



MECHANICAL DAMAGE OF THE MUCOUS MEMBRANE OF THE ORAL CAVITY, CLINIC, DIAGNOSIS, TREATMENT

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Annotation: In this article, diseases of the mucous membrane of the oral cavity, in particular, injuries caused by mechanical effects, its diagnosis and treatment, as well as protection and prevention of the mucous membrane of the oral cavity from mechanical damage measures are discussed.

Key words: Oral cavity, organism, infectious, rash, erosion, aphtha, ulcer, fissure, scar, hypertrophic scar.

The oral cavity has a very sharp protective feature, and weak mechanical and physical effects during eating do not cause significant injuries to it. However, if these factors have a stronger effect on the mucous membrane of the oral cavity, they cause pathological changes of one or another form. The mucous membrane of the oral cavity reflects the state of the whole body and organs. The mucous membrane of the oral cavity is constantly under the influence of external factors. Changes in it occur in the body in diseases of the cardiovascular system, metabolic diseases, skin -genital diseases, infectious and gastrointestinal diseases.

Clinical: Different levels of impact force produce different levels of injury foci in different areas. If the cause of inflammation is plastic prostheses, the site of inflammation is in the area where the prosthesis lies, in the gums, the causative factor is the tooth artificial crown and tartar tongue or the tip of the tongue - cases of biting

oral cavity and the front 2/3 of the tongue - the cause is some external acute traumatic factor, it is not difficult to determine whether the cause of inflammation in the gums is a hanging or pressed filling, permanent the cause of injury or inflammation of the gum edges is a broken tooth crown or residual tooth roots.

A characteristic feature of mouth ulcers is that it is constantly under the influence of various microbes. In the clinical course, the reactivity of the body and the age of the patient are important. The clinical appearance of lesions on the oral mucosa depends on the definition, speed, duration of exposure, additional microbial influence, as well as the specificity of the structure of the mucous membrane. Accordingly, changes in the mucous membrane of the oral cavity are characterized by mechanical, temperature, light and chemical factors.

Diagnosis: In the diagnosis of mechanical damage to the mucous membrane of the oral cavity **acute** - rapid injury of the mucous membrane, and **chronic** - long-term exposure of the damaging factors, in which an injury is observed in the place of the damaging factor. Acute mechanical damage to the oral mucosa is observed as a result of a sharp object or a bite. As a result of a bite, a blood clot in the mucous membrane - a hematoma (with intact mucosa) and an injury in the form of an erosion or ulcer. Blood clots in the tissue cause mild pain, and after 1-3 days, the pain disappears and is replaced by a bluish-dark hematoma, the size of a pea or larger. will be When the epithelium is injured, a painful nipple is formed, around which

infiltrative, borderline inflammation of the mucous membrane layer is observed. If there is no repeated injury instead of the wound, the erosion is quickly epithelized. In some cases, the entire thickness of the mucous membrane. Traumatic injuries of the mucous membrane of the oral cavity 19 symptoms of injury along; It occurs when biting, touching sharp objects, dental burs, sharpening disks while speaking and lunging, eating or having a seizure. In this case, an inflammatory infiltrate is observed around the wound. As a result of infection in the wound, tissue death (necrosis) is observed at the bottom of the wound and resulting in ulceration.

Diagnosing acute injuries of the mucous membrane is not difficult; a conclusion about the causative factor is clarified from the patient's anamnesis.

the oral cavity, it is important to be able to correctly identify the elements of the disease, the location of pathological changes. The following elements are observed in diseases of the mucous membrane of the oral cavity. Rashes that occur on the mucous membrane and skin consist of separate elements and are divided into primary and secondary types.

Primary elements include surgical elements, spot, solution, roseola, nodule, nodule, bump, bubble, blister, microabscess, cyst, blister.

Elements of secondary injury: erosion, aphtha, wound, fissure, scar, hypertrophic scar, atrophic scar, atrophy, caries, tumor, neoplastic formations, including the oral cavity is constantly in contact with the external environment and mechanical, thermal, physical influencing factors. If the impressions noted above exceed the norm, changes occur in the mucous membrane of the oral cavity. The degree of change depends on the type, duration and tissue of the affected area. Injurious factors include:

- mechanic,
- thermal,
- light,
- chemical.

Acute and chronic injuries are observed in mechanical damage to the mucous membrane of the oral cavity. Acute mechanical injury of the oral mucosa is caused by a sharp object or, rarely, a bite. There is a blood pile-hematoma and erosion on the mucous membrane. A weak pain appears in the pile of blood in the tissue, and after 1-3 days the pain disappears, and instead a bluish-dark hematoma forms. If there is no repeated injury instead of the wound, the erosion is quickly epithelized.

Chronic mechanical injury: Chronic mechanical injury is almost common. Sharp tips of the teeth, dental prostheses, teeth grinding and bad habits (biting the lip, lunge) can be injury factors. Damage can also occur from long-term wearing of a removable plate prosthesis that does not meet the demand. The clinical appearance and course of the disease depends on the location of the injury, the age of the patient, the strength of the traumatic effect and the secondary inflammation of the injury.

Chronic injuries may not bother the patient for a long time. In some cases, swelling, redness and mild pain are annoying. During the examination, it is observed that there is an ulcer on the mucous membrane of the oral cavity, redness, enlargement of the gums and tongue. The identified wound is located in the area affected by the injurious factor. Palpation of the wound is painful will be It can be accompanied by swelling of the regional lymph nodes. In this case, the lymph nodes are swollen, mobile and painful. For treatment, it is necessary to eliminate the offending factor first. Then it is necessary to treat the wound with an antiseptic and apply

keratoplasty methods. Diagnosis is not difficult: a conclusion about the causative factor is clarified already in the patient's anamnesis.

Treatment: Elimination of the causative factor in traumatic injuries is the first line of treatment. Wounds with remnants of dead tissue are initially treated with antiseptic drugs (1:5000 potassium permanganate solution, hydrogen peroxide, 1:5000 furatsilin), proteolytic enzymes. If severe pain occurs, anesthesia is performed. Erosion and wounds are treated with substances that increase epithelization, in which you can use oblepikha or namatak ointment, vitamin A solution. If hypertrophy of soft tissues - granuloma with prosthetics is observed, artificial prostheses are recommended. After the injured and hypertrophied tissue is epithelized, it is cut and the prosthesis is prepared again. Mouth In order to prevent injuries to the mucous membrane of the oral cavity, it is necessary to eliminate all injuries in the oral cavity, to fill caries cavities, and to monitor the condition of prostheses. In order to prevent injuries, it is expedient to quickly replace the teeth that have been removed with orthopedic treatment, and to eliminate the defect in the tooth rows in time.

Conclusion: The mucous membrane of the oral cavity and the lips can be mucous (contains mucus as opposed to serous) and purulent (sticky, dark, brownish-yellow mass). There is an acute and chronic type of catarrhal inflammation. Acute inflammation lasts 2-3 weeks and passes without complications after eliminating the provoking factors. The exudation is initially serous, mucous, then purulent. In purulent exudation, its mucous membrane is more damaged and eroded than in other cases. Eliminating the injury and timely treatment will lead to a quick recovery of the injury. If left untreated, instead of a wound, a chronic suppurative borderline focus is formed, and a dead mass of pus fills the tissues. Such an injured wound eventually forms an inflammatory ulcer, also called a decubitus ulcer.

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