

## HERPETIC STOMATITIS IN CHILDREN WITH PHYSIOTHERAPY METHODS

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**Relevance.** Acute herpetic stomatitis is one of the clinical manifestations of primary herpetic infection. The spread of the disease in 71% at the age of 1 to 3 years is explained by the fact that at this age, antibodies received from the mother interplacentally disappear in children, as well as the lack of mature systems of specific immunity and the leading role of nonspecific protection. Among older children, the incidence is significantly lower due to acquired immunity after a herpetic infection in its various clinical manifestations. The structure of the oral mucosa in children of different ages and the activity of local tissue immunity are of great importance for herpetic infection, which manifests itself mainly in the oral cavity. The greatest prevalence of acute herpetic stomatitis in the period up to 3 years may be due to age–morphological indicators indicating a high permeability of histohematic barriers during this period and a decrease in morphological reactions of immunity: thin epithelial cover with low levels of glycogen and ribonucleic acids, friability and low differentiation of the basement membrane and fibrous structures of connective tissue (abundant vascularization, high the level of mast cells with their low functional activity, etc.).

Herpetic complement-binding antibodies are detected more often than after the transfer of a mild form of stomatitis. The duration of the disease extinction period depends on the resistance of the child's body, the presence of carious and destroyed teeth in the oral cavity, irrational therapy. The latter factors contribute to the fusion of the elements of the lesion, their subsequent ulceration, the appearance of ulcerative gingivitis. Epithelization of lesion elements is delayed up to 4-5 days. Gingivitis, sharp bleeding and lymphadenitis persist the longest. With a moderate course of the disease, the pH of saliva becomes more acidic, reaching  $6.96 \pm 0.07$  during rashes. The amount of interferon is less than in children with a mild course of the disease, but does not exceed 8 units / ml and is not found in all children. The content of lysozyme in saliva decreases more than with a mild form of stomatitis. The temperature of the apparently unchanged oral mucosa is in accordance with the body temperature of the child, while the temperature of the lesion elements in the degeneration stage is  $1.0-1.2^\circ$  lower than the temperature of the unchanged mucosa.

Diseases of acute herpetic stomatitis, taking into account the etiology of the disease in local treatment, serious attention should be paid to antiviral therapy. For this purpose, it is recommended to use 0.25% oxoline, 0.5% tebropfen ointment, zovirax, and interferon and neoferon solutions. These medications are recommended to be used repeatedly (3-4 times a day) not only when visiting a dentist, but also at home. It should be borne in mind that antiviral agents are recommended to affect both the affected areas of the mucosa and the areas without the presence of lesion elements, since they have a preventive effect to a greater extent than a therapeutic one. During the period of extinction of the disease, antiviral drugs can be canceled. The leading importance in this period of the disease should be given to keratoplastic agents. These are primarily oil solutions A and B, sea buckthorn oil, caratoline, rosehip oil, ointments with methyluracil, oxygen cocktail. These agents treat the elements of the lesion 2-3 times a day to accelerate the epithelialization of aft. It is equally important during this period of the disease to pay attention to the phenomena of bleeding of the gingival margin (catarrhal gingivitis). "Teeth drowned in gums" is the most frequent complaint of a

child's parents. Sometimes catarrhal gingivitis turns into ulcerative–necrotic. Anaerobic microorganisms that cause diseases of the oral cavity.

**Conclusion.** In conclusion, it should be noted that acute herpetic stomatitis, occurring in any form, is an acute infectious disease and requires in all cases the attention of a pediatrician and dentist: in order to provide comprehensive treatment, to exclude contact of a sick child with healthy children, to carry out preventive measures of this disease in children's groups.

#### LITERATURE

1. Khabibova N.N. Characteristic features of free-radical processes and antioxidant protection in the oral cavity during chronic recurrent aphthous stomatitis// *European Science Review*. - 2018. - P. 191-193.
2. Khabibova N.N. Changes in biochemical and immunological indicators mixed saliva of patients with chronic recurrent aphthous stomatitis// *European journal of pharmaceutical and medical research*. –2018. – (5) 11. – P. 143-145.
3. Хабибова Н.Н. Клинико-биохимические особенности течения псевдоаллергических вариантов хронического рецидивирующего афтозного стоматита// *Проблемы биологии и медицины*. – 2018. - № 4 (104). – С. 220-222.
4. Хабибова Н.Н., Саидов А.А., Саидова М.Р. Сурункали рецидивирловчи афтозли стоматитда липидларни перекис оксидланишини ўзига хос хусусиятлари ва оғиз бўшлиғи антиоксидант химоясининг ҳолати// *Тиббиётда янги кун*. – 2018. - № 3 (23). – Б. 61-63.
5. Хабибова Н.Н., Вахидова М.А. Оценка защитной системы слизистой оболочки ротовой полости при хроническом рецидивирующем афтозном стоматите// *Вестник ТМА*. –2019. - № 3. – С. 131-133.
6. Хабибова Н.Н., Хабилов Н.Л. Роль адгезивных молекул в развитие афтозного стоматита// *Stomatologiya*. Ташкент. -2019. - № 3. – С. 32-36.