

*Abstracts of*

*The IX Annual International Scientific-Practical Conference  
“Medicine Pressing Questions”*

*The III Satellite Forum “Public Health and Healthcare Politics”  
The III Simulation Training “Laparoscopic Surgery”*

*Organized by*



NGO “Young Doctors of Azerbaijan”



**AIJR Publisher**

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- **Amir Aliyev**

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May 6-8, 2020, Baku, AZERBAIJAN

Assoc. Prof. Amir Aliyev  
(Editor)

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AIJR Publisher, Dhaurahra, Balrampur, India 271604

**AiJR**

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*Conference Organizers*

NGO “Young Doctors of Azerbaijan”

*Conference Venue*

Baku, Royal Hotel, AZERBAIJAN

*Conference Website*

<http://www.young-doctors.az/index.php?id=100000016>

*Editor*

Assoc. Prof. Amir Aliyev  
Chairman of the NGO “Young Doctors of Azerbaijan”

ISBN: 978-81-942709-5-9

DOI: <https://doi.org/10.21467/abstracts.97>

*Type:*

Abstract Book

*Published:*

May 6, 2020

*Number of Pages:*

92

*Copy Editor*

Dr. Adam A Bahishti

*Imprint:*

AIJR Books

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*Distribution Channel:* eChoice, New Delhi, India

*Published by*



AIJR Publisher, Dhaurahra, Balrampur, India 271604

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# PECULIARITIES OF RED LICHEN PLANUS TREATMENT IN THE ELDERLY

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## ABSTRACT

Red lichen planus (RPL) is a chronic lesion of the skin and mucous membranes, including the oral mucosa (OM). This disease is more common in the elderly. According to various authors, RPL on the OM occurs in 0.1 - 2% of the population, most often in women in menopausal and postmenopausal periods of life. To date, RPL is considered as a disease with unknown etiology and pathogenesis. Due to the fact that RPL occurs, as a rule, on the background of diseases of the gastrointestinal tract, cardiovascular system, neuroendocrine pathology, it has recently been considered as a multifactorial autoimmune disease with a delayed hypersensitivity reaction with a violation of local immune mechanisms, which develop against a background of estrogen deficiency with the presence of a psychoemotional factor. There are neurogenic - stressful, infectious, including viral, autoimmune, endocrine theories of etiology. The presence of systemic pathology leads to the immune dysfunction, including OM concerning trauma, which can serve as a trigger for the onset and development of RPL. This is especially true of the elderly, when there are involutive processes of OM, characterized by a thinning of the epithelium and the OM, a hypersalivation. In recent years, there has been a tendency to increase the number of patients with RPL, especially on the background of psychoemotional stress. In addition, the occurrence of RPL is affected by adverse factors in the oral cavity: sharp edges of the teeth, fillings, poor-quality fixed and removable laminar dentures. RPL is characterized by a persistent chronic course and manifests itself in the various forms: reticular (simple), exudative - hyperemic, erosive - ulcerative, bullous, hyperkeratotic and atrophic. In the oral cavity, lesion elements are localized mainly on the mucous membrane of the cheeks, back of the tongue, and lips. In patients of old and senile age, exudative - hyperemic and erosive - ulcerative forms of RPL are more common. The main morphological element of the lesion is a keratinized papule round or polygonal shape with a size of 0.2 - 0.5 to 1 mm in diameter. On the oral mucosa, keratinized papules, due to constant maceration, acquire a whitish-gray color, standing out on the background of non-inflamed mucous membrane (mesh form) or hyperemic (exudative-hyperemic form). Due to a violation of the elasticity of the mucous membrane appear cracks, which led to an erosive-ulcerative form of RPL. A characteristic feature of the RPL is the tendency of papules to merge in the form of a lacy pattern not protruding above the level of the mucosa, which is expressed in its roughness. Since most scientists attribute RPL to a hypersensitivity reaction, the appointment of various immunosuppressants has become quite common. Under observation were 15 patients (women) aged 60 - 75 years with exudative-hyperemic and erosive-ulcerative forms. We have chosen the following plan of RPL treatment: delagil (a special scheme), which inhibits the synthesis of nucleic acids, the activity of certain enzymes, immunological processes; sodium thiosulfate as a desensitizing and detoxifying agent; and nicotinic acid, which improves microcirculation. Of the antihistamines, Claritin or Zyrtec was prescribed due to the lack of a hypnotic effect. To relieve psycho-emotional stress, it was recommended to take motherwort extract or peony tincture. A vitamin complex was prescribed containing vitamins A, B, nicotinic acid and genistein in a daily dose. Local treatment was carried out according to the generally accepted scheme: oral cavity sanitation, removal of traumatic factors, the usage of epithelizing agents - aevit, sea buckthorn oil, solcoseryl. To reduce dryness and burning in the oral cavity, oral baths with linseed oil or milk thistle oil were prescribed. These products have antioxidant and microcirculation-improving properties, which is so necessary for older people. Milk thistle oil also has a wound healing and analgesic effect. As a result of the complex treatment of RPL in elderly people, the general state of health improved, discomfort in the oral cavity decreased, the affected areas were significantly reduced, and epithelization of erosive surfaces occurred. The specified complex of therapeutic measures had a fairly good effect.

