

LEUKOPLAKIA CLINIC, DIAGNOSIS, TREATMENT

Rakhimov Dilmurodjon Adilzhanovich

Orthopedist dentistry va orthodontics departments assistants.

Abstract: This article provides brief information about leukoplakia, the causes of its origin, factors related to the development of the disease, its clinical symptoms, treatment conditions, processes related to human psyche and other diseases, as well as measures to prevent it.

Key words: Leukoplakia, histology, immunity, tomography, photodynamic therapy, tobacco, prostheses, hypovitaminosis.

Introduction: is an inflammatory keratinization of the oral mucosa, often caused by smoking or other types of tobacco use (eg, chewing tobacco). Some sources report that 80% of leukoplakia patients are smokers. In fact, several studies have shown that "the prevalence of smoking in patients with leukoplakia ranges from 82% to 100%." This type of disease is more common in India and the American South. But other types of irritants can also cause leukoplakia. Leukoplakia is usually diagnosed in middle age, and the prevalence of the disease increases with age. For the first time, the term "leukoplakia" was used in the works of Schwinmer (1977), a detailed clinical description of this process was proposed in the second half of the 19th century under different names: ichthyosis, psoriasis, keratosis, etc.

Reasons for the development of leukoplakia: chronic traumatization of the mucous membrane of the oral cavity with the sharp edges of rotten teeth, improperly prepared prostheses and prostheses made of various metals can be a galvanic current.

Other causes of this disease include:

- > diabetes:
- > susceptibility to hereditary diseases;
- > HIV infection;
- > chronic gastrointestinal diseases;
- > harmful working conditions;
- > diseases of the endocrine system;
- ➤ hypovitaminosis _ _ ;



> anemia.

Symptoms of leukoplakia in the oral cavity: Cancers of the lower part of the mouth are sometimes adjacent to leukoplakia, called "macular leukoplakia", which includes white and red areas in the mouth. Speckled leukoplakia can be a sign of cancer in a person. Because of the risk of oral cancer associated with leukoplakia, it is recommended that anyone with any type of abnormal or persistent change in the mouth be evaluated by a health care provider.

Mouth trace _ empty space _ _ _ leukoplakia signs mouth _ _ in the void _ _ inflamed _ _ and swollen of places appearance _ _ _ It can be located on the inner surface of the cheeks, in the hard tissues of the throat, in the adhesion area of the lip and in the bottom of the oral cavity. After some time, keratinization is formed at the site of inflammation and they are covered with a white coating. It is very easy to remove, but after a few days it covers the affected area again. This appearance of the disease does not cause discomfort to patients: they are painless and do not itch.

If leukoplakia develops in the oral mucosa, other symptoms of the disease appear: papillary growth appears, the affected areas begin to bleed, ulcers and erosion appear. In this case, the foci of the disease expand quickly, and their base becomes firm and dense.

Diagnosis:

A diagnosis of leukoplakia usually includes:

- ❖ Oral examination by a health care provider
- Trying to get rid of white patches (if you can get rid of them, it's probably not leukoplakia)
- Complete medical history to identify specific risk factors (eg, smoking or chewing tobacco)
- ❖ Identify other causes of white patches (such as thrush)
- Check for early signs of cancer

A biopsy involves removing tissue from the body to check for a disease, such as cancer. Cancer screening for people with leukoplakia may include:

- ➤ Oral brush biopsy: This is the removal of cells (to check for cancer) from the outer surface of the lesions using a small rotating brush.
- Excisional biopsy: This is the surgical removal of tissue from a leukoplakia patch (or in some cases the entire plaque) to check for cancer cells. Excisional biopsy is a more definitive method of screening for oral cancer than oral brush biopsy.

After an excisional biopsy, if the result is positive, the health care provider may refer you to a specialist (an oral surgeon or an ear/nose/throat specialist) to treat oral cancer. If the leukoplakia patch is very small and has been completely removed by excisional biopsy, no further treatment may be needed except for constant observation.

Treatment of leukoplakia in the oral cavity:

Treatment of oral leukoplakia is considered a complex process. Because every person has the skills to fight against the symptoms of this disease within his capabilities, he starts to follow the recommendations given to overcome the disease in a voluntary and compulsory way. Leukoplakia caused by a number of factors that we mentioned above, in particular, predisposition to hereditary diseases, anemia, chronic gastrointestinal diseases, consumption of vitamins in excess of the norm, or the main causes of harmful habits such as regular smoking, consumption of tobacco and other products. because it is somewhat difficult to overcome the disease. The instinct that has formed in people's minds weakens their will to get rid of their bad habits or to diet even for a certain period of time. In such cases, it is appropriate for the doctors and medical staff who started the treatment process to provide the patient with sufficient information about the root cause of the disease and about its side effects and complications, and to fight against the disease together. During the treatment, it is necessary to eliminate all the threatening factors that damage the mucous membrane of the oral cavity. For this purpose, complete sanitation of the oral cavity and removal of ill-placed crowns, prostheses or implants. If the appearance of this disease is caused by internal systemic diseases or pathological conditions, it is necessary to carry out their treatment first. Thus, in light leukoplakia of the oral cavity, which causes neuropsychic overloads, it is necessary to take a careful approach, remove the patient from depression, and avoid long-term emotional work.

Prevention:



Preventive measures depend on the form of pathology:

- ➤ prevention of oral leukoplakia by smoking cessation, timely treatment of gastrointestinal diseases, rational prosthetics (rejection of metal prostheses), sanitation of the oral cavity;
- ➤ to prevent leukoplakia of the esophagus and larynx, it is necessary to avoid alcoholic beverages, hot and spicy foods;
- infectious pathologies should be treated in time;
- ➤ food quality review;
- > exercise regularly;
- strengthen the immune system;
- compliance with hygiene rules;
- > prevention of overheating in the genital area;
- > monitor metabolism.

Conclusion: Treatment of leukoplakia is most effective after early diagnosis. It is important to visit your health care provider regularly, as well as learn how to do oral self-exams. Usually, removing the source of irritation (smoking, chewing tobacco or excessive alcohol consumption) is enough to cure the disease.

However, if there is a positive biopsy result, further treatment is necessary. This may include one (or more) of several options.

- ❖ If leukoplakia is caused by a dental problem, a dentist will be consulted to correct ill-fitting dentures, a chipped tooth, or other causes.
- ❖ Your doctor will recommend immediate removal of all leukoplakia using a laser, scalpel, or probe (called a cryoprobe) to stop the spread of cancer.
- ❖ You will need regular follow-ups to check for recurring symptoms of leukoplakia (which are common).
- ❖ If the diagnosis is hairy leukoplakia, you may be prescribed an antiviral medication. Be aware that the risk of oral cancer increases even after leukoplakia patches are removed. Of course, paying serious attention to the issue of health should be a part of our life.

References:

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TIBBIYOT AKADEMIYASI

- **1.** Nigora Toshpolatova, Sayyora Suyunova "Diseases of the oral cavity" Tashkent-2017.
- **2.** Therapeutic dentistry (M.Ziyayeva, R.Bahodirova) Tashkent-2017.
- **3.** Bashtavoi AA, Shilova Yu.N., Tokmakova SI The use of low temperatures in the treatment of diseases of the mucous membrane of the oral cavity (Part I). Institute of Dentistry 2007.
- **4.** Bashtavoi AA, Shilova Yu.N., Tokmakova SI Use of low temperatures in the treatment of diseases of the mucous membrane of the oral cavity (part II). St omatology Institute 2007.
- **5.** Kaspina AI, Drozjina VA, Kerzikov AF The effect of Helicobacter pylori infection on the condition of the oral mucosa. Moscow-2011.
- **6.** Alkhatib MN, McNeill A., Bedi R. Oral cancer awareness in Great Britain. Br Dent J 2006.
- 7. and target cell lysis of latent natural killer cells: clinical implications for oral precancerous lesions. Oral Surgery, Oral Medicine and Oral Pathology 1990.