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TREATMENT OF LICHEN PLANUS OF THE ORAL CAVITY IN RESIDENTS OF THE FRONTLINE TERRITORIES

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Lichen planus of the oral cavity is an autoimmune disease that affects up to 2% of the general population and is characterized by a long course with episodes of exacerbation and remission. The etiopathogenesis of the lesion has not been definitively clarified, and the treatment remains problematic [1, p.172, 2, part 191]. Currently, it is considered an oral potentially malignant disorder, although the rate of its malignant transformation is controversial, mainly due to the restrictive criteria for its diagnosis [3, p.631].

In the course of 2022-2023, 59 patients with various forms of oral lichen planus of the oral cavity were examined and treated, 37 of whom were under dispensary observation, 25 of whom were diagnosed with the disease for the first time. 23 patients, from those who were in dispensary registration, applied for an exacerbation, 14 underwent a routine examination. For 19 patients, the disease had transitioned to a more severe form. Clinical manifestations of the disease depended on the form and varied from a papular rash to numerous erosions and ulcers that caused pain, a burning sensation, difficulty in chewing and speech, as well as deterioration of oral hygiene. The erosive-ulcerative form of the disease was also associated with negative psychosocial consequences due to the chronic clinical picture and the potential for malignant transformation, which affected the quality of life of patients. It should be noted that, for all patients, the course of the oral lichen planus of the oral cavity took place against the background of numerous general somatic pathology and chronic stress associated with the impact of the war and being in the front-line zone. During the survey, 49 patients noted sleep disturbances, 4 had panic attacks, in a number of cases patients were unable to receive specialized medical care from narrow specialists in time for exacerbation of chronic diseases during their stay in temporarily occupied territories or in the active combat zone, which had a negative impact on the course of the disease and general condition.

The treatment strategy was focused on preventing unbearable symptoms, accelerating the healing of erosive lesions, increasing symptom-free periods, reducing the risk of malignant transformation and maintaining good oral hygiene and dental health, as well as correcting the general condition of patients.

Taking into account the data of the literature on the anti-inflammatory and immunomodulatory properties of vitamin D, as well as the regulatory effect on the proliferation and differentiation of keratinocytes and the experience of its use in the treatment of oral lichen planus of the oral cavity [4, p.390; 5, p.296], determined the level of vitamin D in blood serum of 48 patients in the observation group. Only in 2 cases did the level of 25(OH) vitamin D in blood serum exceed 29 ng/ml, which corresponded to normal values. In 6 cases, the level of 25(OH) vitamin D in blood serum ranged from 12 to 15 ng/ml, which is considered severe deficiency, in 40 cases, vitamin D deficiency was moderate.

The obtained data prompted a review of the previously applied complex therapy and its supplementation (in agreement with internists) with sedative drugs and drugs containing vitamin D. The duration of the course of treatment and the dosage of these drugs were determined by the family doctor or another specialist. An important aspect of the impact was the treatment of concomitant general somatic diseases.

All patients underwent elimination of local traumatic and irritating factors, sanitation of the oral cavity, individually selected hygiene products and methods, prescribed immunocorrectors, antioxidants, keratoplasty, photodynamic therapy according to indications. In severe cases, short-

term topical steroids were used for local treatment. Close attention was paid to restoring the normal biocenosis of the oral cavity.

In all the cases, a positive result of the treatment was reached, which manifested itself in the healing of ulcers and erosions, the transformation of the erosive-ulcerative form of oral lichen planus of the oral cavity into the exudative-hyperemic or typical form, as well as the reduction of the area and intensity of the lesion in typical and hyperkeratotic forms of the disease.

Thus, the addition of complex treatment with drugs containing vitamin D allows to increase the effectiveness of the treatment of oral lichen planus of the oral cavity.

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Content

Akhiev S.S. oglu, Akhmedov F.Sh. oglu, Akperova H.A. kizi A PRIORI ESTIMATE OF SOLUTION FOR A CLASS OF LAUDED HYPERBOLIC SYSTEM WITH CONTACT BOUNDARY CONDITIONS	4
Akhiev S.S. oglu, Akhmedov F.Sh. oglu, Akperova H.A. kizi FUNDAMENTAL SOLUTION FOR OPERATOR OF A CLASS OF HYPERBOLIC EQUATION SYSTEM	6
Akhundov V.J. ANALYSIS OF CAUSE AND EFFECT RELATIONSHIPS BETWEEN NET PROFIT AND FIXED CAPITAL IN THE INDUSTRIAL SECTOR OF AZERBAIJAN	8
Dimitrakaki I. MANAGEMENT OF CUSTOMER EXPERIENCES-THE CASE OF RITZ-CARLTON HOTEL	12
Gorbunova O.V., Iarova I.V. ПЕРСОНАЛІЗОВАНИЙ ПІДХІД ДО ВЕДЕННЯ ЖІНОК З ПАТОЛОГІЄЮ ЕНДОМЕТРІЮ НА ФОНІ БЕЗПЛІДДЯ	15
Ivaneiko I., Slipkevych A. DEVELOPMENT OF A GRID SCHEDULE STRUCTURE BASED ON AN ORDERED CALENDAR SCHEDULE	17
Kundytskyi O., Kundytska O. THE ECONOMIC BENEFITS OF A MORE PHYSICALLY ACTIVE POPULATION	19
Manukhina O.M. TREATMENT OF LICHEN PLANUS OF THE ORAL CAVITY IN RESIDENTS OF THE FRONTLINE TERRITORIES	21
Mukashev D.S., Abitova G.A. MODERN PLATFORM SOLUTIONS ENHANCING WEATHER FORECASTING THROUGH INFORMATION TECHNOLOGY	23
Saafan, B.M., Mekawy, R.A., El-Medala, F.M. ANTIMICROBIAL EDIBLE FILMS AND COATINGS	30
Siniavskaja V., Šakytė-Statnickė G. DYNAMICS OF DEVELOPMENT OF EU ENTERPRISES ENGAGED IN ELECTRONIC COMMERCE	38
Zhubatkanov K. STALIN AND THE SCIENCE OF SOVIET HISTORY	43
Zidonyte J., Matulyte I. INNOVATIVE PHARMACEUTICAL FORM: TECHNOLOGY OF CHEWABLE GEL TABLETS	46
Ахмедов Ф.Ш. оглы, Ахыев С.С. оглы, Акперова О.А. кызы СУЩЕСТВОВАНИЕ РЕШЕНИЯ ОДНОГО КЛАССА ЛИНЕЙНОЙ НЕЛОКАЛЬНОЙ ГИПЕРБОЛИЧЕСКОЙ КРАЕВОЙ ЗАДАЧИ С ОТКЛОНЯЮЩИМИСЯ АРГУМЕНТАМИ	48
Ахмедов Ф.Ш. оглы, Ахыев С.С. оглы, Акперова О.А. кызы СУЩЕСТВОВАНИЕ И ЕДИНСТВЕННОСТИ РЕШЕНИЯ ЛИНЕЙНОЙ КРАЕВОЙ ЗАДАЧИ ДЛЯ УРАВНЕНИЯ АЛЛЕРА С ИНТЕГРАЛЬНЫМИ ГРАНИЧНЫМИ УСЛОВИЯМИ	50
Бахтій А.О. ОСОБЛИВОСТІ ГЕНДЕРНИХ РОЛЕЙ МІЖ ЧОЛОВІКОМ І ЖІНКОЮ У ПОДРУЖНІЙ ПАРІ	52
Бондарчук П.М. РАДЯНСЬКІ АНТИРЕЛІГІЙНІ ПОСТАНОВИ ПЕРІОДУ ХРУЩОВСЬКОЇ ДОБИ	54
Буга В., Єрьоміна О., Демочко Г. БАЛІНТОВСЬКІ ГРУПИ ТА СИНДРОМ ПРОФЕСІЙНОГО ВИГОРАННЯ В МЕДИЧНІЙ СУБКУЛЬТУРІ	58
Бурцева О.Г., Вінькова М.А. ЗАДАЧІ ЕКОНОМІЧНОГО ЗМІСТУ ЯК ЗАСІБ АКТИВІЗАЦІЇ ПІЗНАВАЛЬНОЇ ДІЯЛЬНОСТІ ШКОЛЯРІВ	61
Верхова Г.П., Демочко Г.Л. ВИКОРИСТАННЯ НАРОДНОЇ МЕДИЦИНИ ТА ЇЇ ВПЛИВ НА ГРОМАДСЬКЕ ЗДОРОВ'Я	63
Верхолюк С.Д. ТЕХНОЛОГІЧНІ АСПЕКТИ ЗБІЛЬШЕННЯ ЗЕРНОВОЇ ПРОДУКТИВНОСТІ СОРТІВ СОЇ В УМОВАХ ПРАВОБЕРЕЖНОГО ЛІСОСТЕПУ УКРАЇНИ	65