



CLINICAL AND DENTAL SIGNS AND CHARACTERISTICS OF NICOTINE STOMATITIS IN SMOKERS.

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ABSTRACT

Smoking is a risk factor for the development of various dental diseases. The mucous membrane of the oral cavity, tongue, gums of a smoker is exposed to several unfavorable factors: high temperatures, irritating combustion products and toxic resins. Tobacco smoke contains about 200 harmful substances (43 carcinogenic), including carbon monoxide, soot, benzopyrene, hydrocyanic acid, arsenic, ammonia, radioactive elements, nicotine. Carbon monoxide, or carbon monoxide, binds the protein hemoglobin, the resulting carboxyhemoglobin is unable to carry oxygen, as a result of which tissue respiration processes are disrupted.

As a rule, inflammation of the oral cavity that develops as a result of regular smoking has its own characteristic features. In particular, the main focus of inflammation is usually located in the palate. This is explained simply: it is this area of the oral mucosa that the stream of smoke hits when you inhale a cigarette. Inflammation develops not only as a result of the deposition of resins, but also as a result of exposure to fairly hot smoke. Inflammation can spread to the mucous membrane of the gums and affect the salivary glands. Smoker's stomatitis is not considered a precancerous pathology; however, it should be remembered that nicotine and tobacco tars themselves have a carcinogenic effect, and regardless of whether there is chronic inflammation of the oral cavity or not, the likelihood of developing cancer due to smoking exists[1,3].

Some people consider stomatitis a natural companion of smoking and are convinced that it does not require treatment. This is a dangerous misconception. Chronic inflammation, especially if it is complicated by ulcers, is an excellent breeding ground for pathogenic microorganisms and the development of complications. Therefore, nicotine stomatitis can and should be treated, and for its treatment, drugs should be used that have an analgesic effect and relieve inflammation, as well as destroy pathogenic microorganisms[2,4].

However, it should be understood that the main cause of nicotine stomatitis is a bad habit that must be abandoned for the sake of health of not only the oral cavity, but the entire body. Stopping the effect of tobacco smoke on the oral mucosa in combination with treatment with a drug with anti-inflammatory and antimicrobial action will have a beneficial effect on the condition of the oral cavity[2,3].

Smoking is a risk factor for the development of various dental diseases. The mucous membrane of the oral cavity, tongue, gums of a smoker is exposed to several unfavorable factors: high temperatures, irritating combustion products and toxic resins. Tobacco smoke

contains about 200 harmful substances (43 carcinogenic), including carbon monoxide, soot, benzopyrene, hydrocyanic acid, arsenic, ammonia, radioactive elements, nicotine. Carbon monoxide, or carbon monoxide, binds the protein hemoglobin, the resulting carboxyhemoglobin is unable to carry oxygen, as a result of which tissue respiration processes are disrupted[1,4].

Bad breath (halitosis) is caused by the accumulation of gaseous combustion products and sulfur waste products of special bacteria in saliva, on the surface of the tongue root and in the soft plaque on the teeth. The accumulation of gaseous products on the organs and tissues of the oral cavity seriously alters the oral mucosa, increasing the risk of developing pathological processes (autoimmune diseases, viral, malignant tumors)[2].

Dry mouth – due to the effect of high temperatures, the oral mucosa “dries out”, over time, due to the toxic effect of smoke, the rate of saliva secretion and the number of small salivary glands themselves decrease. Such changes become irreversible, and dentists diagnose xerostomia, and patients experience symptoms of burning in the mouth and taste changes. Gingivitis and periodontitis in smokers. Smokers develop such diseases as gingivitis and periodontitis in a special way: in people who do not smoke, the signs of the onset of gum problems are the appearance of bleeding - a signal of inflammation, and smokers, as a rule, are not bothered by bleeding (due to the effect on the microcirculation of periodontal tissues), so they seek treatment when there is already pronounced resorption (loss) of bone tissue and tooth mobility[3].

Treatment of periodontitis in patients without stopping smoking is not very effective. The list of diseases caused by tobacco would not be complete without such "occupational diseases" as leukoplakia, nicotine stomatitis, cancer of the oral mucosa, larynx.

Leukoplakia is a keratinization of the oral mucosa or the red border of the lips, accompanied by inflammation, which usually occurs in response to chronic exogenous irritation (smoking, hot food, sharp edges of tooth crowns that injure the mucous membrane, etc.). Under the influence of such irritants, the mucous membrane is replaced by keratinized epithelium. The lesion can be located anywhere in the oral cavity, up to almost complete damage. There is a feeling of tightness, roughness, and sometimes a burning sensation in the mouth. At first, a whitish, slightly opalescent shade of the mucous membrane is characteristic. Then the lesions acquire a pearly color, up to the appearance of coarse plaques of leukoplakia on the mucous membrane, rising above the level of the mucous membrane[2,3].

The course of leukoplakia is slow, lasting for years. An increase in the area of the lesion, a change in color or borders, the appearance of cracks and ulcers should be regarded as signs of an unfavorable course. Leukoplakia is classified as an optional precancer. In some cases, oral cancer may become the next stage of this disease. Tappeiner's smoker's leukoplakia.

This disease is a type of leukoplakia of the buccal mucosa. It occurs on the mucous membrane of the hard palate, and exclusively in smokers. The mucous membrane of the hard palate, and sometimes the adjacent part of the soft palate, appears slightly keratinized, grayish-white, often folded. Against this background, red dots become clearly visible - the gaping mouths of the excretory ducts of the small salivary glands. Unlike other forms of leukoplakia, this disease quickly passes, within about 2 weeks after stopping smoking. Theoretically, malignancy of this form of leukoplakia is possible, however, as with any process accompanied by epithelial dysplasia, which occurs under the influence of smoking. Verrucous cancer is a type of squamous cell carcinoma, characterized by slow growth and lack of a tendency to metastasize. Often found in people who use chewing or snuff tobacco, HPV is found in tumor tissues in 30% of patients. It looks like dense growths of white and red color (resembling cauliflower)[2,3].

Prevention of oral cancer. The main method of preventing cancer development is to give up bad habits and visit the dentist regularly (once a year). Oral cancer may manifest itself differently in different people. Among the symptoms suspicious of a malignant process, it is

necessary to highlight: a long-term (more than 2 weeks) non-healing ulcer in the oral cavity; tooth loss; changes in the shape of the face, neck, tongue; the appearance of discomfort when wearing dentures.

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ACADEMY