

METHODS OF TREATMENT AND PREVENTION OF LEUKOPLAKIA OF THE ORAL MUCOSA

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Relevance. The most likely is the constant impact on tissues and their irritation due to constant biting, smoking, injury to the edges of teeth and prostheses, without denying the influence of endogenous factors. Among the latter, one of the first places is occupied by a violation of the immune system, pathologies of the gastrointestinal tract, vitamin deficiency, endocrine disorders, anemia, diabetes, UV exposure, resulting in a decrease in the stability of the mucous membrane and external stimuli. Leukoplakia can occur as an occupational disease.

Clinically, there are flat, verrucous, erosive-ulcerative, leukoplakia of smokers (Toppeiner), simple and mild forms of the disease. The frequency of tumor transformation among all forms of leukoplakia is 12.4%, but the erosive-ulcerative form of the disease has the greatest potential malignancy (25.5%). Therefore, the identification of early stages of pathogenetic features of the development of oral leukoplakia and adequate treatment is of great importance for the prevention of oncological diseases.

Leukoplakia of the oral mucosa is difficult to treat. The existing conservative methods are regarded as successful in 19.9% of cases, and the possibilities of the surgical method are limited by the significant spread of the lesion. The main predisposing and aggravating factors for the course of this disease are smoking, alcohol abuse, human papillomavirus (HPV), *Candida albicans*, as well as other factors: mechanical trauma of the lips; sharp edges of carious teeth, overhanging edges of fillings; pathological bite; poorly made prostheses; galvanism; excessive consumption of spicy, hot food. When leukoplakia is localized on the red border of the lips, chronic trauma with the mouthpiece of a smoking pipe, cigars, systematic cauterization of the red border when "finishing" a cigarette, as well as unfavorable meteorological conditions are important in its occurrence. The occurrence of leukoplakia in persons with occupational hazards (electricians, miners, oil workers, etc.) was noted. An important role in the occurrence and development of leukoplakia belongs to diseases of the gastrointestinal tract, which weaken the resistance of SOR to external stimuli and can lead to a violation of the absorption of vitamin A, which regulates the processes of keratinization.

Erosive-ulcerative form of leukoplakia is usually a complication of simple or verrucous leukoplakia. There are complaints of pain, intensified by the action of all kinds of stimuli. Against the background of foci of simple or verrucous leukoplakia, single erosions and ulcers occur, which are poorly epithelized and often recur. The erosive-ulcerative form undergoes malignancy in 21.4% of cases. The most dangerous in terms of malignancy of the SOR zone: the sublingual area, the lateral surface of the tongue, the soft palate.

Conclusion. Oral mucosa affected by the verrucous form of leukoplakia, it is recommended to use a combination of Er:YAG and CO₂ laser radiation. First, the surface layer of the epithelium is removed by Er:YAG laser radiation in the ablation mode with a focused beam with a power of 4 watts, a pulse duration of 700 microseconds in the "long" mode, with an energy of 300 MJ, a frequency of 20 Hz, an exposure time of 15 seconds per 1 cm with a water-air spray with a light guide located 0.5 cm away from the wound surfaces. Next, the wound surface is coagulated by carbon dioxide laser radiation with a power of 3 watts, a frequency of 15 Hz.

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