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НЕКОТОРЫЕ ОСОБЕННОСТИ СТОМАТОЛОГИЧЕСКОГО СТАТУСА ПАЦИЕНТОВ С ПРОЯВЛЕНИЯМИ ТИПИЧНОЙ И ЭРОЗИВНО-ЯЗВЕННОЙ ФОРМЫ КРАСНОГО ПЛОСКОГО ЛИШАЯ СЛИЗИСТОЙ ОБОЛОЧКИ РТА

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Аннотация

Цель исследования — оценка особенностей жалоб, симптомов и клинических проявлений типичной бессимптомной (L43.80) и эрозивно-язвенной (L43.82) форм красного плоского лишая (КПЛ), локализующихся на слизистой оболочке рта, в зависимости от возраста и пола пациентов.

Материал и методы. В настоящем исследовании на основании комплекса стоматологического обследования и метода простой рандомизации 111 пациентов с КПЛ распределены на основную клиническую группу с эрозивно-язвенной формой КПЛ (L43.82, n = 86) и группу сравнения с типичной бессимптомной формой КПЛ (L43.80, n = 25). Для оценки статистической значимости различий в группах использовали критерии Манна-Уитни и хи-квадрат, в том числе с поправкой Йейтса.

Результаты. У пациентов с типичной бессимптомной формой КПЛ (L43.80) на фоне отсутствия жалоб на неизмененной слизистой оболочке рта, щек, дорсальной поверхности языка чаще всего наблюдались серовато-белые плоские папулы размером до 2 мм в диаметре. При эрозивно-язвенной форме (L43.82) КПЛ превалировали жалобы на болезненность, усиливающуюся при приеме твердой, острой и горячей пищи, чувство стянутости, шероховатости, жжения, незначительной сухости; на отечной, гиперемированной слизистой щек, углов рта и боковой поверхности языка наблюдались одновременно папулы, эрозии, язвы неправильной или полигональной формы. Изучаемая патология в 81,98% случаев превалировала у лиц молодого трудоспособного возраста. В зависимости от формы КПЛ интенсивность кариеса по индексу КПУ соответствует высокой или очень высокой степени кариозного процесса, состояние гигиены полости рта по индексу ОНІ-S — неудовлетворительной или плохой гигиене, воспалительный процесс в тканях пародонта по индексу РМА — легкой или средней степени воспаления ($p < 0,001$).

Вывод. Выявленные особенности жалоб, симптомов и проявлений красного плоского лишая с локализацией на слизистой оболочке рта необходимо учитывать врачам-стоматологам-терапевтам при проведении амбулаторного клинического приема.

Ключевые слова: красный плоский лишай, слизистая оболочка полости рта, боль, жжение, сухость, стоматологический статус

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SOME FEATURES OF THE DENTAL STATUS OF PATIENTS WITH MANIFESTATIONS OF THE TYPICAL AND EROSIVE-ULCERATIVE FORM OF MUCOSAL RED SQUAMOUS LICHEN PLANUS

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Annotation

The purpose of the study is to evaluation of peculiarities of complaints, symptoms and clinical manifestations of typical asymptomatic (L43.80) and erosive-ulcerative (L43.82) forms of lichen planus (LP), its manifestations on the oral mucosa, depending on the age and sex of patients.

Material and methods. In the present study, 111 patients with OLP were divided into a main clinical group with erosive-ulcerative form of OLP (L43.82, n = 86) and a comparison group with typical asymptomatic form of OLP (L43.80, n = 25) based on the complex of dental examination and simple randomization method. Mann–Whitney and chi-square tests, including Yates' correction, were used to assess the statistical significance of differences between the groups.

Results. Patients with the typical asymptomatic form of OLP (L43.80) often had grayish-white, flat papules up to 2 mm in diameter on the unchanged mucosa of the cheeks and dorsal surface of the tongue in the absence of complaints. In the erosive and ulcerative form (L43.82) of OLP, the complaints of pain, intensifying at intake of hard, spicy and hot food, feeling of tightness, roughness, burning, slight dryness prevailed, papules, erosions of irregular or polygonal ulcers were simultaneously observed on swollen, hyperemic mucosa of cheeks, corners of mouth and lateral surface of tongue. The studied pathology prevailed in 81.98% of cases in persons of young working age. Depending on the form of OLP, the intensity of caries according to the CPU index corresponds to a high or very high degree of caries process, the state of oral hygiene according to the OHI-S index of poor or poor hygiene, the inflammatory process in periodontal tissues according to the PMA index of mild or medium degree of inflammation ($p < 0.001$). **Conclusion:** thus, the identified features of complaints, symptoms and manifestations of oral mucosal lichen planus should be taken into account by general practitioners when conducting outpatient appointments.

Keywords: *red squamous lichen, oral mucosa, pain, burning, dryness, dental status*

The authors declare no conflict of interest.

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Lichen planus is a chronic pathology of the oral mucosa in an average of 15 to 30% of cases, while the typical form is most common, in 23% of cases it is an erosive and ulcerative form. The greatest prevalence of the disease reaches among women aged 30 to 60 years [1–3, 6–8, 11, 12, 14, 16–18, 22–24].

A certain importance in the development of the pathology studied on the oral mucosa are unfavorable local factors in the form of sharp edges of teeth, poorly stocked removable plate dentures, secondary absence of teeth, bad habits [1, 3, 5, 13, 15, 19, 20].

Clinical manifestations of lichen planus with localization on the oral mucosa have the following clinical characteristics: the presence of papules on the unchanged mucous membrane (typical form) or the presence of papules and painful erosions on the hyperemic oral mucosa (erosive-ulcerative form), a tendency to relapse and tolerance to conventional therapy [4, 10, 13].

When diagnosing dermatosis, practicing dentists most often pay attention to the presence of symmetrical lesions on the oral mucosa, which is the only sign by which this pathology can be diagnosed. In some cases, rashes on the oral mucosa are ahead of similar rashes on the skin [21].

A number of authors consider lichen ruber planus of the oral mucosa as a precancerous disease. The frequency of malignant transformation varies from 0.4% to more than 5% during the follow-up period from 0.5 to 20 years. Over the last period of time, there has been an insignificant number of patients with severe forms and a tendency to malignancy [10, 13].

Thus, pronounced changes in the oral mucosa are observed in patients with erosive and ulcerative form of LP as a result of which individual oral hygiene is limited, which ultimately is the background for the development of caries, inflammatory periodontal diseases and the aggravation of clinical manifestations of the pathology under study, which determined the purpose and relevance of this study.

The aim of the study was to evaluate the features of complaints, symptoms and clinical manifestations of typical asymptomatic and erosive-ulcerative forms of lichen planus localized on the oral mucosa, depending on the age and gender of patients.

Material and methods of research

Among the examined patients undergoing outpatient treatment in dental clinics and medical centers in Ufa and Omsk, 86 patients were selected with the established main diagnosis according to ICD-10 L43.82 «Lichen planus, erosive and ulcerative form» and 25 patients with a typical asymptomatic form according to ICD-10 L43.80. Average age of patients forming the main clinical group (n = 86) were 44.9 ± 1.0 years old, the ratio of women to men was 7.6:1. The average age of patients forming the comparison group with a typical asymptom-

atic form of CPL (L43.80) (n = 25) was 44.6 ± 1.4 years, the ratio of women to men was 1.5:1.

Comprehensive dental examination of patients with lichen planus included examination, survey, assessment of complaints and symptoms, the condition of the oral mucosa and periodontal tissues, the intensity of dental caries and oral hygiene.

The color, degree of moisture, localization and symmetry of the pathological process, the presence of reticular mesh, erosions and ulcers have been assessed during an objective examination of the oral mucosa. Localization of pathological changes on the oral mucosa was evaluated on the basis of a modified topogram scheme according to Gileva O.S. et al. (2008), with color and digital coding of the 61st topographic zone, including periodontal segments.

Evaluation of symptoms of dry mouth (xerostomia) in patients with LP was carried out on the basis of the development of Gileva O.S. (2008). The clinical condition of the oral mucosa was assessed with the use of autofluorescence stomatoscopy, observing the principles of oncological alertness.

Clinical groups of patients with typical asymptomatic and erosive-ulcerative forms of LP were formed on the basis of inclusion and exclusion criteria. The criteria for inclusion of patients in the clinical study were as follows: age from 31 to 60 years, verified diagnosis of «lichen planus of the oral mucosa», namely, typical asymptomatic and erosive-ulcerative forms, anamnesis of the disease from 5 to 10 years, absolute tolerability of pharmacological drugs used in the study, decompensated form of chronic somatic diseases — chronic gastritis, pancreatitis, cholecystitis, peptic ulcer of the stomach and duodenum, diabetes mellitus, hypertension; signed informed consent to participate in this study. The criteria for excluding patients in the clinical study were: age younger than 30 years and older than 60 years, verified diagnosis of «lichen planus of the oral mucosa», namely, typical symptomatic form, exudative hyperemic, hyperkeratotic, bullous and atypical forms of LP, anamnesis of the disease for more than 10 years, persons with an allergic history, with exacerbation chronic somatic pathology, who refused the study, patients receiving general enteral treatment with pharmacological drugs according to generally accepted methods with sedative effect, taking desensitizing agents, delagil, methyluracil, antiviral drugs.

To analyze the data obtained during the study, an electronic database was created, processed in the R Studio environment. The nonparametric Mann–Whitney criterion was used to assess the differences in quantitative characteristics, since the samples were independent. To assess the differences in the frequency of occurrence of a trait in each group, the criterion χ^2 was used; if the trait in one of the study groups was rare or not at all, this criterion was used with the Yates correction. In all

criteria, the null hypothesis of the absence of differences was rejected in favor of an alternative one if the p-level did not exceed 0.05.

Results and their discussion

Examination of patients who applied for medical and preventive care allowed 77.47% of cases to diagnose the erosive and ulcerative form (L43.82) of lichen planus, in 22.5% of cases of clinical examination, an asymptomatic form of CPL (L43.80) was detected for the first time (Figure 1).

The CPI index averaged 17.75 ± 1.25 and 22.95 ± 1.01 in individuals with typical asymptomatic and erosive-ulcerative forms of OLP, which corresponds to a high and very high intensity of caries according to the World Health Organization (WHO) standard. Analysis of the CPI index structure showed that in patients, regardless of the form of OLP, the constants «Y» and «P» prevail, while the constant «K» occupies 25.05% and 23.94% of the CPI index, respectively. Moreover, the main differences in the groups of patients with OLP L43.80 and L43.82 were fixed by the constant «Y» ($p < 0.05$) (Table 1).

Table 1

Index assessment of dental hard tissues and periodontal tissues in patients with OLP

Таблица 1. Индексная оценка состояния твердых тканей зубов и тканей пародонта пациентов с КПЛ слизистой оболочки рта

Indexes	Atypical asymptomatic form of OLP L43.80 (n = 25)	Erosive and ulcerative form of OLP L43.82 (n = 86)	Differences according to the Mann-Whitney criterion (p-level)
CPI	$17,75 \pm 1,25$	$22,95 \pm 1,01^*$	$p = 0,0342$
C	$4,25 \pm 0,75$	$5,75 \pm 0,25$	$p = 0,1231$
P	$6,73 \pm 0,27$	$7,63 \pm 0,37$	$p = 0,1455$
I	$6,77 \pm 0,23$	$9,57 \pm 1,43^*$	$p = 0,0212$
OHI-S (scores)	$1,51 \pm 0,49$	$3,75 \pm 0,34^{**}$	$p = 0,0089$
PMA (%)	$25,98 \pm 1,02$	$47,75 \pm 3,25^{***}$	$p < 0,001$

*, **, *** — statistically significant differences compared to the typical form at $p < 0.05$, $p < 0.01$, $p < 0.001$, respectively

The average value of the simplified oral hygiene index (OHI-S) and the inflammatory process in periodontal tissues according to the PMA index correspond to satisfactory hygiene and a mild degree of inflammation for patients with a typical asymptomatic form (L43.80) of OLP.

The simplified index of oral hygiene corresponds to poor hygiene – 3.75 ± 1.25 points ($p < 0.01$) in patients with erosive and ulcerative form (L43.82) OLP. The inflammatory process in periodontal tissues according to the PMA index corresponds to an average severity – $47.75 \pm 3.25\%$ ($p < 0.001$).

Unsatisfactory oral hygiene is most often due to the impossibility of high-quality individual hygiene due to the pronounced irritating effect of the oral hygiene products used (as a rule, when collecting anamnesis, it is revealed that highly foaming toothpastes selected independently are used), the presence of supra- and subgingival tartar, sharp edges of teeth, which led to additional injury to the mucous membrane and aggravated the clinical course of erosive-ulcerative form (L43.82) of OLP. Evaluation of the clinical condition of periodontal tissues in patients with erosive and ulcerative form of OLP corresponded to the presence of desquamative gingivitis in an average of 54 patients (48.64%).

In the main clinical group of patients with erosive and ulcerative form of OLP (L43.82), primary prosthetics was required in 19.76% of cases due to partial secondary adentia, 34 patients (39.53%) required replacement of previously manufactured orthopedic structures. The need of patients for high-quality dental prosthetics was associated with the presence of an inflammatory process on the oral mucosa. In 35 patients (40.69%), the presence of locally traumatic factors was revealed in the form of a violation of the marginal fit of fillings, sharp edges of teeth, pathological erasability, traumatic occlusion,

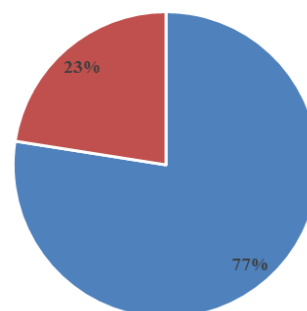


Fig. 1. Distribution of OLP in patients in the main clinical group and comparison group

Рис. 1. Распределение КПЛ у пациентов основной клинической группы и группы сравнения

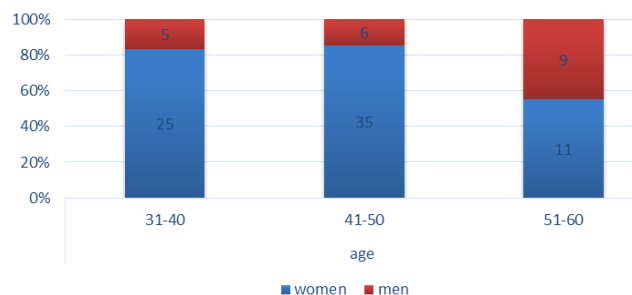


Fig. 2. Distribution of OLP in patients in the main clinical group and comparison group

Рис. 2. Распределение пациентов с КПЛ СОР по полу в различных возрастных группах в абсолютных цифрах

which in combination worsened the clinical condition of the mucous membrane.

The pathology studied prevailed in female patients, the average age of patients was 44.75 ($p < 0.001$) (Fig. 2).

The typical asymptomatic form of OLP (L43.80) was diagnosed in 16.48% of cases in females and in 50% of cases in males ($\chi^2 = 7.61$, $p = 0.006$), depending on gender. The average age of patients within the group was 44.6 ± 1.4 years. In the age group of males from 31 to 40 years, its significant predominance is observed ($p < 0.01$) (Table 2).

The erosive-ulcerative form of OLP (L43.82) was most often diagnosed in women regardless of age, among

men its prevalence is observed in the age group from 41 to 60 years (11.63%). The data obtained are statistically significant at $p < 0.05$ according to the criterion χ^2 with the Yates correction.

Thus, the analysis of the gender structure of patients against the background of diagnosed lichen planus localized on the mucous membrane of the mouth showed that this pathology of the mucosa most often prevails in females — 81.98% of cases compared with males.

Data on the results of autofluorescence stomatoscopy of mucosal areas with the presence of atypical asymptomatic and erosive-ulcerative forms of OLP are given in Table 3.

Table 2

Distribution of patients by clinical forms of OLP depending on gender and age
Таблица 2. Распределение больных по клиническим формам КПЛ слизистой оболочки рта в зависимости от гендерного признака и возраста

Gender, age, form of OLP	Typical form of OLP L43.80 (n = 25)						Erosive and ulcerative form of OLP L43.82 (n = 86)					
	31–40		41–49		51–60		31–40		41–50		51–60	
	abc	%	abc	%	abc	%	abc	%	abc	%	abc	%
female (n = 91)	5	5,49	5	5,49	5	5,49	20	23,25	30	34,88	26	30,23
male (n = 20)	5	25	2	10	3	15	0		4	20	6	30
χ^2 – statistics p-level	$\chi^2 = 7,61^{**}$, $p = 0,006$		$\chi^2 = 0,563$, $p = 0,453$		$\chi^2 = 2,215$, $p = 0,137$		$\chi^2 = 3,977^*$, $p = 0,047$		$\chi^2 = 1,297$, $P = 0,255$		$\chi^2 = 0,016$, $p = 0,899$	
number of patients in groups	10	9,00	7	6,30	8	7,20	20	18,01	34	30,63	32	28,82

*, ** — statistically significant differences at $p < 0.05$, $p < 0.01$, respectively

Table 3

Autofluorescence diagnosis of oral mucosa in patients diagnosed with ICD-10 L43 Lichen planus
Таблица 3. Аутофлуоресцентная диагностика слизистой оболочки рта пациентов с диагнозом МКБ-10 L43 Лишай красный плоский

Autofluorescence diagnosis	Clinical group L43 (n = 111)		χ^2 — statistics with Yates correction, p-level
	Typical form of OLP (L43.80) (n = 25)	Erosive and ulcerative form of OLP (L43.82) (n=86)	
green light of oral mucosa in the area of the lesion	0	0	-
red light of the dorsal surface of the tongue (microflora)	72 (64,86%)	25 (22,52%)	
white and gray-green fluorescence of the cheek mucosa	16(64,0%)	0	$\chi^2 = 59,227^{**}$, $p < 0,001$
white and gray-green fluorescence of the mucosa of the retromolar region	9(8,10%)	0	$\chi^2 = 29,033^{**}$, $p < 0,001$
quenching of fluorescence on the dorsal and lateral surfaces of the tongue	0	14 (12,61%)	$\chi^2 = 3,297$, $p = 0,070$
quenching of fluorescence on the mucous membrane of the corners of the mouth	0	11 (9,90%)	$\chi^2 = 2,261$, $p = 0,133$
quenching of fluorescence on the mucous membrane of the cheeks	0	28 (35,23%)	$\chi^2 = 9,228^*$, $p = 0,003$
quenching of fluorescence on the mucosa of the retromolar region	0	33 (29,73%)	$\chi^2 = 11,877^{**}$, $p < 0,001$

*, ** — statistically significant differences compared to the typical form at $p < 0.01$, $p < 0.001$, respectively

The main complaints and symptoms of patients of the main clinical group with manifestations of erosive and ulcerative form of OLP (L43.82) of the oral mucosa are presented in Figure 3.

The data obtained during an objective examination of the oral mucosa of patients with erosive-ulcerative form of OLP (L43.82) revealed, against the background of edematous and hyperemic mucous membrane of the cheeks, corners of the mouth, dorsal surface of the tongue, a reticular Uihkema mesh and irregular or polygonal erosive-ulcerative elements covered with fibrinous plaque, after removal which is marked by bleeding.

Table 4 presents an analysis of the data of clinical dental examination of patients, as well as the data of photodocumentation of clinical and topographic localization on the oral mucosa in the WHO TC zones of typical asymptomatic (L43.80) and erosive-ulcerative form (L43.82) OLP Codes 19.20 (cheek mucosa) and 55.56 (retromolar mucosa) were recorded in almost the same number of cases, regardless of the form of OLP ($\chi^2 = 8,003$, $p = 0.005$; ($\chi^2 = 0.046$, $p = 0.830$). Localization of pathological elements by code 39.40 (mucosa of the dorsal surface of the tongue) prevailed 8 times more often in the typical asymptomatic form of OLP (L43.80) 9,01% ($\chi^2 = 11,364$, $p < 0.001$ with Yates correction). Codes 15.60, 16.61 (mucous membrane of the corners of the mouth) and 44.45 (lateral surface of the tongue) mainly prevailed in the erosive-ulcerative form (L43.82) of OLP ($\chi^2 = 2.261$, $p = 0.133$, ($\chi^2 = 0.239$, $p = 0.626$ with Yates correction).

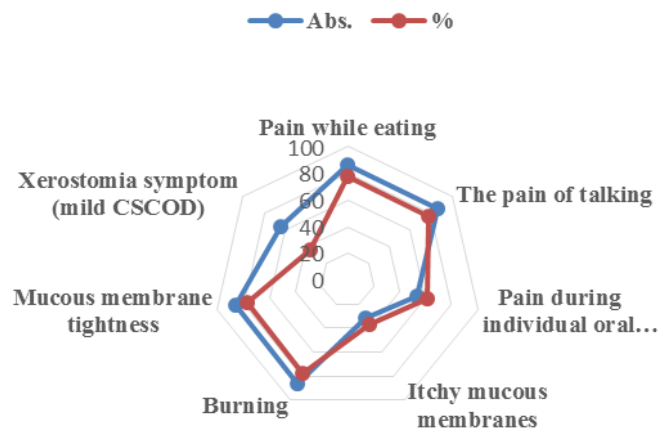


Fig. 3. Main Complaints and Symptoms in Patients with erosive and ulcerative form of OLP (L43.82)

Рис. 3. Основные жалобы и симптомы, предъявляемые пациентами с ЭЯФ КПЛ (L43.82)

Table 4

Topography by WHO TC zones of lesion elements (papules, erosions, ulcers) on the oral mucosa depending on the form of OLP

Таблица 4. Топография по зонам ТК ВОЗ, локализации элементов поражения (папулы, эрозии, язвы) на слизистой оболочке рта в зависимости от формы КПЛ

Zones of the oral mucosa according to WHO TC	Total (n = 111)		Typical form of OLP L43.80 (n = 25)		Erosive and ulcerative form of OLP L43.82 (n = 86)		χ^2 - statistics p-level
	Total	%	Total	% of Total	Total	% in general	
The mucous membrane of the cheeks (WHO TC: codes 19,20)	44	39,63	9	39,0	35	40,69	$\chi^2 = 8,003^*$, $p = 0,005$
The mucous membrane of the retromolar region (WHO TC: codes 55,56)	42	37,83	9	36,0	33	38,37	$\chi^2 = 0,046$, $p = 0,830$
The mucous membrane of the corners of the mouth (WHO TC: codes 15,60, 16,61)	11	9,91	0	0	11	12,79	$\chi^2 = 2,261$, $p = 0,133$ with the Yates correction
The mucous membrane of the dorsal surface of the tongue (WHO TC codes 39,40)	10	9,01	7	28,0	3	3,49	$\chi^2 = 11,364^{**}$, $p < 0,001$ with the Yates correction
The mucous membrane of the lateral surface of the tongue (WHO TC codes 44,45)	4	3,60	0	0	4	4,65	$\chi^2 = 0,239$, $p = 0,626$ with the Yates correction

*, ** — statistically significant differences in the Erosive and ulcerative form of OLP compared with the atypical asymptomatic form at $p < 0.01$, $p < 0.001$, respectively

Conclusion

1. The analysis of the data of objective examination, complaints and symptoms allowed in 22.52% of cases to identify the typical asymptomatic form (L43.80) and in 77.47% of cases — the erosive and ulcerative form (L43.82) of lichen planus with a significant prevalence of them in females (81.98%). The average age of patients with the studied forms of OLP corresponds to the young working age — 44.6 ± 1.4 and 44.9 ± 1.0 years.

2. In the examined individuals with a typical asymptomatic form (L43.80) and erosive-ulcerative form (L43.82) of lichen planus, the intensity of caries according to the CPI index corresponds to indicators of a high and very high degree. The average value of the hygiene index (OHI-S) and estimates of the inflammatory process in periodontal tissues according to the PMA index correspond to satisfactory or poor oral hygiene, the severity of the inflammatory process according to the PMA index — mild or moderate inflammation ($p < .001$). The presence of desquamative gingivitis in ESF CPL was detected in an average of 54 patients (48.64%).

3. In patients with a typical asymptomatic form of OLP (L43.80), against the background of the absence of complaints on the unchanged mucous membrane of the mouth of the cheeks, the dorsal surface of the tongue, grayish-white flat papules up to 2 mm in diameter were most often observed. In persons with erosive and ulcerative form (L43.82) of lichen planus, localized on the edematous and hyperemic mucous membrane of the cheeks, corners of the mouth and the lateral surface of the tongue, papules, erosions and ulcers were most often observed against the background of the Wickham striae, pain prevailed during conversation, taking irritating food, conducting individual hygiene. oral cavity, as well as a burning sensation, itching, tightness and the presence of a symptom of mild dryness on the oral mucosa.

Thus, when conducting an outpatient clinical examination, dentists have to take into account the identified features of complaints, symptoms and clinical manifestations on the oral mucosa of the typical asymptomatic and erosive-ulcerative form of lichen planus.

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