IMPROVING THE TREATMENT OF CHNORIC LIP CRACKS

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Annotation. As is known, chronic lesions of the red border of the lips are characterized by polyetiology, "blurring" of the clinical picture, persistent course, short-term remissions and poor prognosis, so this topic is currently relevant.

Key words: lip fissure, treatment, blockade, epithelialization.

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 have from 2 to 4 fissures at the same time [6].

N.D. Brusenina and E.A. Rybalkina (2005) explain that the presence of scales on the surface of the red border of the lips creates a sensation of a foreign body, and this often causes patients to bite and lick their lips, resulting in increased evaporation of saliva from the surface of the lips, and as a result, transepidermal and transepithelial loss of moisture. . A decrease in the elasticity of the red border of the lips predisposes to a violation of the integrity of the tissues and the occurrence of a crack. According to the authors, the causative factor causing this pathology also includes individual anatomical features of the structure of the lip (the presence of a deep fold, a central constriction - a connective tissue suture, where trophism is reduced)

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 crack length varies from 0.2 to 1.5 cm [2]. 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 [5]. With its long-term existence, cloudy epithelium is revealed along the edges, sometimes 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.

Ultracaine D gives a pronounced vasodilating effect at the injection site by direct action on the smooth muscle elements of the arterioles, blocking vasoconstrictor nerve impulses that come through the sympathetic fibers belonging to group C. The anesthetic penetrates into the myelinated nerve fibers of group C quickly and gives a therapeutic effect at the injection site. The injection is made from the side of the skin, but it is possible to carry out a blockade from the side of the oral mucosa, which is more painful. A depot of the drug should be formed under the lesion - a chronic crack in the lip. After the blockade, the collagen-containing enamel gel is applied, which includes dimexide, which accelerates the penetration of drugs, allantoin, which has anti-inflammatory and local anesthetic effects, the antioxidant emoxipin, and sodium tetraborate, which provides antifungal and antibacterial effects.

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