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The Effectiveness of Treatment and Prevention of Lichen Planus of the Oral Mucosa

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Abstract: The incidence of the disease varies from 30 to 35% among the entire pathology of the oral mucosa (OOM), affecting mainly women of the climacteric period and menopause [Kubanova A. A. 2010, Perlamutrov Yu.N. 2010, Julia S. Lehman 2009]. Psychoemotional stress is considered to be one of the triggering factors in the onset of LPO OCPR, and the activity of the processes of free radical oxidation of lipids and the lack of capacity of the antioxidant potential of the body determine the ineffectiveness of therapy, as a result of which it can be concluded that it is necessary to include drugs with antioxidant and anxiolytic properties in the traditional treatment regimen.

In this study, 60 patients with erosive ulcerous form were examined and treated according to the treatment method. They were randomly assigned to the same treatment group: Group I – Celestodera applications were used in complex treatment: Solcoseryl, in group II - combined treatment (Tisol applications with L-arginine in combination with injections of platelet autoplasma). In both cases positive dynamics was noted, however, the nature and timing of epithelialization was different.

Keywords: regeneration, method, injections, oral cavity, treatment, applications.

Introduction

The problem is further complicated by the fact that so far no measures of communal prevention of diseases of the SOPR have been developed [2,3]. The problem of treating lichen planus erythematosus (CPL) is one of the most important and still unsolved problems of clinical dentistry. Among the common pathological processes localized on the oral mucosa and the red border of the lips, erosive and ulcerative lesions in lichen planus occupy a special place [5.8]. This is due to the fact that when treating them, a practical doctor often has to face difficulties associated with the presence of a long, persistent course of this disease in patients with frequent relapses [9].

The urgency of the problem is also determined by the fact that this type of lesion has a significant prevalence and belongs to a facultative precancer with a high frequency of malignancy [6, 10]. This requires the oncological alertness of the doctor and an increase in the effectiveness and timeliness of treatment [1, 8]. It is known that erosive and ulcerative forms of CPLC of the oral mucosa can be precursors of squamous cell carcinoma. The main trends in the development of gerontostomatology show the practical need to use modern diagnostic technologies in the complex treatment of patients [4, 11]. Treatment of the oral mucosa should be directed not only to eliminate existing problems, but also to prevent their

In the first group, against the background of traditional treatment, patients were prescribed applications of Celestoderm and Solcoseril 1:1. In the second group, a combined method of drug

composition of Tizol with L-arginine in combination with platelet autoplasma injections (PRP therapy) was used in complex treatment. Local treatment was carried out daily for 1-14 days, as well as as the repair function of the examined tissue was restored.

After the local elimination of traumatic factors, the treatment of the erosive ulcer form of CPL was carried out according to the following scheme: 1. Application analgesia (gel "Kamistad", "Holisal", "Lidochlor", pyromecaine ointment 5%, etc.). 2. Applications of proteolytic enzymes (0.1% solution of trypsin or chymotrypsin). 3. Treatment with antiseptics (0.05% solution of chlorhexidine, 1% solution of iodinol, decoctions of herbs, etc.). 4. Applications with keratoplastics (oil solution of vitamin A), ointment dressings (Celestoderm and Solcoseril 1:1 for 30 minutes). 5. Fixation of the medicinal substance with a film "KP-Plast". In group II patients, the erosions were treated according to the above scheme, the difference was in point 4. 4. Initially, the site of the lesion was dried with a gauze swab, then a layer of Tizol gel was applied to the focus of the mucous tissue, then a medicinal composition of Tizol with L-arginine was applied in layers ("sandwich technique").

The layers were applied after 10-15 seconds, the thickness of each drug layer was not more than 0.01 mm. The total number of layers reached 2-6. The layers were applied with an applicator brush or a single-stick (sensitive) toothbrush. The course of treatment was 2 times a day for 2-14 days according to the indications. Hydrophilic gel Tizol with L-arginine when applied to the lesion site of the oral mucosa quickly and completely penetrated into the oral mucosa. Platelet autoplasm was prepared from the patient's own blood, followed by centrifugation, and the finished mass was injected into the affected area [7.13.14].

The resulting platelet autoplasm (approximately 3.5 ml) was injected from all sides of the lesion. The results were evaluated on the 3rd, 7th, and 14th day of treatment. The Hossley – Bergman Pain Index (PIB) was used to estimate the time of pain disappearance. To objectively evaluate the effectiveness of various methods of treatment and the drugs used, the area of erosion and ulceration of the oral mucosa and the index of regeneration of the oral mucosa (IRSR) were determined in dynamics.

The enamel and the Farmadont plate create a gas-permeable film on the erosion surface, which prevents the development of anaerobic flora, and provides an anti-inflammatory and epithelial effect [5, 6].

After epithelization, professional hygiene, training in rational oral hygiene with the selection of hygiene products and sanitation of the oral cavity were carried out. Thus, the use of collagen-based drugs showed a good clinical result, which determines their inclusion in the scheme of local treatment of the disease. On the 7th day from the beginning of treatment, pain was almost absent, patients noted a slight soreness when touching and probing. PIB – (0.4 ± 0.09) points. In the oral cavity, there was weak and in some cases pronounced hyperemia, pronounced edema, and slight bleeding during probing. The diameter of the wound surface was (0.55 ± 0.009) cm, which is statistically significantly lower than this indicator before treatment (1.4 ± 0.06) cm, ($p < 0.05$).

The area of the erosive and ulcerative lesion was 24.2 mm2, which is 2.3 times lower than the same indicator on the 3rd day of treatment. IRSOR – 11.8 %, which characterizes the II degree of regeneration. After 10 days, only 3 (10 %) people reported mild pain [PIB - (0.1 ± 0.05) points], the presence of erosions and ulcers with a diameter of (0.03 ± 0.02) cm.Lesion area – 0.07 mm2 These erosions were very difficult to visualize and diagnose, since the size was minimal.

During the follow-up period of 14 days, no negative dynamics were detected. Objectively, polygonal papules of a whitish color with a dense consistency were observed in the oral cavity against the background of an almost unchanged oral mucosa. The patients had no subjective feelings.

CONCLUSION. Their complaints did not completely disappear, and the erosions and ulcers on the mucous membrane did not completely epithelize. Patients of group II at the end of the course of treatment noted more pronounced positive changes. Thus, the dynamic measurement of the area of foci of erosions and ulcers in patients with erosive-ulcerative form of CPL indicates an acceleration of the reparative processes of SOPR and their higher intensity when including injections of platelet autoplasm in combination with the drug composition of Tizol with L-arginine in the treatment regimen of the disease.

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