully determined. According to scientific sources, OLP is important among inflammatory diseases of the oral mucosa, because it is characterized by pain, inconsistency and the possibility of transition to a poor quality form [4]. The severe course of OLP and its resistance to treatment prompt doctors and researchers to study this disease in depth [5].

There are different forms of OLP, among which exudative-hyperemic and erosive-ulcerative forms are of particular importance. These forms present with obvious signs on the oral mucosa and are painful for patients, affecting eating, speaking and daily activities (Silverman, 2005). The fact that severe forms of the disease in rare cases have the risk of transition to low-quality tumors indicates the need to study OLP as one of the important medical problems [6].

Recent studies confirm the role of various factors, including genetic, immunological, and psychogenic factors in the development of OLP. Stress conditions and related somatic diseases are among the factors that stimulate the development of OLP [7]. Therefore, it is important to use integrated approaches to increase the effectiveness of treatment of OLP.

Various studies show that in the pathogenesis of OLP, the decrease of local and general immunity, the disturbance of the microbiocenosis in the oral cavity, and the effect of certain drugs are significant [8]. Accordingly, there is a need to improve therapeutic methods for effective treatment of various forms of the disease.

The relevance of the research is determined by the fact that the complexity of the pathogenetic mechanisms associated with OLP in the mucous membrane of the oral cavity creates difficulties in the complete elimination of this disease. Therefore, the issue of increasing the effectiveness of complex treatment of exudative-hyperemic and erosive-ulcer forms of OLP in the mucous membrane of the oral cavity and improving the quality of life of patients remains an important problem in dental practice.

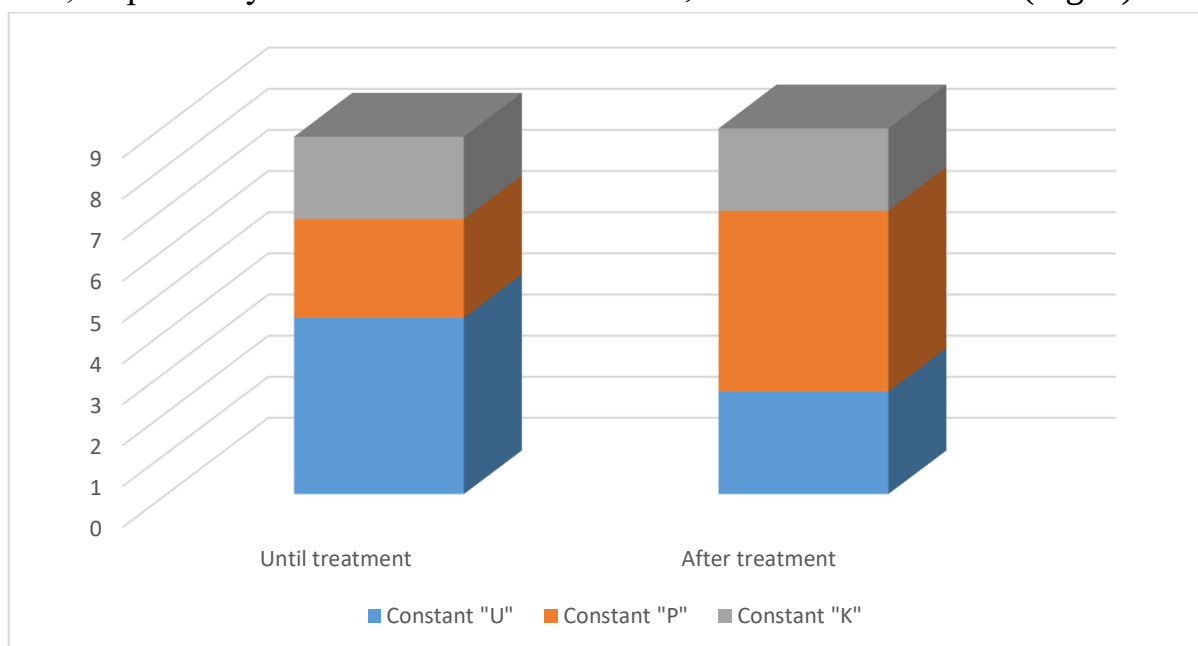
The purpose of the study: improvement of complex therapy aimed at increasing the effectiveness of treatment of exudative-hyperemic and erosive-ulcer forms of erysipelas on the mucous membrane of the oral cavity.

Research material and method. 122 people from 18 to 80 years old who were diagnosed with red squamous cell carcinoma of the oral mucosa (exudative-hyperemic and erosive-ulcer forms) were included in the study. the average age was 56.28 ± 3.78 years. The average age of men ($n=32$) was 58.09 ± 5.12 years, and the average age of women ($n=90$) was 54.47 ± 2.44 years. The age of patients suffering from different forms of erysipelas was comparatively evaluated in SMF. The analysis showed that the average age of patients with the exudative-hyperemic form of SMF OLP was found to be significantly lower than that of patients with the erosive-ulcerative form of scarlet fever: 50.54 ± 2.38 years in the exudative-hyperemic form, 50.54 ± 2.38 years in the erosive-ulcerative form and 62.02 ± 5.18 years old ($p < 0.05$) indicators were analyzed. The WHO showed the indicators of the distribution of patients by gender . The exudative-hyperemic form was recorded in 13 (21.67%) men and 47 (78.33%) women, and the erosive-ulcerative form was recorded in 19 (30.65%) men and 43 (69.35%) women. ($p > 0.05$).

Research results . During the study, in the exudative-hyperemic and erosive-

ulcerative forms of SMF OLP, a case of somatic diseases meeting one by one at the same time was observed. Gastrointestinal tract (GIT) diseases (chronic gastritis, cholecystopancreatitis, liver diseases, colitis), cardiovascular system (CHD) pathology (ischemic heart disease, atherosclerosis), and nervous system diseases (encephalopathy, cerebral circulation disorders) the number of patients was found to be high. At the same time, it should be noted that the reliable superiority of the erosive-ulcerated form of the red flat iron in the oral cavity in patients with diseases of the cardiovascular system has gained great importance. ($p < 0.05$). In addition, there are other groups and types of somatic diseases, endocrine system diseases (diabetes, hypothyroidism and obesity) and urogenital system (STT) diseases (nephrotic syndrome, kidney stone disease, pyelonephritis, endometriosis in women, chronic prostatitis and prostate gland in men) adenoma) in patients with oral cavity red flat iron erosive-ulcerative type was observed much more than exudative-hyperemic type ($p < 0.05$).

Local exogenous risk factors for the occurrence of OLP were identified during oral cavity examination: the presence of sharp edges of teeth and roots, the unsatisfactory condition of fillings in 57% of patients, the presence of metal prostheses made of dissimilar metals in 27%, the use of colored plastics for prosthetics were identified in 8% of patients. KPU index of tooth caries intensity was 18.85 ± 0.9 . In the analysis of the KPU index in patients, patients with OLP before treatment had an index of "K" equal to 3.77 ± 0.6 , 20% of which was equal to "P" equal to 5.63 ± 0.6 , corresponding to 30%, "U" equal to 9.37 ± 1.04 , corresponding to 50%. After treatment, the "K" indicator was 97 ± 0.38 , the "P" indicator was 8.0 ± 0.71 , the "U" indicator was 9.8 ± 1.03 , respectively 5% of the KPU index value, It was 43% and 52% (Fig. 1).



Picture. 1. Indicators of KPU index before and after treatment in patients with OLP.

Pre-treatment and post-treatment indices of oral mucosal cavity and dental status in patients with OLP (Table 1).

Table 1

**Pre-treatment and post-treatment indices of oral cavity cavity
and dental status in patients with OLP**

Index	Until treatment	From treatment after	R
OHI-S (score)	3.14±0.12	1.61±0.11	r < 0.001
RMA (%)	36.44±3.95	13.98±1.61	r < 0.001
N. According to Kotzschke changed blood leave index (bally)	1.82±0.13	1.17±0.1	r < 0.05

During the initial anamnestic examination, the average value of the OHI-S hygienic index in the buccal mucosa of patients with OLP was 3.14±0.12 points, which is significantly higher than the value of this index in the control group by 1.01±0.02 points ($r < 0.001$). OHI-S hygienic index was 4.12±0.15 points in patients with erosive and bullous form of OLP, 2 times higher than the value of this indicator in patients with papulose and flat (typical) form of scarlet fever - 2.23±0.14 score, , the differences are statistically significant ($p < 0.001$).

After a course of complex etiopathogenetic treatment, the OHI-S hygiene index significantly decreased to 1.61 ± 0.11 points ($p < 0.001$), inflammatory events in periodontal tissues decreased, which was confirmed by a significant decrease. PMA index ($p < 0.001$) from 36.44±3.95% to 13.98±1.61% and our modified bleeding index N. Kotzschke from 1.82±0.13 to 1.17±0.1 ($p < 0.05$). Dynamics of changes in indices 2-3 in the picture given .

Mouth space mucus red flat on the floor of iron come at the exit important of the factors one tobacco smoking, patients in the diet harmful habits (bitter and salty, spicy food consumption do) and alcohol drinks acceptance to do is considered

Red flat in SMF of iron come at the exit this predictor factors (harmful habits and eating diet) effect study patients and healthy people between comparative by learning exit need necessary that showed (Table 2)

Table 2. Harmful of habits spreading and eating order compliance to do analysis

	OBSHK OLP Exudative hyperemic (n=60) FORM	OBSHK OLP Erosive-wounded form KPL (n=62)	Control group (n=34)
Current at the time tobacco smoking	11/18.33%#	26/41.94%*	7/20.59%
In the past smoked tobacco	28/46.67%*	39/62.90%*	9/26.47%
Current at the time alcohol consumption	12/20.00%	17/27.42%	6/17.65%
In the past alcohol consumption dress	19/31.67%	24/38.71%	9/26.47%
Bitter and salty foods inclination	32/53.33%*	41/66.13%*	11/32.35%
To food rich in carbohydrates inclination	21/35.00%#	48/77.42%*	13/38.24%
To oils rich to food inclination	32/53.33%	35/56.45%	18/52.94%

So mouth space mucus floor red flat ironwork to pass effect showing common and local pathological of circumstances high level meeting was determined.

* when $p < 0.05$ comparison in the group to indicators relatively differences reliable

SMF OLP when $p < 0.05$ erosive-ulcerative shape with sick in patients to indicators relatively differences reliable

Comparative analysis showed that smoking, consumption of spicy and salty foods, and a high intake of carbohydrate-rich foods are absolute predictive factors for the development of oral lichen planus and its severe form (erosive-ulcerative type) in the oral mucosa. The table indicates that patients with the exudative-hyperemic form of oral lichen planus (OLP) were significantly more likely to smoke and prefer spicy and salty foods compared to the “healthy” individuals in the control group ($p < 0.05$).

To research attraction done patients deep analytical that's it shows that those who are sick between bitter and salty products, foods rich in carbohydrates consumption custom type entered. Also red flat of iron exudative-hyperemic to the shape played in patients, tobacco smoking and carbohydrate food products less consumption done was determined ($r < 0.05$).

Conclusion: Mouth space mucus on the floor red flat of iron exudative-hyperemic and erosive-ulcerative forms efficient treatment methods improvement the necessity of the disease different of forms prevalence, gender and age differences, and of the disease different risk factors with dependence was determined. Research to the results according to complex treatment efficiency high being a mouth space mucus on the floor inflammation symptoms reduce and of patients life quality to improve help to give known it happened

References:

1. Shuxratovna S. D. Improving Complex Therapy of Lichen Planus of the Oral Mucosa //International Journal of Integrative and Modern Medicine. – 2024. – T. 2. – №. 5. – С. 134-136.
2. Paiziyeve Z., Puriene A. The effectiveness of the combined use of a polysaccharide film with photodynamic action in complex therapy of oral lichen planus in the oral cavity //Drug Invention Today. – 2018. – T. 10. – №. 12.
3. Al-Hashimi, I., Schifter, M., Lockhart, P. B., Wray, D., Brennan, M., Migliorati, C. A., Axéll, T., Bruce, A. J., Carpenter, W., Eisen, D., Epstein, J. B., Holmstrup, P., Jontell, M., Nair, R., Silverman, S., Thongprasom, K., Thornhill, M., van der Waal, I., & Wray, D. (2007). Oral lichen planus and oral lichenoid lesions: Diagnostic and therapeutic considerations. Oral Surgery, Oral Medicine, Oral Pathology, Oral Radiology, and Endodontology, 103(S1), S25.e1–S25.e12.
4. Regezi, J. A., Sciubba, J. J., & Jordan, R. C. (2016). Oral Pathology: Clinical Pathologic Correlations. Elsevier Health Sciences.
5. Silverman, S. (2005). Oral Cancer: Complications of Therapy. Wiley.
6. Kumar, V., Abbas, A. K., & Aster, J. C. (2015). Robbins and Cotran Pathologic Basis of Disease. Elsevier Health Sciences.
7. Rhodus, N. L., & Myers, S. (2002). The diagnosis and management of oral lichen planus. Journal of the American Dental Association, 133(3), 361–367.
8. Akintoye, S. O., & Greenberg, M. S. (2005). Recurrent aphthous stomatitis. Dental Clinics of North America, 49(1), 31-47.
9. Якубова М. М. и др. Клинические особенности нарушения обоняния и вкуса при covid–19//журнал неврологии и нейрохирургических исследований.– 2021.–№.
10. Yakubova M. Presentation of the intestinal microbiota as an independent organ. – 2023.