

## **TREATMENT OF PATIENTS WITH VARIOUS FORMS OF SIALADENOSIS**

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### **ABSTRACT**

*Due to the fact that different types of sialadenosis have similar clinical symptoms, in many cases it is very difficult to make a diagnosis. Therefore, in order to accurately and quickly diagnose inflammatory diseases of the salivary glands and adjust the methods of complex treatment, it is necessary to use such additional research methods, etc.*

**Keywords:** *salivary glands, sialadenosis, oral fluid, sialosis, autothrombocyte mass, monotherapy.*

### **АННОТАЦИЯ**

*В связи с тем, что разные виды сиалоаденоза имеют схожие клинические симптомы, во многих случаях поставить диагноз очень сложно. Поэтому для точной и быстрой диагностики воспалительных заболеваний слюнных желез и корректировки методов комплексного лечения необходимо использовать такие дополнительные методы исследования и др.*

**Ключевые слова:** *слюнные железы, сиалоаденоз, ротовая жидкость, сиалоз, аутотромбоцитарная масса, монотерапия.*

### **INTRODUCTION**

According to a number of authors, diseases of the salivary glands account for from 3 to 7% of dental pathology. Of these, salivary stone disease accounts for up to 60%, various forms of chronic sialadenitis and sialadenosis — up to 30%, congenital anomalies — up to 1% and tumors-up to 5% .

Despite the existence of a large number of different methods of studying SG (sialography, sialosonography, computed tomography of the salivary glands, etc.), which allow identifying a particular form of pathology, currently there are still difficulties in conducting their differential diagnosis.

Sialadenoses (sialoses) constitute a special group of chronic lesions of the salivary glands. The concept of sialosis was introduced by Rauch in 1965. Currently, there is no unified understanding of the essence of this disease according to some authors, the leading elements in the assessment of the pathology of sialadenosis are the processes of destruction and imperfect regeneration, an increase in the mass of the

lunate gland, often tumor type (lymphomatosis), hypertrophy of the parenchyma cells, thinning of the basement membrane and impaired gland function According to other authors, the picture described above is based on a violation of the types of metabolism (Rybakova MG, 1979, Sukhodolo IV, Izkorubova S V, 1975, Mikhailenko N. N., 1981, Goldowski Z Z, 1962, Russotto S, 981, Goillot et all, 1991, etc.) In most cases, sialadenosis has a functional relationship with endocrine pathology, metabolic disorders (in particular, disorders of lipid metabolism), leading to pathological changes in the lunc glands, As is known from the literature, the main pathogenetic link in the development of sialadenosis is intoxication of the salivary glands and violation of their calf circulation (Rybakov A I , Vanchenko G V , 1978, Bazhanov N. N. , et al., 1983 Akulenko VI , Karuk EV , 1991) Such disorders in the system of the calf circulation lead to local ischemia of the salivary glands, functional insufficiency, and, as a consequence, structural restructuring of the vascular tissue, leading to xerostomia (Pastukhov A , 1970, Brochen et al, 1979) In accordance with modern data on the etiology and pathogenesis of sialadenosis, its therapy is reduced to carrying out complex measures, including 1 correction of impaired immunity, 2 reduction of the toxic effect on the body of systemic diseases that cause the development of sialadenosis, 3 impact on the pathological process in the salivary gland with / 4 For this purpose, a large number of different therapies have been proposed, they are mainly aimed at increasing the secretory activity of the salivary glands To increase the nonspecific resistance of the body, various groups of vitamins with trace elements are prescribed, intra-current UVO of the glands is carried out (Afanasyev V. V., 1993), etc. Despite the development of a large number of treatment methods, the issue of therapy of sialadenosis currently remains unresolved, often does not bring the desired results and requires a long time to select a scheme for the complex use of medicines All of the above were prerequisites for this work

**The purpose of the study.** Improvement of methods of treatment of patients with sialadenosis

For achieving this goal in the period from 2015-2021, a total of 53 patients with various dystrophic and inflammatory diseases of the salivary glands were under our supervision, the age of patients ranged from 35 to 74 years, The largest number of patients (86.7%) were over 40 years old, while women accounted for 66%, men - 33, 9% who sought emergency and planned medical care at the department of maxillofacial surgery of the Bukhara regional multidisciplinary medical center. Three forms of sialadenosis were distinguished: parenchymal, interstitial and ductal, as well as the initial, clinically pronounced and late stages of the disease. Based on the results

of a comprehensive examination, the parenchymal form of sialadenitis was diagnosed in 10 patients (3 of them-Sjogren's disease 8), the interstitial form of sialadenosis - in 39 (of them, the "inflammatory tumor" of Kuttner - in 3 and the ductal form of sialadenosis - in 4 patients)

A comprehensive examination of patients included general, private and special research methods General methods included a survey, examination, palpation, general clinical and biochemical blood and urine tests In addition, the parameters of carbohydrate metabolism were studied, or a violation of carbohydrate tolerance was also carried out an anthropometric examination of patients in order to identify visceral obesity and metabolic syndrome, while determining the body mass index, the ratio of waist circumference to hip circumference, the increase in the size of large SG was evaluated during examination and palpation, at the same time, the following gradation was used: 1 the salivary glands were not enlarged, they were not visually determined and were not enlarged on palpation, 2 the salivary glands were slightly enlarged, an increase in SG was determined on palpation and was not visually detected, 3 a significant increase in the salivary glands both visually and on palpation was examined according to the generally accepted method. During external examination, attention was paid to an increase in the salivary glands (significant, insignificant), the color of the skin and visible mucous membranes, the presence of congestion and other elements of the lesion, the degree of opening of the mouth was palpated to determine the state of the salivary glands (parotid and submandibular), their consistency (soft, dense, bumpy, densely elastic), the presence of soreness and the size of the increase, as well as the state of the regional lymph nodes When examining the oral cavity, attention was paid to the state of the mucous membrane of the vestibule and the oral cavity itself, the tongue, the state of the tonsils, the presence of free saliva at the bottom of the oral cavity ("salivary puddle") and its consistency When massaging the parotid and submandibular salivary glands established the presence of secretions from their excretory ducts (jet, drop by drop, no saliva secretion), transparency, quality and consistency of the secretion Private methods included sialometry of large and small salivary glands (MSG), sialography, cytological examination of ductal secretion of CS, biochemical examination mixed saliva, as well as the study of the oral flora in order to exclude candidiasis of the oral cavity

In order to search for new pathogenetic methods of treating patients with dystrophic diseases of the salivary glands, we used the autothrombocyte mass of all patients, we divided into 2 groups, depending on the type of drug used for therapy,

the 1st group included 17 patients, 13 of them with interstitial sialadenosis (ISS), 1-ductal (PSZ), 2 - parenchymal sialadenitis (CPP) and 1 patient - with Sjogren's disease (BS), autothrombocyte mass was used as therapy for these patients for therapeutic purposes, all patients of the 2nd group were treated with a course using intravenous drip injections of 400 ml of rheopoliglyukin solution every other day (from 5 to 10 infusions per course) No other medications or physiotherapy were used in patients of group 2

## **RESULTS AND THEIR DISCUSSION**

An analysis of the results of treatment using autothrombocyte mass without taking into account medications showed that "Improvement" occurred in 58% of patients, the state of "No change" (B/P) was noted in 42% of patients. The best results were obtained in the treatment of patients with various forms of sialadenosis: ISZ (64 %), VOC(67%) and PSZ (100%). We also conducted a comparative study of the results of treatment of patients depending on the use of autothrombocyte mass or rheopolyglucin. In total, "Improvement" was established in 6 (out of 17) patients of the 1st group (Fig. 2), which was 35%. These patients suffered from interstitial and ductal sialadenosis. It should be noted that out of 13 patients with ischemic heart disease, the state of "Improvement" was observed in 38% of cases, in the remaining 8 patients (62%), the state was assessed as "Unchanged".

## **CONCLUSION**

Sialadenosis is most common (81 %) among patients with non-tumor diseases of the salivary glands. These patients are most often diagnosed with metabolic syndrome (84 %).

Using autothrombocyte mass and rheopolyglucin allows to achieve a good general and local effect in 58 % of patients with dystrophic and inflammatory diseases of the salivary glands. It is advisable to evaluate the outcome of treatment in a long-term period (after a month or more) due to the possible late onset of the therapeutic effect. The best results of treatment are observed when using a solution of reopoliglyukin (as monotherapy) in the form of intravenous drip administration in course doses (5-7 infusions) Positive clinical results were achieved in 69 % of patients, the most effective effect of the drug is in patients with sialadenosis (92%) , While reopoliglyukin is less effective in patients with chronic parenchymal mumps (including Sjogren's disease) (8 %)

The longest clinical effect is observed in patients with sialadenosis who significantly reduced body weight during and after treatment.

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