



COLLECTION OF SCIENTIFIC PAPERS



ISSUE
№8

1 INTERNATIONAL SCIENTIFIC
AND PRACTICAL CONFERENCE

**SCIENCE AND
INFORMATION
TECHNOLOGIES
IN THE MODERN WORLD**

FEBRUARY 26-28, 2025
ATHENS, GREECE





INTERNATIONAL SCIENTIFIC UNITY

1st International Scientific and Practical Conference
**«Science and Information Technologies in the
Modern World»**

Collection of Scientific Papers

February 26-28, 2025
Athens, Greece

UDC 01.1

Science and Information Technologies in the Modern World: Collection of Scientific Papers "International Scientific Unity" with Proceedings of the 1st International Scientific and Practical Conference. February 26-28, 2025. Athens, Greece. 541 p.

ISBN 979-8-89704-987-5 (series)

DOI 10.70286/ISU-26.02.2025

The conference is included in the Academic Research Index ReserchBib International catalog of scientific conferences.

The collection of scientific papers "International Scientific Unity" presents the materials of the participants of the 1st International Scientific and Practical Conference "Science and Information Technologies in the Modern World" (February 26-28, 2025).

The materials of the collection are presented in the author's edition and printed in the original language. The authors of the published materials bear full responsibility for the authenticity of the given facts, proper names, geographical names, quotations, economic and statistical data, industry terminology, and other information.

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ISBN 979-8-89704-987-5 (series)



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MANIFESTATIONS OF ARTERIAL HYPERTENSION IN THE ORAL CAVITY. CLINICAL CASES

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In medical practice, the problem of comorbid pathology arises, where different diseases coexist and numerous symptoms manifest in a single patient. This close interconnection between the body's organs and systems, and diseases can potentiate one another [1]. A pathogenetic commonality between diseases of the internal organs and those of the oral cavity has been demonstrated, necessitating unified systemic approaches for the timely diagnosis and treatment of combined pathology. Pathological manifestations on the mucous membrane of the oral cavity may serve as early clinical signs of systemic diseases, appearing even before their objective symptoms emerge and indicating a severe or decompensated course [2, 3, 4]. In such cases, patients

primarily consult a dentist, who conducts a thorough examination, sometimes together with general practitioners. However, it is the dentist who bears primary responsibility for the correct diagnosis and the timely prescription of adequate treatment. Determining the specifics of medical management for patients with comorbid pathology is an important area of focus for both internists and dentists and is actively discussed in the scientific medical literature.

One of the most common diseases today is arterial hypertension. An important factor in the etiopathogenesis of hypertensive disease is a disturbance in the microcirculatory system, which underlies inflammatory and destructive diseases of the oral cavity [5]. Clinical observations have demonstrated that in severe cases of arterial hypertension, changes frequently occur in the oral cavity that correspond to the picture of blister-vascular syndrome and have prognostic significance. The differential diagnosis of blister-vascular syndrome can be quite challenging for the dentist [3].

Objective of the Study. Based on an analysis of clinical cases in patients with arterial hypertension who consulted a dentist and exhibited lesions of the oral mucosa, determine the peculiarities of diagnostic criteria and differential signs of manifestations of blister-vascular syndrome.

Objects and Methods of the Study. Our observation included two patients with Stage 2 of arterial hypertension exhibiting blister-hemorrhagic manifestations on the oral mucosa: a male, P., aged 78, and a female, K., aged 69.

During the initial dental examination, the patients' complaints, the presence of comorbid pathology and its severity, the effectiveness of previous treatments, harmful habits, overall and psycho-emotional condition were evaluated, and blood pressure readings were taken.

During both extraoral and intraoral examinations, attention was paid to the color of the skin, facial symmetry, the condition of the vermilion border of the lips, teeth, periodontium, and the oral mucosa; any pathological changes observed were detailed; differential diagnosis was performed; and the patients were referred for consultations with a cardiologist and a general practitioner.

The plan for additional examinations was agreed upon with the patients, cardiologists and the general practitioners. A complete blood count and urinalysis, blood biochemical analysis, and cytological examination of a smear from the affected areas of the oral cavity were prescribed. All local interventions in the oral cavity were performed during the second visit after consultation with the cardiologist and general practitioner, concurrently with the treatment of the primary disease.

Results of the Study and Their Discussion. During the examination, it was found that patient P. visited the dentist for oral cavity sanitation without reporting any complaints regarding mucosal lesions. In contrast, patient K. complained of the appearance of painless, dark-brown blisters on the lateral surfaces of the tongue that emerged after eating solid food.

The medical history revealed that both patients had been under the regular care of a cardiologist for 5 and 7 years, respectively, due to Stage 2 arterial hypertension; however, they attended appointments irregularly and took their medications only situationally, solely when their blood pressure increased. Two days prior to their visit to the dentist, both patients recorded a sudden sharp rise in blood pressure: 200/110

mm Hg in the man and 190/100 mm Hg in the woman (hypertensive crisis). They did not consult a doctor for this incident but self-administered the medications previously prescribed by their cardiologist.

During the intraoral examination, isolated blisters with hemorrhagic content were observed, which subsequently either resolved spontaneously (patient P.) or ruptured spontaneously, forming erosions that re-epithelialized within 3 days (patient K.). Based on the clinical and laboratory data, differential diagnosis was performed and the final diagnosis was established: blister-vascular syndrome of the oral mucosa, arterial hypertension Stage 2.

Conclusions.

1. In patients with Stage 2 arterial hypertension, lesions of the oral mucosa may be observed in the form of blisters with hemorrhagic content and a dense covering.

2. The blisters either resolved spontaneously or ruptured, forming erosions that re-epithelialized within 3 days.

3. The detection of blister-vascular syndrome in such patients indicates a severe course of arterial hypertension; therefore, timely diagnosis may prevent complications related to the somatic condition.

4. The diagnosis of oral mucosal lesions in the context of comorbid pathology can be challenging; hence, dentists should work in a team with cardiologists, general practitioners and with doctors of other specialties.

Thus, for correct diagnosis and effective treatment of patients with comorbid pathology, it is essential to take into account the medical history, clinical manifestations, and laboratory test results. Additionally, to study the clinical picture of the syndrome in more detail, it is necessary to increase the number of observations.

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with Proceedings of the 1st International Scientific and Practical Conference
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Certificate of the subject of the publishing business: ДК №7980 of 03.11.2023.



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