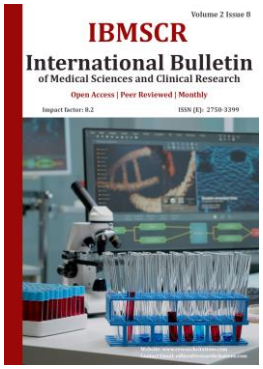

ETIOPATHOGENESIS OF CHRONIC RECURRENT HERPETIC STOMATITS IN TORCH-INFECTED PATIENTS (LITERATURE REVIEW)

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Summary: In recent years, against the background of the increase in the number of allergic, autoimmune and immunodeficiency cases in our Republic, there has been a constant increase in socially significant and opportunistic infections of bacterial, fungal, parasitic and viral nature. Inflammatory, chronic, slow-healing processes accompanied by the persistence of infectious agents of viral nature represent one of the main problems in medicine today [2.3].

Key words: TORCh, toxoplasmosis, rubella, Cytomegalovirus, Herpetic infection, herpes, replication

The small importance of herpes infection is that when the reactivity of the macroorganism decreases, it becomes disseminated. Herpes infection plays an important role in the development of secondary infertility, carcinogenesis, damage to internal organs and nervous system. According to WHO data, diseases caused by herpes infection take the second place (15.8%) after influenza (35.8%) in terms of the cause of death. In healthy people, herpes infection leads to the development of primary acute infection and the development of chronic, recurrent diseases in the skin and mucous membrane. Herpes infection can be fatal in immunocompromised individuals and newborns [1.5].

Herpetic stomatitis in patients infected with TORCh is a common acute infectious disease, the causative agent of which is various types of herpes simplex virus.

The chronic and frequent course of the disease is recorded in 20% of the population of the Earth. In herpetic stomatitis in patients infected with TORCh, the infection is transmitted in different ways: horizontal way - from a sick person to a healthy person, vertical way - occurs in the case of transplacental infection of the fetus comes, autoinoculation - the patient himself transfers the virus from the source of infection to the damaged areas of his body. Herpes infection remains in the human body throughout its life and causes recurrence of the disease in varying degrees of severity. The possibility of infection with herpes infection exists when the virus is released without symptoms and when there are visible lesions on the mucous membrane and tissues [2.4.6].

Clinical signs of herpetic stomatitis in patients infected with TORCh are associated with the replication of herpes infection type 1, and now the frequency of disease cases caused by herpes infection type 2 has increased. Numerous studies have shown that 50-70% of patients have antibodies to herpes infection, but most of them have not previously suffered from this disease and do not have clinical symptoms [1.3].

In patients with subclinical or atypical forms of the disease, the diagnosis of herpes infection is not always achieved, and they are characterized by rare reactivation of herpes infection.

High tropism for herpes infection is characteristic of neural and epithelial cells and tissues. Replication of the virus begins at the moment of passage through the damaged areas of the skin and mucous membrane of the oral cavity. For the first time, getting into the nerve nodes, the herpes infection is called a latent infection. Hematogenous way of spread of infection as a result of erythrocytotropism is typical for herpes infection. In the lymphatic system, the herpes virus is either associated with cells of the immune system or not. Regardless of the clinic, the spread of the virus occurs in a volume sufficient to apply to the affective or autonomic nerve endings. After integration into the nerve cell, the virus migrates to normal neural crest tumors, where it is maintained in a "dormant" state as circulating viral DNA or DNA integration in the cell's chromosome [5.6].

When herpes infection enters cell neurons, viral genomes have a weakening effect, bringing them into a state compatible with the normal activity of the cell, and there is a possibility that the virus will go into a latent state in the tissues of the central nervous system, as evidenced by the detection of viral DNA in the brain. After the completion of replication, the reshaped virions leave the cell and at the same time damage the surrounding cells [4.5].

Today, it has been reliably proven that virions of herpes infection are detected in epithelial cells in the places where the infection occurs most often. As a result of exposure to triggering factors (high and low temperature, sunburn, stress, hormonal changes, medical procedures, alcohol consumption), control over viral replication occurs and the virion directly develops into a mature herpes infection in epithelial cells. there is a possibility of change. The primary symptoms of herpetic stomatitis in patients infected with TORCh are explained by virus activation in the cells in the areas where primary symptoms appear, and the appearance of a cytopathic effect 2-3 days after the onset of the manifestation is explained by the migration of the virus from the nerve nodes. An increase in the amount of the virus in the body leads to the restoration of control over its reproduction and the gradual reduction of recurrences due to the stimulation of all immune systems.

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