FEATURES OF THE RECEPTION OF PATIENTS BY DENTISTS IN THE CONDITIONS OF A PANDEMIC OF A NEW CORONAVIRUS INFECTION (COVID-19).

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Ways of transmission of infection: airborne (when coughing, sneezing, talking), airborne dust and contact. Transmission factors: air, food and various household items, contaminated 2019-nCoV.

The possibility of nosocomial transmission of infection to medical personnel during the provision of medical care has been established.

The incubation period is from 2 to 14 days.

A new coronavirus infection caused by 2019-nCoV is characterized by the presence of clinical symptoms of acute respiratory viral infection:

- Increase in body temperature (>90%);
- Cough (dry or with a small amount of sputum) in 80% of cases;
- Shortness of breath (55%);
- Myalgia and fatigue (44%);
- Feeling of congestion in the chest (>20%).

The most severe shortness of breath develops by the 6th-8th day from the moment of infection. It was also found that among the first symptoms may be headaches (8%), hemoptysis (5%), diarrhea (3%), nausea, vomiting, palpitations.

Like other respiratory viruses, coronavirus spreads through droplets that form when an infected person coughs or sneezes. It is known that the oral cavity and nose are the initial part of the respiratory tract, which is often charged with coronavirus infection. Among the oral signs and symptoms of coronavirus, there may be dysgeusia (taste disorder. — "Izvestia"), petechiae (spot hemorrhages in the form of red bumps), candidiasis, traumatic ulcers and other various lesions of the tongue and mucous membranes. Therefore, it is desirable to include a dental examination in the list of necessary studies with COVID-19 [J. Amorim dos Santos et al. International Journal of Infectious Diseases 97 (2020)].

Since December 2019, the number of publications on coronavirus infection, considered as a pandemic caused by rapidly transmitted coronavirus-2, has been growing exponentially. The virus causes severe acute respiratory syndrome (SARS-CoV-2). To date, 72,870 cases of infection with the COVID-19 coronavirus have been recorded in Uzbekistan. This is 0.12% (63,065,897) of the total number of infected in the world.

Current definitions of Covid-19 cases depend solely on typical pulmonary symptoms common with other respiratory diseases. Meanwhile, from a laboratory point of view, leukopenia with lymphopenia, thrombocytopenia, high values of C-reactive proteins and low levels of procalcitonin are well-established diagnostic indicators. In addition, many symptoms manifest themselves in the oral cavity. The most frequent lesions in descending order were tongue (38%), lip mucosa (26%), palate (22%), gum (8%), cheek mucosa (5%), oropharynx (4%) and tonsils. (1%). The proposed diagnoses of lesions included aphthous stomatitis, herpetiform lesions, candidiasis, vasculitis, Kawasaki type, mucositis, and drug rash, necrotizing periodontal disease, angular cheilitis, atypical Sweet syndrome and Melkerson-Rosenthal syndrome. Lesions of the oral cavity were symptomatic (soreness, burning or itching) in 68% of cases. Oral lesions were almost the same in both sexes (49% of women, 51% of men). The delay time between the appearance of systemic symptoms and oral cavity lesions ranged from 4 days before and up to 12 weeks after the appearance of systemic symptoms. In 3% of cases, oral lesions preceded systemic symptoms, and in 4% of cases, oral and systemic symptoms were simultaneously manifested. The longest latency period was for lesions like Kawasaki syndrome. Oral lesions healed from three to 28 days after their appearance. Various types of therapy were prescribed for oral lesions, including chlorhexidine mouthwash, nystatin, oral fluconazole, local or systemic corticosteroids, systemic antibiotics, systemic acyclovir, artificial saliva and photobiomodulation therapy, depending on the etiology.

According to researchers, patients with Covid-19 often have thrombotic complications with the detection of large blood clots and signs of thrombosis at the microcirculatory level. This is due to several pathogenetic mechanisms at once. A sharp decrease in the ability of red blood cells to change their shape during the passage of vessels of the microcirculatory bed with a diameter smaller than the diameter of the red blood cell was also revealed.

The oral cavity, like the nose and eyes, is the entrance gate for the coronavirus. If, with a decrease in immunity, optimal conditions for the reproduction of

infection are created on the oral mucosa, the virus is able to bind to the ACE-2 molecule (angiotensin converting enzyme 2 — membrane protein) and affects the epithelium of the oral mucosa. In the future, it is possible to develop not only plaques, petechiae in the gums and on the palate, but more serious oral lesions, such as periodontitis, ulcers. Based on this, in case of COVID-19 infection, it would be advisable to consult a dentist as part of an interdisciplinary team to support the fight against coronavirus. In addition, it is necessary to provide dental supervision after the patient is discharged from the hospital.

Taking into account the above, the purpose of our further research is a comprehensive assessment of the dental status of patients who have undergone Covid19 and the development of dental rehabilitation measures to improve their quality of life.

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