



## APPLICATION OF THE METHOD OF TREATMENT OF ACUTE HERPETIC STOMATITIS IN CHILDREN

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**Abstract:** The spread of the disease in 71% at the age of 1 to 3 years is explained by the fact that at this age, antibodies received from the mother interplacentally disappear in children, as well as the lack of mature systems of specific immunity and the leading role of nonspecific protection.  
**Keywords:** Among older children, the incidence is significantly lower due to acquired immunity after a herpetic infection in its various clinical manifestations.

### Introduction

The greatest prevalence of acute herpetic stomatitis in the period up to 3 years may be due to age-morphological indicators indicating a high permeability of histohematic barriers during this period and a decrease in morphological reactions of immunity: thin epithelial cover with low levels of glycogen and ribonucleic acids, friability and low differentiation of the basement membrane and fibrous structures of connective tissue (abundant vascularization, high the level of mast cells with their low functional activity, etc.). Great importance in the pathogenesis of the disease is attached to the lymph nodes and elements of the reticuloendothelial system, which is quite consistent with the pathogenesis of the sequential development of clinical signs of stomatitis. The appearance of lesion elements on the oral mucosa is preceded by lymphadenitis of varying severity. Lymphadenitis is most often observed in severe and moderate stomatitis. As a rule, they are bilateral, submandibular. However, with a moderate and severe form of the disease, simultaneous involvement of cervical lymph nodes in the process is also possible. Lymphadenitis in acute herpetic stomatitis precedes eruptions of lesion elements in the oral cavity, accompanies the entire course of the disease and remains for 7-10 days after complete epithelization of the elements. Immunological protection plays a certain role in the body's resistance to the disease and in its protective reactions. In immunological reactivity, both specific and non-specific factors of immunity are important [2.4.6.8.10.12.14.15.16.18.20].

Moderate and severe forms of stomatitis led to a sharp suppression of natural immunity, which was restored 7-14 days after the clinical recovery of the child. Acute herpetic stomatitis, like many other children's infectious diseases, occurs in mild, moderate and severe forms. The development of the disease goes through five periods: incubation, prodromal, the period of disease development, extinction and clinical recovery. A mild form of acute herpetic stomatitis is characterized by an external absence of symptoms of intoxication of the body, the prodromal period is clinically absent. The disease begins as if suddenly with an increase in temperature to 37-37.5 ° C. The general condition of the child is quite satisfactory. A child sometimes has minor catarrh phenomena of the nasal mucosa, respiratory tract. In the oral cavity, the phenomena of hyperemia, small edema, mainly in the gingival margin (catarrhal gingivitis). In most cases, against the background of increased

hyperemia, single or grouped lesion elements appear in the oral cavity, the number of which usually does not exceed 6. Rashes are disposable.

The duration of the disease development period is 1-2 days. The period of extinction of the disease is longer. Within 1-2 days, the elements acquire a kind of marble color, their edges and center are blurred. They are already less painful. After epithelization of the elements, the phenomena of catarrhal gingivitis persist for 2-3 days, especially in the area of the frontal teeth of the upper and lower jaw. In children suffering from this form of the disease, as a rule, there are no changes in the blood, sometimes only by the end of the disease there is a slight lymphocytosis (in children 1-3 years old, the number of lymphocytes is normally up to 50%). Herpetic complement-binding antibodies are infrequently detected during the convalescence period. In this form of the disease, the protective mechanisms of saliva are well expressed:  $\text{pH } 7.4 \pm 0.04$ , which corresponds to the optimal state. In the period of the height of the disease, the antiviral factor interferon appears in saliva from 8 to 12 units / ml.

The decrease in lysozyme in saliva is not pronounced. The moderate form of acute herpetic stomatitis is characterized by fairly pronounced symptoms of toxicosis and lesions of the oral mucosa during all periods of the disease. Already in the prodromal period, the child's well-being worsens, weakness, whims, deterioration of appetite appear, there may be catarrhal angina or symptoms of acute respiratory disease. Submandibular lymph nodes increase, become painful. The temperature rises to  $37\text{-}37.5\text{ }^{\circ}\text{C}$ . As the disease increases during the development of the disease (the phase of catarrhal inflammation), the temperature reaches  $38\text{-}39\text{ }^{\circ}\text{C}$ , headache, nausea, pallor of the skin appear. At the peak of the temperature rise, increased hyperemia and pronounced swelling of the mucous membrane, elements of the lesion are poured out both in the oral cavity and often on the facial skin of the oral area. There are usually 10 to 20-25 lesion elements in the oral cavity. During this period, salivation increases, saliva becomes viscous, viscous.

With a moderate course of the disease, the pH of saliva becomes more acidic, reaching  $6.96 \pm 0.07$  during rashes. The amount of interferon is less than in children with a mild course of the disease, but does not exceed 8 units / ml and is not found in all children. The content of lysozyme in saliva decreases more than with a mild form of stomatitis. The temperature of the apparently unchanged oral mucosa is in accordance with the body temperature of the child, while the temperature of the lesion elements in the degeneration stage is  $1.0\text{-}1.2\text{ }^{\circ}$  lower than the temperature of the unchanged mucosa. With the beginning of regeneration and during epithelization, the temperature of the lesion elements rises to  $1.8\text{ }^{\circ}$  and remains higher until complete epithelization of the affected mucosa. The severe form of acute herpetic stomatitis is much less common than moderate and mild. In the prodromal period, the child has all the signs of an incipient acute infectious disease: apathy, adynamia, headache, musculoskeletal hyperesthesia and arthralgia, etc. Often there are symptoms of damage to the cardiovascular system: bradycardia and tachycardia, muffling of heart tones, arterial hypotension [1.3.5.7.9.11.13.15.17.19.21].

Lips are dry, bright, parched. In the oral cavity, the mucous membrane is swollen, vividly hyperemic, pronounced gingivitis. After 1-2 days, elements of the lesion begin to appear in the oral cavity – up to 20-25. Often rashes in the form of typical herpetic bubbles appear on the skin of the oral region, the skin of the eyelids and conjunctiva of the eyes, earlobe, on the fingers (by the type of panaritium). Rashes in the oral cavity recur, and therefore, at the height of the disease, a seriously ill child has about 100 of them. The elements merge, forming extensive areas of mucosal necrosis. Not only the lips, cheeks, tongue, soft and hard palate are affected, but also the gingival margin. Catarrhal gingivitis turns into ulcerative–necrotic. A sharp putrid smell from the mouth, copious

salivation with an admixture of blood. Inflammatory phenomena on the mucous membrane of the nose, respiratory tract, and eyes are aggravated. Streaks of blood are also found in the secret from the nose and larynx, and sometimes nosebleeds are noted. In this condition, children need active treatment from a pediatrician and dentist, and therefore it is advisable to hospitalize the child in an isolation ward of a pediatric or infectious diseases hospital.

A severe form of stomatitis is found to be leukopenia, a rod-shaped shift to the left, eosinophilia, single plasma cells, young forms of neutrophils. The latter very rarely have toxic granularity. As a rule, herpetic complement-binding antibodies are always detected during the convalescence period. Saliva contains an acidic medium ( $\text{pH } 6.55 \pm 0.2$ ), which can then be replaced by a more pronounced alkalinity (8.1–8.4). Interferon is usually absent, the content of lysozyme is sharply reduced. The diagnosis of acute herpetic stomatitis is made on the basis of the clinical picture of the disease. The use of virological and serological diagnostic methods, especially in practical healthcare, is difficult. This is primarily due to the difficulty of these special research methods. In addition, using these methods, you can get results at best by the end of the disease or some time after recovery. Such a retrospective diagnosis cannot satisfy a clinician [22.24.26.27.28.29].

Before feeding, it is necessary to anesthetize the oral mucosa with 2-5% solution of anesthetic emulsion. The child is fed mainly liquid or semi-liquid food that does not irritate the inflamed mucous membrane. Great attention should be paid to the introduction of a sufficient amount of fluid. This is especially important for intoxication. During the meal, natural gastric juice or its substitutes should be given, since with pain in the mouth, the enzymatic activity of the stomach glands reflexively decreases.

For this purpose, it is recommended to use 0.25% oxoline, 0.5% tebrofen ointment, zovirax, interferon and neoferon solutions. These medications are recommended to be used repeatedly (3-4 times a day) not only when visiting a dentist, but also at home. It should be borne in mind that antiviral agents are recommended to affect both the affected areas of the mucosa and the areas without the presence of lesion elements, since they have a preventive effect to a greater extent than a therapeutic one. During the period of extinction of the disease, antiviral drugs can be canceled. The leading importance in this period of the disease should be given to keratoplastic agents. These are primarily oil solutions A and B, sea buckthorn oil, caratoline, rosehip oil, ointments with methyluracil, oxygen cocktail. These agents treat the elements of the lesion 2-3 times a day to accelerate the epithelialization of aft. It is equally important during this period of the disease to pay attention to the phenomena of bleeding of the gingival margin (catarrhal gingivitis). "Teeth drowned in gums" is the most frequent complaint of a child's parents. Sometimes catarrhal gingivitis turns into ulcerative–necrotic [23.25.27.28.29].

**Conclusion.** In recent years, Metrogil–Denta gum gel has been widely used for the treatment of bleeding gums. Metrogil–Denta was approved by the Pharmacological State Committee of the Ministry of Health of Russia on 10.12.98. The drug has a pleasant refreshing mint taste and is applied to the gum area 2 times a day. After applying the gel for 15 minutes, you can not rinse your mouth and take food. The combination of metronidazole (a gold standard anaerobicide) and chlorhexidine (a recognized antiseptic) effectively suppresses aerobic and anaerobic microorganisms that cause diseases of the oral cavity. Thus, the inclusion of the drug "Metrogil–Denta" gel in the complex of therapeutic measures in children with acute herpetic stomatitis can significantly reduce the recovery time of the child. In conclusion, it should be noted that acute herpetic stomatitis, occurring in any form, is an acute infectious disease and requires in all cases the attention of a pediatrician and dentist: in order to provide comprehensive treatment, to exclude contact of a sick child with healthy children, to carry out preventive measures of this disease in children's groups.

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