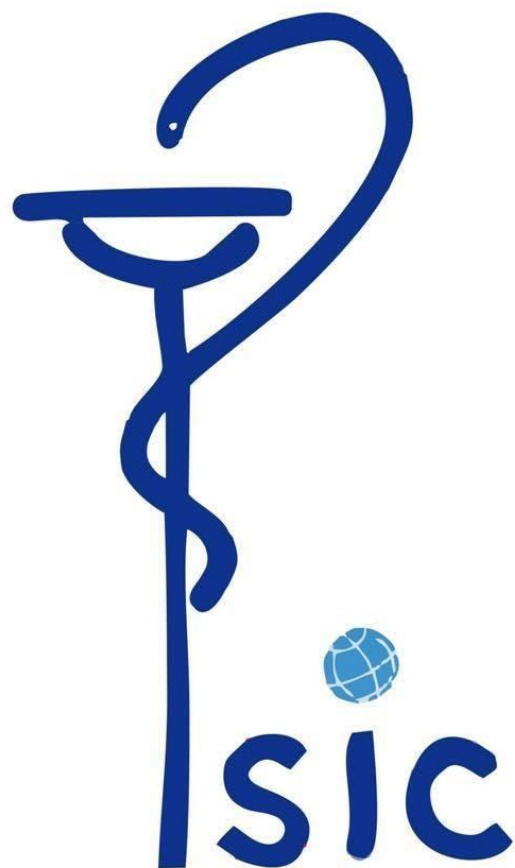




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BIOMEDICAL SCIENCES





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**ORAL CAVITY IMMUNITY CHARACTERISTICS IN THE PATIENTS ORAL
LICHEN PLANUS**

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Actuality: A firm tendency of frequent combination of chronicle generalized periodontitis (CGP) and oral lichen planus (OLP) has been observed recently and known treatment measures often give insufficient therapeutic effect.

The aim: The object of the research is to study the state of the local oral cavity immunity of the patients with generalized periodontitis together with oral lichen planus.

Materials and methods: 52 patients who were divided into 3 groups took part in the research. Group 1 included patients with intact periodontium. Group 2 included patients with CGP together with OLP and without injury of the oral cavity mucous membrane (OCMM). Group 3 included patients with CGP together with OLP and OCMM injury. Groups 2 and 3 were subdivided into 2a and 3a (those patients had standard treatment: rinser "Perio-AID" 0.12%, toothpaste "Lacalut active", and patients of subgroup 3a also had sea-buckthorn oil application on lesion focuses) and 2b and 3b (those patients had the worked out therapy:

rinser "Lizomukoid", toothpaste "Lacalut active", pills "Lisobakt", patients of subgroup 3b also had lysozyme containing films application). Systemic treatment of OLP was also conducted (after a specialists' advice).

Results: The reduction of the lysozyme and beta-lysine level, C3 fragment and also sIgA level in the oral cavity liquid has been observed. After the treatment in subgroups 2b and 3b normalization of the above mentioned characteristics level in the oral cavity liquid has been observed during all the treatment period. In groups 2a and 3a there weren't any significant changes of these characteristics ($p>0,05$).

Conclusions: Successful treatment of the patients with CGP together with OLP according to the worked out scheme is accompanied by restoration of the local non-specific immunity characteristics of the oral cavity such as lysozyme and beta-lysine activity, C3 fragment complement concentration, and also sIgA level normalization just after the end of the course of treatment and in 3 months after the therapy.

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