# SURUNKALI LAB YORIQLARINI MAHALLIY DAVOLASHNING KLINIK HOLATI

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## ANNOTATSIYA

Bugungi kunga qadar surunkali lab yoriqlarini tashxislash va davolashning ko'plab usullari, shu jumladan umumiy va mahalliy davolash sxemalari taqdim etilgan. Biroq, ushbu patologiya bilan og'rigan bemorlarning soni doimiy ravishda o'sib bormoqda, shuning uchun uni davolash uchun yangi dorilar va usullarni izlash muhim va asoslidir. Maqolada surunkali lab yoriqlarini lokal anestezik bilan blokirovka qilish va davolash rejimiga kollagen o'z ichiga olgan preparatni qo'llash bilan mahalliy davolashning klinik holati keltirilgan, bu yaxshi klinik natijani ko'rsatdi.

**Kalit so'z:** malignite, epitelizatsiya, labda yoriq, blokada, mukoza, patologiya,kollagen, lokal, vazokonstriktr, etiopatogenez.

## АННОТАЦИЯ

На сегодняшний день представлены многочисленные методы диагностики и лечения хронических трещин губы, включающие схемы как общего, так и местного лечения. Однако количество больных с данной патологией имеет тенденцию к постоянному росту, поэтому поиск новых препаратов и методов ее лечения является важным и оправданным. В статье представлен клинический случай местного лечения хронической трещины губы с включением в схему лечения блокады местным анестетиком и применением коллагенсодержащего препарата, показавший хороший клинический результат.

**Ключевые слова**: малигнизации, эпителизация, трещина губы, блокада, слизистая оболочка, патология, коллаген, местные, сосудосуживающие, этиопатогенез.

# CLINICAL CASE OF LOCAL TREATMENT OF CHRONIC LIP CRACKS

## ANNOTATION

To date, numerous methods for the diagnosis and treatment of chronic lip fissures have been presented, including schemes for both general and local treatment. However, the number of patients with this pathology tends to constantly grow, so the search for new drugs and methods for its treatment is important and justified. The article presents a clinical case of local treatment of a chronic lip fissure with the

inclusion of a blockade with a local anesthetic and the application of a collagen-containing preparation in the treatment regimen, which showed a good clinical result.

**Key contributors:** malignancy, epithelialization, lip fissure, blockade,mucosa, pathology, collagen, local, vasoconstrictor, etiopathogenesis.

Among the pathological processes localized on the red border of the lips, a special place is occupied by chronic recurrent lip cracks (CRTG). According to Kh. Musalov (2010), they are characterized by a long, protracted course, relapses, difficult to treat, and in more than 6% of cases they are at risk of malignancy. It is believed that among all the factors involved in the development of this disease, a special role belongs to vascular tissue, neurogenic mechanisms. In 65% of patients, cracks are localized on the lower lip, and paracentral cracks of the lower lip occur 5 times more often than lateral ones. In 24% of cases, cracks are localized on the upper lip, in 11% - in the corners of the mouth. Single fissures occur in 70% of patients, while the rest can simultaneously experience from 2 to 4 fissures. Brusenina N.D., Rybalkina E.A. (2005) indicate that the clinical picture is characterized by complaints of painful fissures that make it difficult to speak, smile, eat, open the mouth wide, and have an aesthetic defect. On the red border of the lip, a crack of greater or lesser depth is revealed. The length of the crack varies from 0.2 to 1.5 cm. With a long-term and deep crack, there is always a bloody crust and an inflammatory painful infiltrate at the base; with a recently existing crack, its palpation is painless, the base is soft, a linear tissue defect is determined with a violation of integrity at the bottom of the crack. With its long-term existence, a clouded epithelium is revealed along the edges, sometimes a painless compaction of the edges of the crack due to old scars. Due to poor hygiene and an unsanitized oral cavity, a streptococcal infection quickly joins. One of the leading factors in the occurrence of Chronic cracked lips is a chronic injury to the red border of the lips (trauma from foreign objects, bad habits - biting the lips, self-removal of crusts and scales with hands, etc.). Bad habits are inherent, as a rule, in patients with psychopathological disorders (sleep disorders, depressive states, anxiety disorders, etc.). Clinical observations confirm the provoking role of psycho-emotional stress, mental trauma, family and industrial conflicts, and stressful influences. The mucous membrane of the oral cavity and the red border of the lips are under the constant influence of external and internal factors and often become a place of manifestation and manifestation of general and local, infectious and allergic diseases. Changes in the mucous membrane of the oral cavity and lips are often the first symptoms of systemic diseases, for example, the gastrointestinal tract, the blood system, kidneys, endocrine organs, etc. In the affected tissues of the oral mucosa with cheilitis and CRTH, a type of hypoxia develops, which, depending on the comorbidity, can be: predominantly circulatory - against the background of cardiovascular pathology, tissue - against the

background of liver diseases, mixed: circulatory and tissue - against the background of diabetes mellitus Some American scientists associate the possible role of microflora in the etiopathogenesis of diseases of the oral mucosa with the immune response of the body, the formation of antibodies, the development of autoimmune reactions.Of certain importance in the pathogenesis of CRTH may be the so-called cross-immune reaction, in which antibodies produced by the intestinal microflora mistakenly affect the epithelial complexes of the oral mucosa and the red border of the lips due to the similarity of their antigenic structure with that of some bacteria. A special place in the group of chronic inflammatory lesions of the red border of the lips is occupied by a combination of exfoliative cheilitis and chronic lip fissure, occurring mainly in young people. In some studies, it was found that in 10 out of 20 patients examined, CRTH is combined with a dry form of exfoliative cheilitis. According to V.D. Wagner et al. (2003) endocrine disorders play a significant role in the etiopathogenesis of CRTH, as well as chronic diseases of the gastrointestinal tract, which reduce the resistance of the mucous membrane of the oral cavity and lips, hypovitaminosis A and group B, an abundant microbial flora that supports the existence of a crack, and prevents its healing. In the studies of N. M. Gruber et al. (2012) in the study of discriminatory sensitivity of the lips, it was also confirmed that the severity of inflammatory and exudative phenomena (perifocal edema in chronic fissures) is typical for patients with full lips and lips of medium fullness. To date, there are several methods of treatment of CRTH. The most common is a conservative method using various drugs. In the studies of a number of authors for local applications, drugs of various pharmacological groups are used: epithelialization stimulants (Solcoseryl dental adhesive paste), glucocorticoids, non-steroidal anti-inflammatory, antibacterial and antiviral drugs in the area of the crack. The use of invasive methods is also indicated: the surgical method, cryotherapy, which are used much less frequently, since the consequences of such interventions are often a violation of aesthetics, the appearance of discomfort during eating, talking, etc. E.V. Zoryan and M.V. Matavkina (2012) offer an innovative method of treatment as opposed to a conservative one: using Traumeel C gel, a complex homeopathic preparation. It is based on the removal of homotoxins from the body, increasing the immunobiological activity of the body, which leads to a stable positive result. Also, an individually selected psychotropic drug prescribed jointly with a neuropsychiatrist based on a verified diagnosis of a psychiatrist can be included in the complex treatment of CRTH. Thus, the risk of permanent injury to the red border through biting the lips or irritation with foreign objects (pen, pencil, etc.) is reduced to almost zero. Rybalkina E.A. describes the use of therapeutic dressings based on the polysaccharide of brown seaweed - alginate (algipor, algimaf, teralgim). This polymer is biologically inert, stimulates reparative and regenerative processes, and is easily combined with medicinal and other physiologically active substances. According to G.R. Ruvinskaya

et al. (2009) proposed complex treatment, including blockade of the fissure with 0.3 ml of 1% lidocaine solution, followed by the introduction of 0.3 ml of heparin solution. The authors carried out softening and removal of non-viable tissues from the surface of the lower lip, followed by the application of the “Celoform” powder as a sorbent to the surface of the lip, after which a suspension of clotrimazole was applied to the red border of the lower lip for 2 minutes, and then the keratoplastic ointment “Propolis” (applications for 10 minutes). Subsequently, physiotherapy was prescribed using the Optodan laser dental device [9]. After treatment with these methods, all patients noted a short-term effect. Partial healing of the fissure was observed, discomfort decreased when eating, smiling, talking. In patients who had previously been treated with various ointments, recurrence of the disease manifested itself after an average of 3-4 months.

Due to the low results of existing methods of treating this pathology, the possibility of malignancy of the process is relevant to the search for new drugs that are highly effective and give a stable therapeutic effect in the shortest possible time.

**Materials and Methods** Patient M., 30 years old, complained of an aesthetic defect, dryness, soreness of the lips, making it difficult to speak, smile, eat, and open the mouth wide. An objective examination revealed a single linear crack 1.0 cm long, 5 mm wide, located transversely in the central part of the red border of the lower lip. Painful and bleeding on palpation.

**Results**; Diagnosis: chronic fissure of the lip. On the first visit, the procedure began with an antiseptic treatment of the red border of the lips with a 0.05% aqueous solution of chlorhexidine bigluconate and application anesthesia with desensetin gel, the crack was blocked with 0.2 ml of Supercain solution, and then Triderm gel was applied to the surface of the crack. On the second visit, the procedure of the blockade and application of the gel was repeated. The patient was advised to use hygienic moisturizers, especially in cold windy weather. Already on the second visit (after 4 days), partial epithelialization of the crack from the edges was observed, the length of the crack was 7 mm, the width of the crack was 3 mm, on the third visit (after 7 days) the length of the crack was 5 mm, the width of the crack was 2 mm. After 10 days, the length of the crack was 3 mm, the width of the crack was 1 mm; after 14 days, complete epithelialization of the crack was observed upon re-examination.

**Conclusions**: Thus, the proposed treatment of Chronic cracked lips with the inclusion of an anesthetic blockade without a vasoconstrictor and the application of a collagen-containing preparation in the local treatment regimen showed its effectiveness in the immediate and long-term after treatment, which allows us to recommend this method in the complex treatment regimen.

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