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Medical sciences

ALTERNATIVE METHODS OF TREATMENT OF THE EROSIVE FORM OF RED FLAT LIST OF THE MOUTH CAVITY IN RESIDENTS OF THE FRONTLINE TERRITORIES

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Oral lichen planus (OLP) is a chronic mucosal condition that affects up to 2% of the general population and usually presents as persistent, refractory lesions with episodes of exacerbation and remission. The etiopathogenesis of the disease has not been definitively elucidated, the obtained data testify in favor of the T-cell-mediated state of the unknown antigen. Available evidence suggests that factors such as trauma, dental plaque, and stress may play a role in aggravating the symptoms of the disease. According to current data, dysbiosis of oral microbiota can be a potential diagnostic biomarker of OLP. According to studies, the microbial community of the oral cavity in patients with OLP is subject to dysbiosis, and microbial dysbiosis in patients with OLP is more pronounced in the mucous membrane of the cheeks than in saliva. According to studies of host factors that constitute the oral environment, signaling pathways involved in cellular processes such as keratinization, inflammation, and T-cell responses are triggered in OLP [1, p.814; 2, p. 14; 3, p. 276]. Some authors even consider OLP as a spectrum systemic disease due to the connection with underdiagnosed lesions of the esophagus and pharynx, association with autoimmune and systemic disorders. The relationship with systemic comorbidities in patients with OLP is recognized as an important aspect. OLP leads to a significant adverse psychological impact, which worsens the quality of life due to recurrent symptomatic nature, resistance to treatment and the potential risk of malignant transformation, which requires lifelong monitoring [4, p.173, 5, p.144].

Oral involvement is common, and in 15–35% of cases, the oral mucosa may be the only affected site. OLP has an age and gender tendency, mainly affecting women older than 40 [6, p.198]. The malignant potential of oral lichen planus remains a topic widely discussed in the literature. Currently, this disease is considered a potentially malignant oral disorder. The reported frequency of malignant transformation of squamous cell carcinoma ranges from 0 to 12.5%. There is an increased risk of malignant potential in cases of erosive and atrophic lesions, tongue lesions, higher alcohol and tobacco consumption, and co-infection with hepatitis C virus. Although rates of malignant transformation vary, all studies agree that to control the patient's symptoms and rule out malignancy regular long-term observation is necessary [1, p. 817; 7, p. 288].

Treatment remains a challenge, currently there is no defined treatment strategy due to its unclear etiopathogenesis and recalcitrant nature. A wide range of treatment methods have been used to treat OLP. Topical corticosteroids and topical calcineurin inhibitors are first-line therapy, followed by immunosuppressants such as oral corticosteroids, methotrexate, azathioprine, cyclosporine, dapsone, and mycophenolate mofetil recommended in severely resistant cases. Various energy-based treatments (low-level laser light, lasers, photodynamic therapy) and biologics have also been tried. Bioactive substances such as platelet-rich plasma (PRP) and new plant-based treatments offer new safer adjuvant treatment options that may help avoid side effects associated with long-term use of immunosuppressants [9, p.386; 10, p. 723; 11, p. 709].

During 2022-2024, 11 patients (7 women and 4 men) with the erosive-ulcerative form of oral lichen planus were observed at the Department of Postgraduate Dentistry. 2 of these patients had skin lesions, and 3 had esophageal lesions during fibrogastroduodenoscopy. 5 people were diagnosed with Grinspan’s syndrome (a triad of hypertension, diabetes, and lichen planus). All patients suffered from numerous general somatic pathology. Atrophic chronic candidiasis of the oral cavity was also diagnosed in 5 cases. Patients complained of a burning sensation, difficulty in chewing and speech, as well as deterioration of oral hygiene, observed negative psychosocial consequences due to a chronic, uncertain clinical picture and the potential for malignant

transformation, which affected the quality of life of patients. The factor of living in the front-line territory has also added to the negative impact. Bilateral lesions were observed in all patients, erosions were located on the mucous membrane of the cheeks (11 cases), on the lateral surfaces of the tongue (6 cases), desquamative gingivitis was observed in 3 cases. The Köbner phenomenon, in which lesions develop at sites of mechanical trauma (such as friction with rough dental restorations/teeth or biting of the lips and cheeks), explains why lesions were most commonly found on the mucosa of the cheeks and tongue, which are more susceptible to trauma. Patients were advised to avoid triggers such as sour or spicy foods. Sanitation of the oral cavity and elimination of potential aggravating factors, such as sharp edges of the teeth and roughness of dental restorations, were carried out, patients were taught to maintain optimal oral hygiene, self-massage of the salivary glands and manage the level of stress, as well as self-monitoring for the purpose of early detection of negative changes. Basic therapy was prescribed by a dermatologist, general somatic pathology was also treated by a specialized professional. Dentists used keratoplasty and wound healing agents. Helium-neon laser radiation and mucosa-compositum injections under the lesions were also used in patients with Grinspan's syndrome. In all cases, erosions and ulcers were epithelialized after the course of treatment, which indicates the benefit of the selected therapeutic strategy.

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