# Treatment Peculiarities of Red Plane Lichen of Oral Cavity's Mucous Layer

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***ABSTRACT***

The present study was aimed to estimate changes of oral cavity microbiocenosis during the red plane lichen (RPL) and on the basis of investigations include anti-microbial drags in the treatment complex. Investigations have been carried out on 26 patients. After obtaining of case history, diagnosis was made on the basis of clinical investigations. All patients underwent microbiological tests on empty stomach before treatment. After obtained clinical and laboratory examinations the individual scheme of treatment was made. Investigated individuals were divided into the two major groups. Patients from the group I with disbios changes additionally received Normaze during 2-4 weeks. In the presence of fungi, on the basis of microbiological tests, the anti-fungal drugs were added in the scheme of the complex treatment. The treatment efficacy was evaluated by elimination of morphological elements of disorder, changes in subjective and objective parameters and duration of remission periods. Observations have shown that positive therapeutical effects were achieved in all cases however, duration of treatment was different. In patients who received additionally Normaze, duration of treatment was less by 4-5 courses. Furthermore, the period of remission was more prolonged.

***KEYWORDS:*** *red plane lichen, normaze, disbios, microflora*

The Red plane lichen (RPL) is one of the widespread diseases among disorders of oral cavity mucous layer. It accounts for about 0,5% of dermatosis and 4,0-10,0% of oral cavity mucous layer disorders [1,3]. RPL is characterized by polymorphism of clinical picture, long-term course and frequent recurrences. Despite various medicinal remedies, the treatment of RPL still remains as an actual problem for researchers and dentists [3,6].

The role of microflora residing in mucous layer of oral cavity is obvious in disease development and it is beyond dispute [2]. Changes in composition of microflora could be determined on the one hand by changes in organism's general reactivity and on the other hand - by influences of local factors - diseases of mucous layer and parodontal tissue complexes, due to traumas of various etiology and etc.

The aim of our investigations was estimation of changes of oral cavity's microbiocenosis in the process of RPL and on the basis of carried out investigations include anti-microbial drags in the treatment complex.

***MATERIAL AND METHODS***

For the above-mentioned purposes, 26 patients with the age range from 32 to 64 years old have been investigated. Of 26 patients, 21 (87,5%) were women and 3 (12,5%) - men. The typical form of disease was observed in 15 patients (62,5%), exudative-hyperemic form - in 6 patients (25,0%) and ulcerative-erosive form - in 3 patients (12,5%) (*Tab.1)*.

Of investigated individuals, 18 patients complained of discomfort in oral cavity (75,0%), 11 patients suffered from burning (45,8%), 5 patients experienced dryness of mouth (20,8%), 3 patients had sense of tension (12,5%) and pain was detected in 16 patients (66%). Majority of patients suffered for several years. Most of investigated patients - 15 (62,5%), periods of recurrences associate with stress, 11 (45,8%) patients - with exacerbation of general somatic diseases, 10 (41,7%) - with viral infections and 4 (16,7%) - with prosthesis.

Morphological elements of disorder mainly were localized on mucous layer of the cheek (21 patient) and retromolar region (9 patient), rarely - on lateral surface of the tongue (4 patient), lips - (4 patient) and on the bottom of oral cavity (1 patient) (*Tab.2)*.

After obtaining of case history, diagnosis was made on the basis of clinical investigations. All patients underwent microbiological tests on empty stomach before treatment. After obtained clinical and laboratory examinations the individual scheme of treatment was made.

***RESULTS AND DISCUSSION***

Results of investigations have shown, that total of 53 strains were distinguished and identified from 26 investigated patients' oral cavity smear. 21 patients reveal disorder of microorganisms (80,76%).

In order to identify species, the currently used instructions were used [4.5]. As for medium and reagents they were corresponding to the above-mentioned instructions.

In case of various forms of RPL the following types of microorganisms were found: Staphylococcus - aureus, epidermidis, and haemoliticus; Streptococcus - sanguis, agalactie, pyogenes; Esherichia coli, Neisseria catarrhalis and fungi of Candida strains.

Microorganisms were distinguished in the forms of monoculture and associates. Associates composed of 2,3 and 4 cultures. S. epidermidis, S. aureus and Candidas were found in mono cultural forms.

All patients who were with dryness and burning sensation of oral cavity (14 patient - 53,8%), in microbiologic tests Candida strain fungi with III-IV degree of growth were identified. Clinical investigations of these patients reveal sharply expressed inflammatory reaction on the mucous layer; the tongue was covered with easily detached from the mucous layer - white fur.

Patients were treated according to the generally accepted scheme. Medical preparations were selected considering disease forms and gravity.

Investigated individuals were divided into the two major groups (13 patient in each group). Patients from the group I with disbios changes additionally received Normaze during 2-4 weeks. In the presence of fungi, on the basis of microbiological tests, the anti-fungal drugs were added in the scheme of the complex treatment.

The treatment efficacy was evaluated by elimination of morphological elements of disorder, changes in subjective and objective parameters and duration of remission periods.

Observations have shown that positive therapeutical effects were achieved in all cases however, duration of treatment was different. In patients who received additionally Normaze in complex of treatment, duration of treatment was less by 4-5 courses. Furthermore, the period of remission was more prolonged.

| Form of disease | Sex | | Age | | | | Total |
|---|---|---|---|---|---|---|---|
| | Woman | Man | 32 - 40 | 41 -50 | 51 -60 | Over 60 | |
| Typical | 13 | 2 | 6 | 5 | 3 | 1 | 15 |
| Exudative-hyperemic | 5 | 1 | 1 | 3 | 1 | 1 | 6 |
| Ulcerative-erosive | 3 | - | - | 1 | 2 | - | 3 |
| Total | 21 | 3 | 7 | 9 | 6 | 2 | 24 |

**Tab.1** *Distribution of patients according to their sex and age.*

| Location of morphological elements of disorder | Disease forms | | |
|---|---|---|---|
| | Typical | Exudative - hyperemic | Ulcerative - erosive |
| Mucous layer of the cheek | 12 | 6 | 3 |
| Bottom of the oral cavity | 1 | - | - |
| Retromolar region | 6 | 2 | 1 |
| Gums | 5 | - | 3 |
| Back of the tongue | 4 | 1 | - |
| Lateral surface of the tongue | 3 | 1 | - |
| Lips | 2 | 2 | - |

**Tab.2** *Distribution of patients according to disorder's location and disease forms.*

## *CONCLUSION*

Thus, according to the obtained results it could be concluded that in the complex of treatment of RPL it is recommended inclusion of such kind of drugs that will correct disbios changes. It would increase treatment efficacy and prolong period of remissions.

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# Особенности лечения красного плоского лишая слизистой оболочки ротовой полости

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## Р Е З Ю М Е

Целью настотящей работы являлось изучение изменения микробиоценоза в ротовой полости при красном плоском лишае и на основе результатов исследования включать в комплекс лечения адекватным антибактериальный препарат. Исследования проведены на 26 пациентах. Диагноз ставился на основе анамнеза и клинических исследований. Микробиологические исследования перед лечением проводились натощак. После клинических и лабораторных исследований составляли индивидуальную схему лечения. Пациенты были подразделены на две группы. Пациенты I группы с дисбиотическими изменениями в течение 2-4 недель дополнительно получали Normaze. При наличии грибковой флоры в схему комплексного лечения включали противогрибковые препараты. Положительные терапевтические эффекты были достигнуты во всех случаях, однако, продолжительность лечения была различной. У пациентов, которые получали Normaze, продолжительность лечения была меньше, а период ремиссии более длительный.

***Ключевые слова:*** *красный плоский лишай, normaze, дисбиоз, микрофлора*