

## PREVALENCE OF ORAL DISEASES IN PATIENTS WITH CHRONIC PANCREATITIS

*Abdurakhmonova Mukhayo Abdurahimovna*

*Department of Endourology, Nephrology, Hemodialysis and Dentistry*

*Andijan State Medical Institute. Andijan city*

**Annotation.** The article deals with the variety of clinical signs of chronic pancreatitis, manifested in the mouth. Noted their pathogenic mechanisms, directly dependent on whether the patient has a history of chronic pancreatitis. Identify common patterns of abnormalities in the oral cavity in chronic pancreatitis by comparing the two control groups of patients.

**The keywords:** chronic pancreatitis, oral cavity, oral mucosa.

**Introduction.** The most common lesions of the human body are dental diseases. A special place among them is occupied by diseases of the oral mucosa. Diseases of the oral mucosa remain one of the urgent problems of therapeutic dentistry [1, 2, 3].

Recently, there has been an increase in the number of inflammatory diseases of the oral mucosa [1]. This is due to both an increase in the number of adverse factors affecting the body (deterioration of the environmental situation, chronic stress) and a decrease in the standard of living [8].

Actually, diseases of the oral mucosa are caused by various etiological factors, and the peculiarities of the structure and functioning of the oral cavity create conditions for the impact on the mucous membrane of traumatic factors, pathogens or viruses [6, 8].

At the same time, the severity and prevalence of the disease is determined by the nature of the etiological factor and the intensity of aggression. In the case when the aggressiveness of the factor is insignificant, the body reacts by mobilizing a complex of nonspecific defense reactions and the disease does not occur [3, 8]. Despite the variety of etiological factors of influence, there are common patterns in the development of the pathological process [8].

The variety of clinical signs in the oral cavity is associated with various general somatic diseases. One of the most common pathologies is chronic pancreatitis. Chronic pancreatitis is a progressive disease leading to the development of connective tissue in the pancreas due to a chronic inflammatory process [6]. Characteristic manifestations on the oral mucosa will be atrophic changes in the dorsal surface of the tongue in the form of glossitis, dryness and hyperemia of the oral mucosa, thinning of the red border of the lips and angular cheilitis, as well as a decrease in the level of caries resistance of hard dental tissues [7].

**The purpose of the study** was to assess the prevalence of diseases and lesions of the oral cavity associated with chronic pancreatitis and to identify the features of clinical manifestations.

### **Materials and methods of research**

In the therapeutic department of the city hospital No. 20 (TsGB No. 20), an external examination and examination of the oral cavity of 15 patients with chronic pancreatitis (group No. 1) and 15 patients without pancreatic pathology (group No. 2) were performed using disposable dental kits, individual for each patient, consisting of a dental mirror, dental probe, curved tweezers, bib cloth, examination gloves and a tray. The average age of patients was  $49.5 \pm 2.7$  years, of which 17 (57%) were men and 13 (43%) were women. All respondents completed voluntary informed consent. In patients with chronic pancreatitis, during the examination, special attention was paid to the condition of the oral mucosa (moisture, presence / absence of edema, changes in the color of the mucous membrane, dryness in the oral cavity, the presence / absence of pathological changes and ischemic foci), the alveolar process, tongue and red border of the lips . In addition, the KPU index and the presence of halitosis were determined .

### **Research results and discussion**

When calculating the KPU index, it was found that the intensity index, on average, is very high -  $15.6 \pm 1.04$  (very low level of caries resistance of hard dental tissues). This value indicates the presence of a serious concomitant disease that affects the general and immunological reactivity of the organism, which occurs in hypovitaminosis against the background of chronic pancreatitis [4].

In 10 patients (66.6%) with chronic pancreatitis, serious changes in periodontal tissues were revealed. Thus, 5 people (33.3%) were diagnosed with catarrhal gingivitis, which was predominantly generalized ; 3 (20%) - ulcerative gingivitis. Two patients (13.3%) were provisionally diagnosed with chronic periodontitis. Such a spread of periodontal tissue diseases may indicate a connection between diseases of the internal organs and their symptomatic manifestations in the oral cavity. In the group of patients without the presence of pancreatic pathology, no corresponding changes were detected.

Based on the visual examination data, the presence of dryness in the oral cavity (xerostomia) was found in 9 patients (60%) from group No. 1 and in 5 (33.3%) patients from group No. 2. Speaking about the patients of group #1, dry mouth is directly related to stopping or reducing salivation. This symptom belongs to the group of signs, according to which a preliminary diagnosis of chronic pancreatitis is made [2]. Also, with inflammation of the pancreas, digestion is disturbed due to a malfunction in the exocrine function of the organ and a lack of food enzymes, therefore, patients suffer from diarrhea, which leads to dehydration and a feeling of dry mouth [1]. As for patients of group 2, the presence of xerostomia is associated with menopause in women and long-term bad habits such as smoking in men [3].

An important indicator is the presence of bad breath ( halitosis ) in patients of comparative groups. Studies have shown that in 12 patients (80%) with chronic pancreatitis (group No. 1), inflammatory processes in the pancreatic parenchyma, in which the enzymes intended for digesting food, are activated ahead of time and begin to digest the tissues of their own gland, this process is accompanied by persistent sour bad breath [5]. Among patients of group No. 2 , halitosis occurs in 5 (33.3%) cases, which is associated with poor oral hygiene and smoking.

Group 1 patients have atrophic changes in the tongue, namely, atrophy of the filiform papillae in 66.7% of patients, the presence of persistent plaque in 86.7%, and the organ undergoes hypertrophy in 46.70% of patients, which indicates inflammation in the pancreas. chronic gland.

Assessment of the state of the lips showed the presence of angular cheilitis , herpetic eruptions and thinning of the red border of the lips in 46.7%, 6.7%, 53.3% of patients in group 1, respectively. These manifestations are associated with a violation of the endocrine function of the pancreas.

### **Conclusions:**

1. A high need (100%) of patients with chronic pancreatitis in dental care was noted.
2. A high intensity of the carious process was diagnosed: the KPU of the teeth averages  $15.6 \pm 1.04$  (the index “Y” predominates - extracted teeth).
3. In patients with chronic pancreatitis, the oral mucosa has significant deviations from physiological norms in the form of hyperemia (40% of patients), ischemia (6.7% of patients), swelling (20% of patients), the presence of aphthae (6.7% of patients) , insufficient moisture (80% of patients).
4. 66.6% of patients with chronic pancreatitis have serious violations of periodontal tissues.
5. When assessing the state of the tongue in patients with chronic pancreatitis, an increase in the tongue is observed (46.7% of patients), atrophy of the papillae and non- cleaning plaque in 66.7% and 86.7% of patients, respectively.
6. There are bright lesions of the lips in patients with chronic pancreatitis in the form of: angular cheilitis (46.7%), herpetic eruptions (6.7%), thinning of the red border of the lips (53.3% of patients).

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