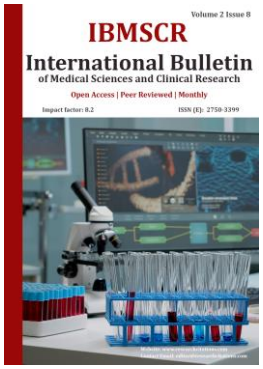

CLINICAL SIGNS OF INFECTIOUS DISEASES

Isayeva Muqaddasxon Maxammadovna
Andijan State Medical Institute, Faculty of Dentistry
Assistant Department of Pediatric Dentistry
https://doi.org/10.5281/zenodo.7784308

Annotation: this article covers a wide and comprehensive range of infectious diseases, the causes of their origin, symptoms of the disease and methods of combating these diseases, gives the necessary recommendations.

Keywords: infectious diseases, clinical signs of diseases, oral cavity, organism, appetite, saliva, immunological, fungi, teeth, tongue, lip.

One of the clinical signs of acute infectious diseases is the presence in the identification and diagnosis of signs of the complication process that occurs on the mucous membrane of the oral cavity. In different parts of the mucous membrane, changes characteristic of the disease are observed, for example, in measles, Belskova-Filatov-Koplika spot; separate hemorrhage in the flu, injury of all small blood vessels of the mucous membrane, etc.

n acute infectious diseases, the mucous membrane of the oral cavity, sudden changes reflecting such a condition as simultaneous influencing factors, digestive disorders, dry mouth and loss of appetite as a result of breathing with the mouth, low salivation also disrupt the acid-base balance in the saliva in the body, tissues are not saturated with oxygen, cases of dysbacteriosis, hypo and avitaminosis are observed, So the general change in the body is also to some extent significant in the change in the mucous membrane of the oral cavity. Various viral, bacterial, fungal, acute herpetic stomatitis, periodont disease attacks, impetigo, candidiasis are observed in the course of acute infectious disease course in the form of a decrease in the body's nonspecific reactivity, the occurrence and course of these mixed or concomitant oral mucosa, the virulence of the causative agent of the disease, the specific aspects of the organism (age, physical condition, genetic status, etc.).) related.

The inherent justification of acute infectious diseases in children and in the clinic is that the tissue is not morphologically fully matured and the functioning of the full - fledged living system is not restored. According to the results of experimental and clinical investigations, the reaction in the body against various infections that are developing to the fullest depends on many sides directly on the degree to which the body is immunologically trained. With the development and complication of the body, its sensitivity to various bacteria increases, followed by allergic reactivity. In newborn and breastfed children, the allergic reaction is relatively weak, such a low reactivity indicates that the protective reaction has not fully formed in time and the inflammatory process proceeds in different ways. Therefore, in young children, the location of the foci of inflammation is irresistible and borderless, and the inability to form a cell protective shell around the foci of inflammation, resulting in rapid destructive-necrotic changes from response weakness where the infection enters. In all acute infectious diseases, a pathological process is observed in the mucous membrane of the oral cavity, but the descriptive one is that changes in different diagnoses are manifested and accompanied in different ways.

In scarlet fever, a characteristic sign of illness - the tongue is Raspberry-tinged. In the disease, the body temperature is higher for three days, the tongue is covered with acute Carache, from the fourth day, this Carache is washed down with tongue twine suckers, and later sharp fungal flat suckers cover the surface of the tongue. When the tongue is completely clean, its surface is reminiscent of raspberry fruits. Later, the fungal suckers become emaciated, and guntersimon appears a condition reminiscent of the tongue, the surface of the tongue is flattened, and after a while the epithelial coating is restored.

A permanent sign of scarlet fever in the mouth "Rose ringum" in the center of the soft palate, a light reddish rash with a small point appears on the mucous membrane shell. A process that is not characteristic of scarlet fever, but is observed in many cases, is salivary detachment and the appearance of catarrhal gingivitis, which intensifies during the period of deskvamative epithelization of the tongue.

Treatment. In the treatment of changes in the mucous membrane of the oral cavity in scarlet fever, at first, it is necessary to dry the upper descvamative epithelial process on the mucous membrane, in some cases to stop the signs of aching. To do this, it is necessary to rub peach oil on the mucous membrane of the mouth with a mixture of 1-2% anestizine emulsion and rinse the mouth with bitter tea after each feeding.

The source of secondary infection of the oral cavity is the presence of a carious cavity in the teeth. Covering this with a disinfectant ointment every day, if the patient cannot chew his tooth, then it is thoroughly washed with antiseptic solutions. If signs of redness and build - up along the entire mucous membrane-acute dequamative stomatitis are observed, it is necessary to lose the cause of an allergic reaction, then apply keratoplastic objects.

Measles rashes occur 1-2 days before they appear on the skin in the form of dark-red enanthemas of indistinct appearance, which are poured together from 1 mm to several mm on the soft and hard palate. At this time, opposite the small food teeth in the lunj, in rare cases, a sign characteristic of measles occurs on the lip and gums - the stain "Bels-kiy-Filatov-Coplin". A small white spot with a volume of 1 mm formed is light on the mucous shell layer, where the liquid accumulates, at the expense of necrotic epithelium, around which a thin red broom is reddened.

Treatment. It is necessary to pay attention to the hygienic cleanliness of the oral cavity, the oral cavity and teeth should be rinsed daily with weak antiseptic solutions. Keratoplastic medicines are rubbed into the area of the lip where the cleft and lick appear. Always after eating, the oral cavity is rinsed in bitter tea.

Rubella. In rubella, the oral cavity does not have any specific changes to the mucous shell layer. Features: swelling, redness of the back walls of the larynx, ingestion, reaction of the earlobes and ensa lymph nodes during the period of exacerbation of the disease occurs.[1] In cases of severe course of the disease, cases of gingivitis, cleft lip, licks in the corner of the mouth and dry mouth occur.

Dysentery (bowel). In dysentery, the mucous membrane of the oral cavity reflects the presence of a high poisoning process in the body, an increase in body temperature and a state of dehydration. The mucous membrane of the mouth is limp, swollen, the opposite of The Shape of the side of the teeth is known in lun-js. The filamentous suckers of the tongue are in a reddened state, dry, leaky. These signs are stored for 6-7 days. The healing process of the

[1] M.F.Ziyayeva Allergik kasalliklar uslubiy qo'llanma Toshkent 2017

mucous membrane of the oral cavity can be observed by the fact that this layer turns pink. If dysentery is prolonged in the body, the oral mucosa is kept in a whitish, yellow tone. In the area of the gums, transparent veins are prominent in a good tone. From the 11th to the 15th day of the disease, changes in the oral cavity disappear. If vitamin deficiency occurs, a rupture process is observed in the lip and larynx without inflammation. If antibiotics are used in the treatment of dysentery for a long time, this leads to the development of post-dysentery intestinal candidiasis.

The changes that occur in the mucous membrane of the oral cavity in the first days of the disease do not require special treatment. It is necessary to prevent the occurrence of candidiasis later.[2]

In chickenpox, the mucous membrane of the mouth and the skin of the body change evenly, but the papules and vesicles that form on the surface of the mucous membrane thin out and quickly absorb. On the mucous membrane of the mouth, on the lip, in the oral corridor, initially a stain, papule, then a bubble is formed and quickly punctured, the place is covered with fibrinous carash. This results in a shape reminiscent of aphthae; it is positioned on a soft infiltrating derivative and is clearly bounded in an oval shape covered with yellow-grey carash. In the red border of the lip, a scarred floor forms over such elements. In chickenpox, rashes settle on the mucous membrane of the mouth in a repeating form, as in the skin, they are found in a multi-shaped appearance (spot, blister, papule). These elements are located on the hard and soft palate, on the inner surface of the lunge, on the lip and mouth cuticle.

Treatment. Before treatment, the composition of the fluid inside the formed bladder is studied, in which, if the chickenpox virus is found, from the first day, it is treated with antiviral drugs: interferon, oxoline, tebrafen or florenalene mazlar. Anesthetics emulsions of solcoseryl, dentil adgesive paste are used to prevent pain while eating. Every day after eating, an antiseptic is processed and a keratoplastic drug (naamatak oil, oblepixa oil, carotolin oil) is applied, the following drugs are applied for the purpose of drying the elements in the red border of the lip: a 1-2% solution of brilliant or methylene blue in water.

Infectious mananuclease. According to approximate opinions, more viruses are a natural disease, there is an increase in body malaise and the patient feels bad, there is pain in the throat, swelling in the mucous membrane of the throat, nasal mucosa and lymph node, making breathing difficult. The neck lymph nodes in the form of a ring along the muscles of the thoracic spine enlarge and give polyadenitis. The lymphatic nodules are in a tightly elastic state, not fused together, and are less painful. When the disease progresses, it develops in combination with angina or in the form of separate catarrhal stomatitis and, in some cases, ulcerative gingivitis. In chronic periodontitis, the lameness of the disease decreases. The course of the disease is long, for 7-8 days the body maintains a high temperature, the liver and spleen enlarge. In peripheral blood, monocytosis, lymphocytosis, in some cases leukocytosis are detected. With a wide basophilic cytoplasm, a single-core cell, a wide-plasma lymphocyte, lymphomonocyte or mononuclears are formed, increasing blood clotting. Gingivostomatitis occurs as the main manifestation of the course of the disease.

[2] O'.B.Sharapov, Ichki kasalliklar, Abu Ali Ibn Sino Toshkent 1994

References:

1.M.F.Ziyayeva Allergik kasalliklar uslubiy qo'llanma Toshkent 2017.
2.O'.B.Sharapov, Ichki kasalliklar, Abu Ali Ibn Sino Toshkent 1994..