

RETROSPECTIVE ANALYSIS OF THE FREQUENCY OF THE OCCURRENCE OF THE LICHEN RUBER PLANUS AND THE IT'S VARIOUS FORMS UNDER THE CONDITIONS OF UZBEKISTAN

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Abstract

The article presents the data of patients with lichen planus of the oral mucosa obtained from consultative journals over the past 5 years (2015–2019). This retrospective analysis showed that the incidence of LRP among all diseases of the oral mucosa is 196 people 44.3% (442 patients). At the same time, of all forms of LRP, the typical form accounts for 41.3%, the erosive-ulcerative form accounts for 33.6% in the age category of people 41-60 and over. The low effectiveness of the traditional local treatment regimen, high resistance to ongoing therapy for patients with CPL justifies the search for new methods and means of pathogenetic treatment.

Keywords: the lichen ruber planus, oral mucosa, frequency, various forms

Introduction. Carried out on the journals of consultative reception for the last 5 years (2015-2019). This retrospective analysis showed that the incidence of LRP among all diseases of the oral mucosa is found in 196 patients out of 442 (44.3%). So, for the period from 2015 to 2019, 196 people with LRP of the oral mucosa consulted at the Department of Therapeutic Dentistry of the TSDI of the Ministry of Health of the Republic of Uzbekistan. The distribution of patients by year was respectively: in 2015, 19 (9.69%), in 2016 - 32 (16, 32%), in 2017 - 35 people (17.85%), in 2018 - 44 (22.44%), in 2019 -66 (33.67%) (Table 1).

Table 1. The number of patients with LRP from 2015-2019, who applied to the clinic of therapeutic stomatology of the TSDI

Year	Number of patients with LRP	
	abs	%
2015	19	9,69
2016	32	16,39
2017	35	17,86
2018	44	22,44
2019	66	33,67

A gender study of patients with LRP from 2015-2019 shows that women's reversal rate by years is significantly higher than among men and is accordingly: in

2015, 3.75 times more often than men. In 2016 - 7 times, in 2017 - 2.88 times, in 2018 - 4.5 times, in 2019 - 3.71 times more often than men.

In the age aspect, they were most actively treated at the age of 51-60 years and more than 60 years. So, at the age of 21-30 years, 18 patients (9.18%) addressed, at the age of 31-40 years - 16 patients (8.16%), at the age of 41-50 years old - 27 patients (13.77%), at the age of 51-60 years - 64 patients (32.65%) and at the age of > 60 years - 71 patients (36.22%) (table 2).

Table 2. Gender-age study of patients with LRP for the period from 2015-2019

year	Total patients with LRP	Sex		Age				
		man	woman	21-30	31-40	41-50	51-60	> 60
2015	19	4	15	3	2	-	7	7
2016	32	4	28	4	2	5	11	10
2017	35	9	26	2	2	7	5	19
2018	44	8	36	5	2	5	18	14
2019	66	14	52	4	8	10	23	21
Total:	196	39	157	18	16	27	64	71

A retrospective analysis of the prevalence of LRP patients in various regions of Uzbekistan and neighboring countries showed that residents of the capital and the metropolitan area are more likely to seek medical advice. Of the 196 patients, 84 (42.85%) are residents of the capital and 36 (18.36%) are in the metropolitan area, 10 patients each from the Jizzakh and Kashkadarya regions (5.10%), and 8 from the Bukhara and Fergana regions (4, 08%), 7 patients each arrived from Samarkand and Syrdarya regions (3.57%), 6 patients from Namangan region (3.06%), 5 patients each from Surkhandarya and Khorezm regions (2.55%), 4 patients - from the Andijan region (2.04%), 2 patients - from the Navoi region (1.02%). 157 of the 196 patients were women (80.10%) and 39 were men (19.89%).

Profits from the neighboring states of Tajikistan -1 patient (0.51%), from Kazakhstan - 3 patients (1.53%) (table 3).

Table 3: Circulation of patients with LRP for the period 2015 -2019 by regions of Uzbekistan

№	Region	Quantity	Sex	
			Man	Woman
1	Tashkent city	84	23	61
2	Tashkent. region	36	4	32
3	Syrdarya region	7		7
4	Jizzakh region	10	2	8
5	Samarkand. region	7	2	5
6	Bukhara region	8	2	6

7	Kashkadarya region	10	3	7
8	Surkhandarya region	5	1	4
9	Khorezm region	5	1	4
10	Andijan region	4		4
11	Namangan region	6		6
12	Ferghana region	8	1	7
13	Navoi region	2		2
	CIS			
1	Tajikistan	1		1
2	Kazakhstan	3		3
	Total:	196	39	157

Of all forms of RF, the most common form is typical, which is 41.32% (81), of the complicated forms - 33.67% (66) (table 4).

Table 4. Frequency of occurrence of LRP for the period 2015-2019

LRP forms	Absolut	%
Typical	81	41,32
Hyperkeratotic	12	6,12
Exudative-hyperemic	28	14,28
Bullous	8	4,08
Erosion ulcer	66	33,67

Complaints of patients with various forms of LRP about tightness were noted in 40 (20.4%) of 196 patients; complaints of constant pain, burning discomfort were presented by 34 (17.34%) patients. A frequent symptom of patients, especially the typical and erosive-ulcerative form of RF, was a violation of sensitivity, only 21 (10.71%) patients had complaints of pruritus (Table 5).

Table 5. Patient complaints with various forms of LRP

Complaints about	Clinical forms of LRP					Total patients with LRP OM n=196
	Typical n=81	Hyperker. n=12	Ex-hyper. n=28	Bullous n=9	Er.ulcers n= 66	
Tightness	16	3	6	5	10	40
Constant pain	7	-	8	2	17	34
Burning	12	3	5	-	14	34
Discomfort	13	4	2	2	13	34
Sensory impairment	16	-	5	-	12	33

Itching	17	2	2	-	-	21
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Of the 196 patients with LRP, in 75 (38.26%) the duration of the disease is 1-3 years, in 38 (19.38%) patients, more often with a typical form, the duration of the disease was 3-5 years. 39 (19.89%) patients had a disease duration of 5-10 years. Duration of the disease over 10-15 years was observed more often in patients with an erosive-ulcerative form of LRP, which amounted to 44 patients (22.44%) of the total number of patients (table 6).

Table 6. Distribution of patients according to the duration of the LRP OM

Disease duration (years)	Clinical forms of LRP					Total patients with LRP OM n=196
	Typical n=81	Hyperkeratotic n=12	Ex-hyper. n=28	Bullous n=9	Er.ulcer n= 66	
1-3 years	37	6	11	4	17	75
3-5 years	14	3	7	2	12	38
5-10 years	11	2	6	1	19	39
10-15 years	19	1	4	2	18	44

The lesion element in a typical form of LRP is small white papules, which are interconnected by an openwork mesh, the so-called Wickham net. Patient complaints usually came down to a feeling of tightness, minor pain, especially when eating.

The hyperkeratotic form is characterized by the fact that, against the background of papular rashes typical of RF, continuous foci of keratinization with clear boundaries are formed. Favorite localization is the dorsal surface of the tongue. The exudative-hyperemic form of LRP is characterized by severe inflammation with lichenoid formations. Patients complain of pain during eating, itching and burning. With a bullous form, small bubbles were observed, the opening of which quickly led to the appearance of erosive surfaces. Patients complained of severe pain and burning sensation.

The erosive-ulcerative form of LRP is manifested by hyperemia of the oral mucosa, where sharply painful erosions and ulcers coated with plaque are noted, patients found it difficult to eat due to pain, and sleep and appetite disturbances were observed. Erosive - ulcerative lesions of the oral mucosa had an irregular shape and polygonal outlines.

Localization of the elements of the lesion is more often observed on the mucous membrane of the cheek in 95 patients (48.5%). Localization on the mucous membrane of the retromolar region was noted in 59 patients (30.1%), the mucous membrane of the tongue was affected in 18 (9.18%) patients, the mucous membrane of the sublingual region was affected in 13 (6.63%) patients, on the mucous membrane of the gum observed in 11 (5.61%) patients (table 7).

Table 7. The localization of the elements of the lesion in

patients with LRP

Localization	Clinical forms of LRP					Total patients with LRP OM n=196
	Typical n=81	Hyperker. n=12	Ex-hyper. n=28	Bullous n=9	Er.ulcer n= 66	
Cheeks mucous	34	7	12	5	37	95
Retromol. region mucous	32	2	11	1	13	59
Tongue mucous	8	1	2	1	6	18
Sublingual region mucous	3	1	2	1	6	13
Gums mucous	4	1	1	1	4	11

The analysis of anamnestic risk factors for the development and exacerbation of LRP OM showed that patients consider one of the main causes a complex of factors: meteorological dependence, seasonal desynchronosis - violation of the parameters of individual biorhythms, mismatch of phase relationships between various biorhythms of the body and cyclic environmental factors. 22% (n = 43) of patients indicated this reason, which is consistent with the results of a study by Russian scientists (S. Gaffarov, et al. Environmental stability, dentistry and human health. - Tashkent, 2014. - P.123-125).

This circumstance confirms that the violation of ecological balance leads to the development of more severe forms of RF, namely the erosive-ulcerative form. At the time of the examination, patients with LRP of OM had concomitant diseases: diabetes mellitus was noted in 14.0% of cases, thyroid disease –6.0%; diseases of the cardiovascular system in 18.0% of cases, the gastrointestinal tract - 50%. Diseases of the urinary system were detected in 12.0% of cases (table 8).

Table 8. Concomitant diseases of patients with LRP OM

№	Somatic diseases	Number of patients (%)
1	Chronic gastritis (A, B)	16
2	Chronic cholecystitis	9
3	Chronic hepatitis (A, B, C)	11
4	Chronic pancreatitis	6
5	Chronic pyelonephritis	12
6	Diabetes	14
7	Chronic enterocolitis	8
8	Atherosclerosis	4
9	Hypertonic disease	7
10	Thyroid disease	6
11	Ischemic heart disease	7

In 32% of cases, the most common local traumatic factors for the development of LRP OM were irritation of the oral mucosa, and in 12% of cases, the simultaneous presence of dissimilar metals in the oral cavity. Denture injuries amounted to 17%, filling injuries - 16%, injuries caused by chipped teeth amounted to 9%. A bad habit of biting the mucous membrane of the cheeks and tongue was recorded in 14% of cases (table 9).

Table 9. Provocative factors for the development of LRP OM

№	Somatic diseases	Number of patients (%)
1	Irritation of LRP with carious teeth	32
2	Dissimilar metals	12
3	Denture injuries	17
4	Trauma filling	16
5	Biting the cheek, tongue	14
6	Traumatization of chipped teeth	9

Analysis of the effectiveness of the traditional regimen for local treatment of patients with lichen planus showed that improvement occurred in 48.7% of cases. Prednisolone tablets according to the scheme: at a dose of 20 mg by mouth after breakfast every other day (1st week), at a dose of 15 mg (2nd week), at a dose of 10 mg (3rd week), at a dose of 5 mg (4th week); nicotinic acid tablets at 0.05 g 2 times a day; oil-based Vitamin A 10 drops 3 times a day.

In 9% of cases, erosive-ulcerative transformation into the typical form of lichen planus was recorded. In 42.3% of cases, patients showed resistance to traditional therapy, which was manifested by frequent exacerbations of the disease (from 2 to 5 times a year) and unstable remission.

Thus, the results of a retrospective analysis indicate that the prevalence of LRP OM is 44.3% among other diseases of the oral mucosa. At the same time, of all forms of RF, the typical form accounts for 41.3%, the erosive-ulcerative form accounts for 33.6% in the age category of people 41-60 and over. The low effectiveness of the traditional local treatment, high resistance to ongoing therapy for patients with LRP justifies the search for new methods and means of pathogenetic treatment.

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