CHANGES IN THE ORAL MUCOSA IN TUBERCULOSIS

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Abstract: Tuberculosis of the oral mucosa is a specific infectious tissue damage with a chronic course. Its causative agent is Koch's bacillus. This pathological process develops in patients with reduced immunity of the body, then tuberculosis mycobacteria are introduced into the tissues.

This type of disease manifests itself as tuberculous rashes that occur locally. In their center, a shallow wound depression is formed, which is painful on the surface. It has jagged edges and a grainy bottom with a yellowish tint.

Keywords: characteristics of oral tuberculosis, Causes of oral tuberculosis, Symptoms of oral tuberculosis, Diagnosis of oral tuberculosis, Oral cavity treatment of tuberculosis.

Oral tuberculosis rarely develops in patients compared to other forms of this disease. This phenomenon is explained by the low sensitivity of the mucous membrane in the oral cavity to damage by mycobacteria. This pathology is often detected in men. Its development is characterized by a decrease in the general resistance of a person. This process activates the opportunistic flora of the oral cavity. Therefore, additional contamination of the already wounded surface with bacteria occurs. This form is dangerous, because a tenth of the cases of gastric ulcer become malignant. Let's see what oral tuberculosis is in adults and children, how it manifests and how to treat it.

Characteristics of oral tuberculosis

Tuberculosis of the oral mucosa is a specific infectious tissue damage with a chronic course. Its causative agent is Koch's bacillus. This pathological process develops in patients with reduced immunity of the body, then tuberculosis mycobacteria are introduced into the tissues. This type of disease manifests itself as tuberculous rashes that occur locally. In their center, a shallow wound depression is formed, which is painful on the surface. It has jagged edges and a grainy bottom with a yellowish tint.

In the pathogenesis of tuberculosis, the mucous membrane in the oral cavity causes an effective inflammatory reaction, in which tuberculous granuloma is formed. In its center there is cheesy necrosis surrounded by epithelioid and multinucleated cells.

The following forms of tuberculosis affecting the oral cavity are distinguished:

Primary infection in adults almost never occurs. It is often diagnosed in childhood. During primary oral tuberculosis, the main routes of infection are inhalation and fecal-oral transmission. Tuberculous lupus erythematosus is often encountered in dental practice. An erosive lesion is located on the surface of the gums. This form often becomes chronic. Untreated ulcers can become malignant. The miliary-ulcerative type of infection with oral tuberculosis occurs in weakened patients. When swallowed, mycobacterium tuberculosis is excreted with sputum. They penetrate the mucous membrane in damaged areas. Most often, ulcers appear on the palate or tongue, less

often on the edge of the gums or on the inner surface of the cheeks. Scrofuloderma is common in children. During the formation of elements, a large node appears first. Then it softens and becomes necrotic, forming a fistula. After the ulcer heals, scars appear in its place. Secondary tuberculosis develops in the tissues of the oral cavity when there is an infectious process of the lungs or skin.

Causes of oral tuberculosis

Pathology occurs against the background of a sharply reduced activity of the immune system in people, which facilitates the infection of tissues with Koch's bacillus. Most often, focal lesions on the mucous membrane are secondary. Ulcers are caused by the spread of mycobacteria and their metabolic products from active inflammatory sites through the lymphatic vessels or blood stream. When a patient has the pulmonary type, the mucous membrane becomes infected due to the introduction of bacteria present in the sputum into the tissues.

Symptoms of oral tuberculosis

If the lesion is primary, scaly painful ulcers appear. The elements are located on a dense basis. Above, they are covered with a gray-yellow layered substance. During the disease, the area covered by wounds increases. Regional lymph nodes initially increase in size and then merge into one conglomerate. Purulent lymphadenitis is often observed. The typical appearance of the lupus erythematosus form of tuberculosis is a tubercle with a painless and soft elastic consistency.

During the process, the elements become larger and then merge, forming large affected areas. They are covered with painful sores with a grayish-yellow coating and bleeding granulations.

Later, rough scar tissue is formed in this place, which deforms the mucous membrane. With the billion-wound variant, small foci are formed first. In this place, a wide-open sore will quickly appear. The wounds are painful and have ragged edges, and microabscesses form around them. Affected areas are located on the palate and cheeks. In all forms, patients note lethargy, deterioration of well-being and a rise in temperature.

Diagnosis of oral tuberculosis

Diagnosis is based on the presence of typical complaints and characteristic clinical manifestations of the disease. This was confirmed by further investigations. Using the diascopy method, a typical sign of the disease is detected when the lesions have a light brown color when pressing on the lips. Pospelov's symptom is determined.

When the tubercle tubercle is touched with a probe, its apex is destroyed. Epithelial cells and Langhans bodies are detected during cytological examination of tissue scrapings from the affected area. The main methods for confirming the tuberculous nature of the lesion are the immunological examination of T-SPOT, as well as the Quanti FERON test.

Treatment of oral tuberculosis!

Patients with this disease are treated in the tuberculosis clinic. Antiseptics with chlorhexidine gluconate are recommended to prevent additional bacterial contamination. Sprays and gels with local anesthetics are used to numb the affected area.

All patients with tuberculosis undergo sanitation of inflammatory sites, which is necessary to prevent the development of tuberculosis in the oral cavity.

For this, dental plaque is removed and caries are treated. If sores appear, you should immediately go to the dentist, even if they do not hurt. The doctor prescribes an effective treatment that prevents the development of complications and malignant degeneration.

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