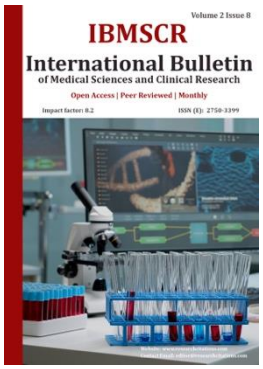

THE UNIQUENESS OF A MULTIMODAL APPROACH IN THE TREATMENT OF CANDIDA-ASSOCIATED PERIODONTITIS.

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Abstract. This article presents measures to improve oral hygiene and increase its preventive effectiveness and reduce the development of complications, taking into account the prevalence of dental diseases caused by candida, the complexity of diagnosis and treatment, and the prevalence of periodontal tissue diseases caused by this disease.

Key words. Assimilation process, immunological markers, periodontal tissue diseases, immunohistochemical examination, etiopathogenetic view.

Dental diseases caused by Candida occupy a special place due to their prevalence, complexity of diagnosis and treatment. Studies conducted in scientific sources over the past five years have shown that oral diseases caused by Candida occur in up to 10% of cases, and in combination with various syndromes, these diseases occur in up to 12.3%. At the same time, the prevalence of periodontal diseases caused by Candida, which range from 36.2% to 43.1%, indicates the high prevalence of the pathology. This situation is explained by the fact that the initial stages of the disease proceed without obvious symptoms, the lack of sufficient information about changes in both clinical and laboratory tests, and the lack of a single etiopathogenetic view among specialists. This indicates the need to improve methods of treatment and prevention of the problem[1,2].

Candidiasis is a fungal disease that mainly affects the mucous membranes and skin, and sometimes also internal organs. It can manifest itself in various forms, including the digestive, respiratory and genitourinary systems, as well as in the skin. In places where the immune system is significantly weakened, candidiasis sepsis (generalized candidiasis) can develop, which can lead to serious complications [2,5].

Candidiasis is caused by Candida fungi, which are usually found on mucous membranes. It can begin when the immune system is compromised or dysbacteriosis occurs. Oral candidiasis occurs due to contact with a carrier, dysbacteriosis, or a violation of the immune system. It often occurs in pregnant women, premature babies, HIV-infected people, tuberculosis and other diseases.

Gastric candidiasis begins against the background of intestinal dysbacteriosis, causing inflammation of the mucous membrane of the stomach and intestines. Vulvovaginal candidiasis in women is associated with a decrease in immunity and a violation of the microflora. The disease can be transmitted through personal hygiene items or sexual contact. The risk increases in pregnant women, women taking hormonal contraceptives and women with endocrine diseases. Candidiasis is less common in men and usually has a milder course. Skin candidiasis occurs as a result of the transformation of fungi into a pathogenic form in dysbacteriosis, reduced immunity, avitaminosis, excessive sweating, diabetes mellitus and prolonged use of medications[1,3].

Oral cavity: Mucus, white curdled discharge from bleeding areas, inflammation of the tongue and corners of the mouth. Oral cavity: Local treatment includes rinsing with alkaline solutions, application of antifungal ointments, and treatment with Lugol and Iodinol solutions. General treatment consists of tablets such as Lamisil, Diflucan, and Nystatin, which can be supplemented with immunotherapy and physiotherapy[2,5].

The outcome of candidiasis of the skin and mucous membranes is usually favorable. With proper treatment, relapses are rare. However, candidiasis that has already begun can become chronic.

The most susceptible to candidiasis are:

- those who have a poor diet;
- those who do not observe oral hygiene;
- those who have a promiscuous sex life;
- those who suffer from oncopathologies, allergies or autoimmune diseases;
- those who take hormones;
- those who have diseases of the gastrointestinal tract.

The risk group also includes pregnant women, children under two years of age, and the elderly with weakened or incomplete immunity.

Prevention of candidiasis in children and adults includes:

- strengthening the body;
- taking vitamins;
- proper nutrition;
- sanitation of the oral cavity;
- timely treatment of dysbacteriosis;
- limiting the intake of hormones and antibiotics;
- reducing carbohydrate intake.

Candidiasis, candidiasis (Candida - the Latin name of the genus of yeast-like fungi and Greek mycos - fungus), thrush, thrush - a mycosis disease that occurs in humans and animals; mainly caused by yeast-like fungi (Candida). The skin, mucous membranes, and sometimes internal organs are affected. It is more common in children and the elderly. Since ancient times, a white tongue, called mold, has been known, which is observed in young children, especially infants and immunocompromised patients. Candida fungi are widespread in nature; in particular, they live on plants, fruits and vegetables, as well as in sugary fruits; they are always present on the skin and oral cavity of humans and animals, on the mucous membranes of the intestines, respiratory and reproductive tracts. Candida fungi enter the skin and mucous membranes of a newborn baby during the birth canal and live with it for life. In some cases, as a result of severe diseases that reduce the body's defenses (tuberculosis, blood diseases, dysentery, dysentery, etc.), as well as when a person is irregularly treated with antibiotics, the biological balance of microorganisms in the body is disturbed, and the disease develops. In such cases, as well as in people who have been ill for a long time, the mucous membrane of the oral cavity turns pale, easily movable white spots appear on the tongue, palate and gums, which hurt when eating [4].

In the elderly (most often in women) who wear removable dentures, the skin at the corners of the mouth sometimes peels and cracks; this creates favorable conditions for the growth of Candida fungi, most often lip thrush (see Lip thrush). Often the nails and gums become infected; the nails become rough, dull, brittle, their edges curl and move out of place;

pus accumulates between the nail and the flesh, the gums become inflamed, swollen, and thickened. Thrush often appears in the vagina. In this case, the mucous membrane is covered with a white coating, a scaly discharge is released, and it is often itchy (see Vaginitis). Thrush is also observed in skin folds of children and obese people (between the fingers, in the groin, under the mammary glands in women, around the anus, etc.) (skin thrush). If mucosal and skin infections are not treated in a timely manner, the disease can progress and spread to internal organs. Internal organs In K., the lungs, gastrointestinal tract, genitourinary system, cardiovascular system and other organs can be damaged. The sooner the patient consults a doctor and receives appropriate treatment, the faster he will recover. In order to prevent the disease, it is important to follow the rules of hygiene and take only the medications prescribed by the doctor[2,4].

Fungi damage the mucous membrane of the mouth and respiratory tract, the submucosa, causing necrosis. The fungus spreads throughout the body through the blood and lymph and damages internal organs. The disease occurs in calves, lambs, piglets up to 6 months of age, and more often in chicks up to 3 months of age. Adult animals weakened by metabolic disorders and avitaminosis also become ill. K. in many cases aggravates dysbacteriosis and some infectious diseases (tuberculosis). The source of the disease is a sick animal. The appearance of K. is caused by poor-quality feeding of animals, general weakening of the body, and long-term treatment with antibiotics.

The latent period of K. is 3-15 days. Sick chicks lose their appetite, become weak, their feathers are ruffled, they have diarrhea, and they huddle together. Their throats are hard and painful to the touch, making it difficult to swallow food. Up to 100% of sick chicks die. In lambs, goats, calves, and pigs, tears flow from their eyes, a whitish-gray coating appears on the mucous membrane of the tongue, palate, throat, and nose, which falls off and is replaced by ulcers.

Treatment: Nystatin sulfanilamide is added to feed or yogurt (10–100 mg per kg of body weight). Prevention: Feed animals with vitamin-rich feed in strict compliance with zoohygiene requirements. After the disease is identified, sick animals are isolated, and barns and equipment are disinfected with 1% caustic soda or 2% formalin solution

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