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Research Article

**CIRRHOSIS AS THE POSSIBLE REASON OF
INFLAMMATORY DISEASES OF A MUCOUS MEMBRANE OF
AN ORAL CAVITY AY ORTHOPEDIC PATIENTS**¹Zhad'ko S.I., ²Sevbitov A.V., ¹Kushnir K.G., ²Kozhemov S.I., ²Nikonova A.V.¹V. I. Vernadsky Crimean Federal University, Medical Academy named after S. I. Georgievsky, ²I.M. Sechenov First Moscow State Medical University (Sechenov University)**Abstract:**

Relevance of a subject. The most severe form of pathology of a liver – cirrhosis. Cirrhosis takes the 6th place in the general structure of disability, mortality and incidence in economically developed countries. Recently, according to WHO data, there is a continuous increase in chronic diseases of digestive organs and cirrhosis around the world. Research of dynamics of changes of fibrinolytic and proteolytic activity of leukocytes of peripheral blood in washouts which were taken away from an oral cavity from patients with cirrhosis if they have orthopedic designs.

Basic provisions. An imbalance in immune and proteolytic systems accompany the course of cirrhosis. Emergence, a current and the result of inflammatory process are influenced by system shifts of key indicators of a fibrinolysis and proteolysis and system shifts of immune potential.

The current of a somatopathy can be made heavier by components of acrylic plastic of orthopedic designs and pathological processes in an oral cavity.

Conclusions. The relevance of researches which are directed to studying of changes of indicators of a fibrinolysis and proteolysis at orthopedic patients with cirrhosis and need of prevention of inflammatory processes of a mucous membrane of a prosthetic bed are demonstrated by prevalence of diseases of internals.

Keywords: cirrhosis, orthopedics, proteolysis, fibrinolysis, inflammation, oral cavity.

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INTRODUCTION:

Cirrhosis is a heavy chronic disease at which there is a diffuse lesion of tissue of liver leading to disturbance of its structure.

The Liver Cirrhosis (LC) take an important place in structure of diseases of the digestive system, remaining extremely current social economic and clinical and epidemiological problem of health care of all countries of the world. Need to study of features of a current of the CPU is caused by development of heavy complications and high frequency of an invalidism of patients. Need of studying of features of a current of the CPU it is caused by development of heavy complications and high frequency of an invalidism of patients [1].

Complications of cirrhosis are the most frequent cause of death at patients of a gastroenterological profile, making not less than 40% of the total number of patients. According to WHO data, for the last 20 years rate of mortality from the CPU increased till 10-20 on 100000 population a year (in the USA annually about 20000 people die of a terminal liver failure against the background of alcoholic and virus damage of a liver). Today the CPU as a cause of death takes the 10th place and enters 6 basic reasons at persons most of working-age of 35-55 years. Growth of hospital lethality is noted: from 20% to 30%. It is necessary to notice that the general mortality caused by cirrhosis varies in various countries. So in Europe it fluctuates from 4.6 on 100000 inhabitants in Norway, up to 103.8 on 100000 people in Moldova. In Russia the frequency of developing of cirrhosis is 20–35 cases on 100,000 population [2-3].

It is known also that existence, degree of prevalence and weight of infectious processes of any localization is caused, on the one hand, by pathogenicity and other properties of bacteria, with another – a condition of a macroorganism during a disease and also features of localization of pathological process. It is natural that availability of an oral cavity to the infectious activator, change of the mucous membrane of a prosthetic bed (MMPB) at the persons using removable artificial limbs and having the heavy somatic pathology which is followed by enzymopathies and an immune imbalance will create favorable conditions for development of infectious complications. At the same time the most characteristic feature of any bacterial infection is reproduction of the activator out of cells, most often in cavities, including an oral cavity. Perhaps also reproduction of bacteria in interstitial fabric and in the cells gaining "inferiority" at system,

enzymopathies damage by toxins of bacteria, viruses and probably residual monomer [4-5].

On the other hand, practically all toxic substances (bacterial origin, monomer) at orthopedic patients from an oral cavity with saliva get into a GIT. The most part of these toxic connections on the system of a portal vein gets into a liver where there is the major a stage of their inactivation. Therefore the functional solvency of a liver has to be considered when choosing orthopedic materials and the technology modes for orthopedic treatment of persons with diseases of this body [6].

It should be emphasized that the liver is actively involved in the formation of the proteolytic potential of the blood. Thus, a group of factors of the prothrombin complex is synthesized in the liver: factors II, VII, IX, X. the Synthesis of all these coagulation proteinases depends on phylloquinone (vitamin K), under the action of which γ -carboxylic acid is formed in hepatocytes by carboxylation from glutamic acid. The latter is included in The n-terminal portion of the molecules of the whole group of factors of the prothrombin complex. With a deficiency of phylloquinone or in the presence of antagonists, as well as alimentary beriberi glutamic acid is not carboxylated, which leads to the synthesis of functionally defective proteins, called PIVKA - proteins, induced by phylloquinone antagonists or in its absence. At various lesions of the liver – jaundice caused by hepatitis, and obstructive jaundice, there is a deficiency of phylloquinone. In these cases, the content of prothrombin complex factors is reduced, as evidenced by the lengthening of prothrombin time. In the liver, in addition To K-vitamin-dependent factors are also produced V, XIII, fibrinogen and others [7].

At cirrhosis the increased permeability of vessels is revealed that contacts strengthening of activity of a system of a fibrinolysis and accumulation in blood of biologically active agents. It is established also that at patients with cirrhosis not only hepatic immune "barrier" suffers, but also the peculiar syndrome of "multiorgan dysregulation" of the immune system which is characterized, in particular, by reliable change of indicators of immunity in the vessels which are taking away blood from unpaired abdominal organs is formed.

In the liver itself, about 30% of the total body weight are phagocytic cells. The liver inactivates toxins, bacteria, allergens coming from the intestine, and to a greater extent induces a General immune response to antigenic irritation. Thus, Kupfer cells participate in the induction of immunological tolerance to antigens contained in the gastrointestinal tract (GIT).

Pathological processes in the liver lead to various disorders in the system of anti-infectious protection, because the synthesis of complement components, elimination of immune complexes, phagocytic activity is associated with the liver [8-9].

The variety of liver functions in the body determines the anatomical and physiological features of its connection with the oral cavity. The connection between the oral cavity and the liver is already found in embryogenesis – the development comes from the ectodermal lining of the primary intestinal tube. In cirrhosis, the oral mucosa is always involved in the pathological process [10].

MATERIALS AND METHODS:

This work was done at Sechenov University with supported by the "Russian Academic Excellence Project 5-100".

In the diagnosis of liver cirrhosis, various pathological manifestations in the oral cavity are symptomatic and are described, as a rule, among many other clinical signs.

Therefore, only a comprehensive examination of patients with liver cirrhosis opens up the possibility of revealing the mechanisms of pathological processes and identifying the causal factors of the disease. In cirrhosis, patients complain of burning sensation in the soft and hard palate, the vestibular surface of the lips and various parts of the tongue, a perversion of taste, a sense of bitterness in the mouth, especially in the morning, jaundice of the mucous membrane of the soft palate, tingling in the tongue, in the sky, increased sensitivity of the hard tissues of the tooth. Bitterness in the mouth often arises from wearing metal or plastic dentures. Subjective symptoms of the disease are paresthesia of the oral mucosa, burning and tingling in the tongue and lips, itching in the sky.

RESULTS AND DISCUSSION:

Therefore, only a comprehensive examination of patients with liver cirrhosis opens up the possibility of revealing the mechanisms of pathological processes and identify the causal factors of the disease. In liver cirrhosis, patients complain of burning sensation in the soft and hard palate, the vestibular surface of the lips and various parts of the tongue, a perversion of taste, a feeling of bitterness in the mouth, especially in the morning, jaundice of the mucous membrane of the soft palate, tingling in the tongue, in the palate, increased sensitivity of the hard tissues of the tooth. Bitterness in the mouth often arises from wearing metal or plastic dentures.

Subjective symptoms of the disease are paresthesia of the oral mucosa, burning and tingling in the tongue and lips, itching in the sky.

In an objective examination in the early stages of liver cirrhosis, an icteric tint is noted in the area of the mucous membrane of the soft palate, a vascular pattern in the area of the soft palate is manifested. In the developed stages of liver cirrhosis, according to the General symptoms, there is a change in the color of the mucous membrane, it becomes pale pink with a cyanotic tint, the veins of the tongue are dilated. There is focal or diffuse opacification of the epithelium, sometimes its maceration up to the formation of microarray. In places of injury of the mucous membrane are noted along with hyperkeratosis, cracks and long-term healing erosion. The mucous membrane is dry, the gums are pale pink in color, the marginal edge is atrophic, single aphthae, or the phenomena of candidiasis, which do not heal cracks in the corners of the mouth for a long time. Sometimes the mucous membrane of the gums with a cyanotic tint, hemorrhages can be observed.

At the stage of exacerbation of the pathological process in the oral cavity, the phenomena of Hyper - and hyposalivation can be equally frequent. In the later stages of erosion, aphthae and ulcers appear in various parts of the oral mucosa. With liver lesions, typical changes in the language are catarrhal glossitis, edema, cyanotic color of the lateral and lower surface of the tongue, atrophy of the filamentous papillae of the tongue.

The mucous membrane of the tongue atrophies to the level of desquamation of the epithelium. Foci of desquamation can be isolated or, merging, capture the entire surface of the tongue. The language becomes smooth, hyperemia, often there is a deepening of the natural folds of the language. The red border of the lips and the mucous membrane are thinned. Can appear median and lateral cracks with delayed epithelialization and prone to infection, observed the phenomenon of candidiasis. Immunocompromised patients candidemichelle lesion of the mucous membrane is chronic.

Plaque is rejected with difficulty from the subject areas of the mucous membrane, where lichen-like foci can be seen as a result of the germination of the mycelium filaments.

The most common symptom for all liver diseases is the defeat of periodontal tissues. The mucous membrane of the gingival margin is brightly hyperemic, edematous, the clinical picture of the

change corresponds to catarrhal gingivitis. Often marked bleeding gums. In the case of severe complications-dystrophic changes in the hepatic parenchyma, changes in the oral mucosa from catarrhal can pass into ulcerative-necrotic. In the case of accession of secondary microbial flora develop implicative rash. The gums are pale pink in color, there are signs of atrophy of its marginal edge.

CONCLUSIONS:

Thus, the most important condition of development of inflammatory diseases of fabrics of a prosthetic bed in orthopedic patients, the imbalance of proteolytic and immune systems at the level of a microorganism arising in the presence of the most severe form of pathology of a liver - cirrhosis is.

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