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METHODS OF PREVENTION OF DISEASES OF THE MUCOUS MEMBRANE ORAL CAVITIES IN CHILDREN

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The abstract

Diseases of the oral mucosa are highly common, which makes the problem of their prevention urgent. Various causes and factors lead to the development of pathology, a significant part of which can be eliminated, which means that the disease can be prevented. Prevention should begin as early as childhood. The article describes measures for the primary and secondary prevention of oral diseases in children at various age periods related to the structural features of the mucous membrane.

Keyword

Prevention, diseases of the oral mucosa, childhood.

The oral cavity is an environment with a high risk of developing inflammatory processes and stomatitis. This is due to frequent injury, communication with the environment, and high microbial contamination. The urgency of preventing diseases of the oral mucosa (OCD) is due to the high prevalence of this pathology. Primary and secondary prevention are distinguished. Primary prevention is understood as a set of measures aimed at preventing the occurrence of diseases and eliminating risk factors. Secondary prevention is the treatment of emerging pathological processes of the oral cavity. Prevention of diseases of the oral mucosa requires active measures aimed at humans and the environment. Currently, the epidemiology of diseases of the oral mucosa has not been studied, but their spread is directly dependent on the degree of maturity of the human immune system. Prevention of the development of COPD pathology should begin in childhood. The nature of diseases of the oral mucosa in children is largely determined by the age-related features of the mucous membrane structure. Preventive measures for diseases of the oral mucosa in different age periods

I period

The first 10 days of a child's life are called the newborn period. During this period, the child's salivary glands are not functioning yet and the oral mucosa is very vulnerable and has many blood vessels. Any, even minor injuries (for example, a nipple) can cause a violation of the integrity of the mucous membrane. In children aged 10 days to one year, the epithelium of the mucous membrane has a small thickness. During the thoracic period, the immune properties of the tissue acquired in the antenatal period begin to be lost, which also affects the immunobiological capabilities of the mucous membrane during this period. In this regard, mention should be made of the diplacental transfer of maternal antibodies, hormones, enzymes, etc. This is probably due to the rather high resistance of the child's body to the occurrence of viral and bacterial stomatitis in the first year of life and the predominant development of fungal diseases of the oral mucosa, which is also facilitated by a neutral or slightly acidic saliva reaction. Primary prevention measures during this period are: injury prevention by carefully selecting pacifiers, nipples (of small length), careful supervision of the child; general health measures; monitoring the child's development. Secondary prevention should be aimed at timely treatment

of traumatic injuries, elimination of the cause that caused them, as well as timely and effective treatment of children with candidiasis, referral to a pediatrician, mycologist.

II period

At the age of 1-3 years, morphological features are clearly marked. In the specialized and integumentary type of the mucous membrane, areas of thinning of the epithelium, low levels of glycogen and RNA are found; the basement membrane is thin and has increased permeability. The connective tissue of the mucous membrane also has low differentiation. Cellular elements are located mainly perivascularly, their number is small. Mast cells are represented by young immature forms, the regulation of vascular permeability is still imperfect; there are very few plasma cells and histiocytes. Keratinization processes increase in areas of normal keratinization; the level of glycogen used in keratinization decreases. These factors determine the frequency of acute herpetic stomatitis at this age. Acute herpetic stomatitis in children with reduced immunity is highly contagious. In the period from 1 to 3 years, primary prevention consists in isolating children from contact with patients suffering from acute or recurrent viral infection; tempering children; using antiviral drugs for weakened and often ill children; UV irradiation in order to stimulate the production of endogenous interferon. The objectives of secondary prevention are: to reduce the number of recurrences of herpes infections of the oral cavity in children who have suffered an acute illness. Timely diagnosis by a pediatrician, referral of a sick child to the dentist and the appointment of antiviral drugs in the early stages of the disease will prevent further development of stomatitis, reduce the number of rashes. Therefore, close cooperation with pediatricians is the task of a pediatric dentist in this regard.

III period

At the age of 4-12 years, there is an increase in the thickness of the epithelium, a thickening of the basement membrane and fibrous structures of connective tissue. The glycogen content in the epithelium decreases slightly. Histiocyte-lymphoid accumulations appear, the number of mast cells decreases, which may indicate a decrease in vascular permeability. The activity of mast cells increases, which causes the accumulation of cytoplasmic heparin, which acts as a non-specific protection factor. At this age, perivascular lymphoid-histiocytic infiltrates are formed, called "round-cell", which is associated with the formation of protective mechanisms and the presence of significant environmental sensitization of the body already at this age. During this period, the tendency to diffuse reactions in various diseases of the mucous membrane decreases, the permeability of the vascular walls decreases; in addition, the activity of mast cells increases sharply due to the accumulation of heparin in their cytoplasm. The released heparin acts as a non-specific protection factor, blocks proteolytic and mucolytic enzymes of blood and tissues, normalizes the pathological permeability of blood capillaries and thereby promotes the restoration of tissue metabolism. These histological and histochemical features explain the appearance of acute and chronic diseases at the age of 4-12 years, which are based on allergic reactions. In preschool age, recurrent aphthae of the oral cavity, as well as recurrent herpetic stomatitis, are manifested. During this period, primary prevention mainly consists in carrying out restorative measures and organizing a balanced diet. The methods of secondary prevention are: long-term use of antiviral agents during the recurrence of herpes infection, until complete epithelialization of the rash elements; treatment and rehabilitation of children with symptoms of recurrent aphthous mouth with staged epicrisis during follow-up.

IV period

Age-related histological and histochemical differences after the age of 12-14 years are characterized by changes that occur under the influence of hormonal regulation factors and explain the predominance of juvenile gingivitis and mild leukoplakia. Schoolchildren are also characterized by lip diseases, recurrent aphthae of the oral cavity, erythema multiforme

exudative, recurrent herpetic stomatitis (usually in moderate to severe, sometimes continuously recurrent forms) with an allergic component. At school age, primary prevention is also based on general health measures (daily routine, classes, outdoor activities, sports); organization of a balanced diet; in children with constitutional abnormalities, restriction of the use of medications, especially antipyretics, analgesics, antibiotics, sulfonamides; rehabilitation after acute respiratory infections; ensuring proper lip and nasal architectonics. breathing. Secondary prevention methods are limited to the medical examination of children with erythema multiforme, lip diseases, etc.

Conclusion.

Risk factors in the development of diseases of the oral mucosa in children are the following: on the one hand: trauma, viruses, infection: fungal, bacterial, specific, etc.; on the other hand: low body resistance to various infectious factors, constitutional abnormalities, manifestations of allergies, general diseases of the child's body (including infectious). Preventive measures vary from age to age. For each period, certain measures take precedence, although they may not completely lose their role at other times.

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