International Journal of Pediatrics and Genetics
Vol. 3 No. 12 (2025)
ISSN: 2995-5483

THE TACTICS OF SIALADENOSIS'S COMPLEX THERAPY THROUGH A LOCAL USAGE OF AUTOPLASMA

Jumaev Laziz Rajabovich
Bukhara State Medical Institute Named After Abu Ali Ibn Sino. Bukhara, Uzbekistan.
e-mail: laziz jumaev@bsmi.uz

Introduction. The salivary glands, being organs of both exocrine and endocrine secretion, subtly react to disruption of the activity of other endocrine glands. There is no doubt that salivary glands are involved in ensuring the hormonal regime of the body in normal and endocrine disorders, which, in turn, leads to the appearance of various pathological conditions in the salivary glands themselves [17]. Currently, among the pathological changes in the large and small salivary glands, there is an increase in the frequency of their nonspecific inflammatory (chronic sialadenitis) and reactive dystrophic (sialadenosis) lesions. They develop in various somatic diseases and are most often found in diabetes mellitus, diseases of the gastrointestinal tract, cardiovascular and genitourinary systems [1, 14]. It is believed that these diseases create a premorbid background for the occurrence of chronic sialadenitis and sialadenosis and subsequently form a "vicious circle", contributing to their progression [2, 18]. Morphological features of chronic sialadenitis and MS sialadenosis in patients with various pathologies of the cardiovascular system are described [3, 16]. Their pronounced and diverse histological changes were found in the form of impaired secretory activity of sialocytes, duct dilation, sclerosis of the stroma and/or parenchyma, as well as lymphoid and lympho-macrophage infiltration of the stroma and/or parenchyma and microcirculatory disorders. Metabolic sialoses are the least studied diseases. According to Rauch's suggestion, secondary LV hypertrophy is combined by the term "sialoses", i.e. hypertrophy resulting from reactive-dystrophic processes [4]. The hormone and enzyme secreting function of the salivary glands is a pathogenetic sign of a certain disease and it is recommended to use this indicator in the diagnosis of various diseases of the salivary glands [13]. A large amount of bioactive substances is formed or accumulated in the salivary glands. Relapses of sialosis during pregnancy, menopause, and functional disorders of the pancreas and salivary glands are known in the clinic [15, 23]. The aim of the study is to increase the effectiveness of complex pathogenetic therapy of patients with reactive dystrophic salivary gland diseases by topical application of platelet autoplasm. Materials and methods of research. The object of scientific research was a group of 162 patients with reactive dystrophic diseases of the salivary glands. The age of patients ranged from 20 to 75 years, men - 68, women - 94. All patients were examined and treated at the maxillofacial department of the Bukhara Regional Multidisciplinary Medical Center in the period from 2015 to 2021. Of all 162 observed patients, 98 (93.3%) were inpatient treatment, and 27 (6.7%) were treated on an outpatient basis. Moreover, 28 (11.4%) of the patients treated in the department of Maxillofacial surgery were undergoing day inpatient treatment. All patients were divided into two groups, the main group (complex treatment) (n=85) and the comparison group (traditional treatment) (n=77). In addition, a group of healthy individuals was created, consisting of 20 people (9 of them men and 11 women) to monitor the results of complex and traditional treatment. The distribution of patients with inflammatory and dystrophic diseases of the salivary glands and healthy people by age and gender is given. Concomitant diseases in the observed patients in both groups were in the compensation stage, most often there were diseases of the gastrointestinal tract, cardiovascular system, respiratory organs and neurological. To clarify the diagnosis, general and specific research methods were used for all patients (Shchipsky A.V., Afanasyev V.V., 2001). Common research methods included: questioning, examination, palpation, blood and urine tests, which were performed on all patients. Private research methods were used to make the final diagnosis. Upon admission, the patients underwent duct probing using metal probes, X-ray imaging of the mandible area in direct and lateral projections, and intraoral radiography of the floor of the oral cavity in case of concretion localization in the submandibular duct. All patients with suspected sialoses underwent sialography according to a generally accepted technique using water-soluble radiopaque substances (60% and 76% solutions of urographin and verografin) (Shchipsky A.V., Afanasyev V.V., 2001). The patients also underwent sialosonography on ultrasound diagnostic devices with a 5-7 Mets linear sensor. Depending on the treatment, all patients were divided into two groups. The 1st group

consisted of 77 people (32 men and 45 women). All patients in the 1st group of traditional therapy were treated simultaneously with the treatment of general somatic pathology with generally accepted therapeutic and preventive measures aimed at increasing salivation and reducing swelling of the salivary glands. The patients were prescribed desensitizing (suprastin, diphenhydramine) and restorative treatment. As a local treatment, after the introduction of an antiseptic (decasan solution) into the excretory duct of the gland, 2 ml of an enzyme (trypsin, chymotrypsin) was injected, which was removed from the salivary gland by massage along its excretory ducts. After 3-4 repetitions of this procedure, 2 ml of the enzyme was re–injected into the gland and, without massaging, a compress with a 20%-30% dimexide solution was applied to the gland. After 3-4 repetitions of this procedure, 2 ml of autoplasm was re–injected into the gland and, without massaging the gland, applications with a 20%-30% solution of dimethyl sulfoxide in the form of compresses were applied to its area. Then 0.4 ml of kleksan was injected subcutaneously into the gland area. In addition to drug therapy, physical therapy exercises and therapeutic massage were prescribed, which were performed daily for 10-14 days. For the enzyme therapy of the main group of patients, the drug Wobenzym was used, containing enzymes of plant (papain 60 mg, bromecaine 45 mg) and animal (trypsin 24 mg, chymotrypsin 1 mg, pancreatin 100 mg) origin and 50 mg of rutin. The patients took 3 tablets of the drug 1 time a day 40 minutes before meals for 10 days. The purpose of such a large amount of Wobenzyme is due to its low absorption in the intestine. As an antioxidant agent, Vitamin E (alpha-tocopheryl acetate) 400 mg 2 capsules per day for 10 days was prescribed to patients to participate in the processes of cell proliferation, tissue metabolism, and prevention of erythrocyte hemolysis. Patients who associated the appearance of pathological symptoms with the presence of stress were prescribed three doses of glycine under the tongue during the day. Physiotherapy procedures were contraindicated in patients suffering from sialosis due to the presence of concomitant comorbid pathology.

The patients of the examined groups were prescribed an appropriate diet, as well as mouth rinses with warm acidified water. During the study period, saliva substitutes were not used in patients with reactive dystrophic pathology of the salivary glands. The severity of the clinical course of reactive dystrophic pathology of the salivary glands in elderly and senile people, as well as the effectiveness of treatment, was assessed using the methodology developed by us. The results and their discussion. After complex therapy in patients with sialosis, a decrease and limitation of the area of skin hyperemia in the salivary gland affected by reactive dystrophic disease was observed the next day, while the hyperemia completely disappeared by day 5.10 of treatment. In patients receiving traditional treatment, mucosal hyperemia resolved by day 5.50 of treatment. A decrease in the secretory function of the salivary gland contributes to the progression of the dystrophic process in the gland itself and the occurrence of complications. An analysis of the sialometric parameters showed that after treatment, increased salivation was noted. The secretory function of the glands involved in the dystrophic process was restored after treatment and did not significantly differ from the function of the unaffected glands on day 5.90± 0.14 with traditional therapy and on day 5.14± 0.11 with complex treatment. Also, upon admission, the observed patients showed a violation of the function of the affected salivary gland in the form of a lack of saliva secretion or turbid saliva with an admixture of pus. After traditional treatment, in patients in the comparison group (n=77), the function of the damaged salivary gland returned to normal and saliva was released without impurities and pus on 7.09±0.17 days, whereas after complex therapy in the main group of patients (n=85), saliva without impurities and pus was achieved on 3.52±0.10 days, that is, twice as fast. At the same time, saliva viscosity was restored to normal values on 8.27±0.21 and 8.09±0.11 days, respectively. According to Table 3, it can be seen that in patients before treatment, the average amount of mixed saliva without stimulation was 1.91+0.07 ml, after stimulation – 2.21+0.06 ml ($P<0.001$). After traditional therapy, the amount of saliva in the comparison group increased by 24% without stimulation and was 2.29+ 0.05 ml, and after stimulation - 4.41 ± 0.09 ml. In the main group of patients, before complex treatment, the amount of saliva without stimulation was 1.79±0.03 ml. With complex therapy involving intra-current administration of platelet-rich autoplasm, enzyme, vitamin therapy, physical therapy and therapeutic massage, the amount of saliva without stimulation was 3.20 ± 0.07 ml, which is 62.8% more than the initial values. After stimulation with 1% pilocarpine solution, a secretion of 4.89± 0.13 ml of saliva was achieved during complex treatment.

Conclusions: 1. Local application of platelet-rich autoplasma in the form of its intrauterine administration, drugs that improve microcirculation in the tissues of the salivary glands, the use of

vitamin and enzyme therapy, regular use of a complex of physical therapy exercises and therapeutic massage during inpatient treatment of patients suffering from reactive dystrophic diseases of the salivary glands, has a positive effect on the dynamics of the disease. 2. The use of physical therapy exercises and therapeutic massage makes it possible to positively influence blood and lymph circulation, improving the general and local metabolism in the maxillary tissues and tissues of the oral cavity, which helps to relieve dystrophic phenomena in the large salivary glands. The average efficiency of treatment in patients of the 1st group was 26.73%, while in patients of the 2nd group it was 31.63%.

Literature:

1. Афанасьев В.В. Слюнные железы. Болезни и травмы. Руководство для врачей. М.: «ГЭОТАР-Медиа» - 2012.

2. Афанасьев В.В., Ромачева И.Ф. Афанасьев В.В. Роль сопутствующих заболеваний в этиологии хронического сиаладенита. Стоматология. 1989; 68(1): 46–8.

3. Афанасьев В.В., Стрюк Р.И., Абдусаламов А.О., Казунина Н.А. Состояние больших и малых слюнных желез у больных острым инфарктом миокарда. Российская стоматология. 2015; 8(2): 19–23.

4. Денисов В.// Слюнные железы. Слюна –М., 2003.– С. 19.

5. Жумаев Л.Р. Характеристика параметров системы иммунитета у больных с сиалозами. «Новый день в медицине». Научно-реферативный, культурно-просветительный журнал. Бухара, 2020. - № 2 (30/2). - С. 360-361.

6. Жумаев Л.Р., Иноятов А.Ш., **Азимов М.И. Особенности состава гликопротеинов ротовой жидкости у больных с реактивно-дистрофическими заболеваниями слюнных желез.** Научно-реферативный, культурно-просветительный журнал. Бухара, 2020. - № 3 (31). - С. 41-43.

7. Жумаев Л.Р., Хамраев С.Ж. Особенности морфологии тромбоцитов у больных сиалозами. Проблемы биологии и медицины 2021, № 5 (130).

8. Жумаев Л.Р. Характеристика параметров системы иммунитета у больных с сиалозами. Достижения науки и образования № 18(40), 2018 г.

9. Жумаев Л.Р. Влияние комплексного лечения воспалительно-дистрофических заболеваний слюнных желез на показатели защитных систем ротовой жидкости. Медицина и инновации" - научно-практический журнал. №4 12. 2021.

10. Жумаев Л.Р., Пулатова Ш.К. Показатели гликопротеинов ротовой жидкости у больных с сиаладенозами. «Актуальные проблемы челюстно-лицевой хирургии и новые технологии» Сборник международной научно-практической конференции. 27 ноября 2020 года. Ташкент.

11. Жумаев Л.Р., Иноятов А.Ш. Лечение реактивно-дистрофических заболеваний слюнных желез. Стоматология. Ташкент. № 4, 2021 (85). Стр. 26.

12. Жумаев Л.Р., Иноятов А.Ш. *Биохимическая диагностика реактивно – дистрофических заболеваний слюнных желез.* Методические рекомендации. Бухара. Издательство Дурдона. 2022.

13. Коваленко А.Ф. и др.// Стоматология: Республ. межвед. сб.– Киев, 1991.– С. 69–70.

14. Кумина Е.М., Станилевич Н.П., Малофеева Л.Д. Состояние секреторной функции слюнных желез при аутоиммунном тиреоидите. Состояние. Тезисы докл. научно-практич. конф.: Разработка и внедрение фундаментальных исследований в ЦНИЛ, на кафедрах института и в практическом здравоохранении. Свердловск: ЦНИЛ Свердловского мед. ин-та; 1989: 87–85.

15. Ордашев Х.А. Заболевания слюнных желез при сахарном диабете: Дис. канд.мед.наук.– М., 1997.

16. Орехова Л.Ю., Рыбакова М.Г., Бармашева А.А., Кузнецова И.А. Семернин Е.Н., Ширшова Н.А. и др. Состояние органов полости рта и изменение тканевого кровотока слизистой оболочки полости рта у больных с хронической сердечной недостаточностью. Стоматология. 2013; 92(4): 23–5.

17. Парамонова Т.В., Артамонова Б.А. Взаимодействие щитовидной и слюнных желез крыс при радиационном поражении. Эндокринная система организма и вредные факторы окружающей среды – Л., 1991.– С.186–187.

18. Павлова Г.Т. Реактивные сдвиги в слюнной железе. Опухоли и экспериментальная хирургия органов гепатопанкреадуоденальной зоны. Ставрополь; 1981: 91–4.

19. Пулатова Ш.К. Характеристика рациональных методов комплексного лечения

остеоартроза височно-нижнечелюстного сустава. Молодой специалист. Volume 1 | Issue 2 | May 2022 ISSN 2791-3651. С. 82 – 88.

20. Пулатова Ш.К. Особенности клинического течения и комплексной терапии переломов нижней челюсти с целью профилактики воспалительных осложнений (литературный анализ) //Oriental renaissance: Innovative, educational, natural and social sciences. – 2021. – Т. 1. – №. 10. – С. 872-882.

21. Пулатова Ш.К., З.К. Рахимов, Ш.А. Камбарова, Ф.А. Хамитова. Комплексное патогенетическое лечение больных с разлитыми флегмонами челюстно – лицевой области// «Новый день в медицине» Научно – реферативный, культурно – просветительский журнал. - 2019. - № 2 (26). - С. 121 - 125.

22. Пулатова Ш.К. Оценка клинического течения при комплексном лечении переломов нижней челюсти у больных на фоне иммунокоррекции // Oriental renaissance: Innovative, educational, natural and social science. – 2021, - С. 893-906.

23. King H., Rewers M. // Бюллетень ВОЗ – 1991.– 69.– №6.– P. 3–8.

24. Pulatova Sh.K. and Kambarova Sh.A. Improvement of methods of alveoplasty of anterior upper jaw in case of atrophy// Евразийский союз учёных. Ежемесячный научный журнал. Москва. - 2020. - № 4 (73). – С. 19 – 22.