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**«ВІТЧИЗНЯНА ТА СВІТОВА МЕДИЦИНА:
ВИМОГИ СЬОГОДЕННЯ»**

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SUBSTANTIATION OF MUCOSITIS PROPHYLAXIS OF THE ORAL CAVITY IN BREAST CANCER PATIENTS

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One of the most negative consequences of current anticancer treatment is mucositis, therapy of which still has no effective standard protocols for assistance.

To increase the effectiveness of preventive measures of the side effects of cytostatic therapy in the oral cavity in breast cancer patients by studying the pathogenic mechanisms of its development and substantiation of the preventive measures against the background of chemotherapy.

For the accuracy of the results of this research a homogeneous group of patients was studied – 161 women suffering from breast cancer (BC) stage $T_1N_0M_0$ – $T_2N_1M_0$, according to the international TNM Classification (Tumor, Nodus, Metastasis), who at the 1st stage have received combined treatment (surgery + radiotherapy) and 6 cycles of adjuvant chemotherapy (CTx), in accordance with the international standards, by the same scheme – CAF. The survey, that we have developed, was conducted with the help of questionnaires during all 6 CTx cycles.

Patients were divided into 3 groups. Group 1 patients only brushed their teeth 1 time/day with any toothpaste, without using a mouthwash. Group 2 patients during all cycles of CTx complied with a set of preventive hygiene measures, developed by us. Group 3 patients complied with a set of preventive treatment measures, developed by us.

Based on the clinical and laboratory studies it was found that adjuvant cycles of CTx in breast cancer patients have a significant impact on the state of oral health.

The use of the set of preventive hygiene measures at the stages of adjuvant CTx has helped to reduce dental toxicity to 66.7 ± 6.0 % during the I cycle against the comparison group. There is a significant decline of cheilitis manifestations from 15.9 ± 4.6 % in the I cycle to their complete absence during the VI cycle of CTx; mucositis – in the III cycle of CTx – 50.8 ± 6.3 vs 73.1 ± 8.9 % in the comparison group. In the incidence of periodontal tissue

diseases a significant difference is observed during the II–IV cycles of CTx – 7.9 ± 3.4 vs 26.9 ± 8.9 % in the comparison group. The incidence of hyposalivation doesn't significantly change during all 6 cycles of CTx.

The use of the developed set of preventive and therapeutic measures as supporting therapy in this group of patients has helped to significantly reduce dental toxicity versus the comparison group by 1.5 times in the I cycle (56.9 ± 5.9 %) and by 4.5 times during the VI cycle of CTx (18.1 ± 4.6 %); cheilitis – by 5.2 times and periodontal tissue diseases – by 13.4 times during the I cycle versus the comparison group to almost its absence during the VI cycle (1.4 and 0 %, respectively); mucositis – by 2.4 times during the I cycle to 8.2 times during the VI cycle; hyposalivation – significantly lower by 1.7 times than during the I cycle of CTx, to 2.5 times in the V cycle against the comparison group.

Dental support is necessary not only for the treatment of manifestations of acute stomatitis, but also to identify possible subclinical changes and their timely correction.