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COMPREHENSIVE TREATMENT OF PATIENTS WITH GENERALIZED PERIODONTITIS ASSOCIATED WITH ORAL LICHEN PLANUS BY MONITORING LOCAL IMMUNITY INDICES

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Abstract. *Efficiency of our method of treatment of patients with CGP associated with lichen acuminatus is proved through recovery of indices of local non-specific immunity of the oral cavity such as lysozyme and beta-lysins activity and concentration of C3 fragments of complement as well as normalization of sIgA level directly after the course is finished and in 3 months after treatment.*

Normalization of indices of local immunity of the oral cavity is accompanied by absence of symptoms of inflammation of parodontium tissue.

Keywords: *chronicle generalized periodontitis, oral lichen planus, local immunity characteristics, lysozyme containing medicine.*

One of the most important causes, which determine the possibility of conjoint contraction of chronic generalized periodontitis (CGP) and lichen acuminatus and define their course, is the state of local mechanisms of defense of the oral cavity [1, 2, 3]. Therefore, estimation of immune competence of the oral cavity in patients with CGP and lichen acuminatus can be one of possible objective criteria of treatment quality [4, 5].

The goal of our research is assessment of sIgA in the oral fluid, C3 components of the complement, activity of lysozyme and beta-lysins in patients suffering from CGP and lichen acuminatus before and after treatment, as indices of positive influence of suggested complex therapy on the immunological course of CGP pathogenesis.

The object and methods of the research. 72 patients were examined and divided into 4 groups. The first group (20 people) comprised patients with CGP of initial and mild severity without lichen acuminatus. 32 patients with conjoint course of CGP

(initial and mild severity) associated with acuminatus (typical form) were divided into 2 groups (2 and 3). The second group (16 people) was represented by patients with CGP and lichen acuminatus without involvement of the oral mucosa; the third group (16 people) was represented by patients with involvement of the oral mucosa. The fourth observational group comprised patients with intact parodontium (20 people). On the basis of treatment methods groups 2 and 3 were divided into subgroups 2a, 2b, 3a 3b (8 patients in each one).

Systemic treatment of lichen acuminatus (after specialized medical consultation) consisted in prescribing of Delagil, 1 pill twice a day, Xantinol nicotinate, 1 pill three times a day and vitamin E in capsules, 1 capsule once a day, to the patients of the second and third groups.

Immunology research of the oral fluid included study of lysozyme activity by means of nephelometric method and also assessment of sIgA, C3 components of complement and beta-lysins activity by enzyme linked immunoassay.

The results of the research and their consideration. Efficacy of treatment of the patients representing different groups was assessed through study of indices of local immunity of the oral cavity, of both non-specific (lysozyme, beta-lysins, C3 components of complement) and specific (sIgA) types of immunity.

In patients of all groups with CGP of initial and mild severity in the setting of lichen acuminatus of typical form (the second and third groups) as well as without lichen acuminatus (the first group) sharp decrease of lysozyme activity in the oral fluid is marked. After conservative treatment firm increase of lysozyme activity in the oral fluid of the patients of all observational groups after two weeks of treatment and while control measurement of lysozyme intake in 3 months is noted. However, only in the patients, who were undergoing treatment according to elaborated scheme, indices of lysozyme activity achieved the level of control ones and corresponded to it during the whole period of observation (from 34.86% до 36.38%).

Dynamics of control of beta-lysins activity of bactericide factor, which is most active against anaerobic and sporogenous aerobic microorganisms, during the whole period of observation has shown that in all patients with CGP and CGP associated

with lichen acuminatus of typical form, firm decrease of activity of this bactericide factor of the saliva in comparison with control before treatment and normalization of beta-lysins activity after use of different treatment schemes is identified.

The most important component of complement system is C3 fragment, the breakdown of which into C3a and C3b is considered to be a midpoint of each several cascades of activation of complement system which end with formation of membranes of attack complex and lysis of pathogenic bacteria of the oral cavity. Consequently in all patients with CGP and CGP associated with lichen acuminatus the level of this fragment of complement is reduced in comparison with control by 1.5-2. When standard schemes of treatment of the patients with CGP (groups 1, 2a and 3a) are used, positive dynamics is also apparent. However firm normalization of concentration of C3 fragments in the oral fluid is not achieved.

In all patients with CGP associated with lichen acuminatus in the oral fluid, increase of concentration of sIgA by 2 (in comparison with the norm) has been detected. After performed treatment according to the elaborated scheme normalization of sIgA level in the oral fluid of the patient of groups 2b and 3b during the whole period of observation was accomplished.

Conclusions. With reference to the foregoing it is possible to draw a conclusion that CGP as well as conjoint course of CGP and lichen acuminatus are accompanied by significant changes of local immunity of the oral cavity which become apparent in the form of sharp decrease of lysozyme and beta-lysins activity, reduction of the amount of C3 components of complement and increase sIgA level in the oral fluid.

Efficiency of our method of treatment of patients with CGP associated with lichen acuminatus is proved through recovery of indices of local non-specific immunity of the oral cavity such as lysozyme and beta-lysins activity and concentration of C3 fragments of complement as well as normalization of sIgA level directly after the course is finished and in 3 months after treatment.

Normalization of indices of local immunity of the oral cavity is accompanied by absence of symptoms of inflammation of parodontium tissue.

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Комплексное лечение больных с генерализованным пародонтитом на фоне красного плоского лишая мониторингом показателей локального иммунитета

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Резюме. Было изучено состояния иммунитета полости рта у пациентов с ХГП на фоне КПЛ, как одного из возможных объективных критериев качества лечения. Успешное лечение больных, по разработанной нами схеме («Лизомукоид», «Лисобакт» лизоцимсодержащие пленки), сопровождается восстановлением показателей местного неспецифического иммунитета полости рта - активности лизоцима и бета-лизинов, концентрации С3 фрагмента компонента, а также нормализацией уровня sIgA, как непосредственно после окончания курса, так через 3 месяца после завершения терапии.

Ключевые слова: хронический генерализованный пародонтит, красный плоский лишай, показатели местного иммунитета, лизоцимсодержащие средства.

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Комплексное лікування хворих із генералізованим пародонтитом на тлі червоного плоского лишая моніторингом показників локального імунітету

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Резюме. Було вивчено стан імунітету ротової порожнини у пацієнтів із хронічним генералізованим пародонтитом на тлі червоного плоского лишая як одного із можливих об'єктивних критеріїв якості лікування. Успішне лікування хворих за розробленою нами схемою («Лізомукоїд», «Лісобакт», плівки що містять лізоцим) супроводжується відновленням показників місцевого неспецифічного імунітету ротової порожнини, таких як активність лізоциму та бета-лізинів, концентрація C3 фрагменту комплементу, а також нормалізація рівня sIgA, як безпосередньо після закінчення курсу, так і через 3 місяці після завершення терапії.

Ключові слова: хронічний генералізований пародонтит, червоний плоский лишай, показники місцевого імунітету, плівки що містять лізоцим.

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