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✓ **Resume**

The in the work under study analyzes helminthosis in children with herpetic stomatitis according to the data of the children's dental clinic and determines the relationship of oral cavity diseases with intestinal helminthic invasion. During the study period, 106 sick children with mild and moderate forms of acute herpetic stomatitis were treated.

Keywords: *herpetic stomatitis, helminthiasis, children*

**ИЗУЧЕНИЯ ГЕЛЬМИНТОНОСИТЕЛЬСТВА ПРИ ГЕРПЕТИЧЕСКОМ
СТОМАТИТЕ У ДЕТЕЙ**

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✓ **Резюме**

В работе анализируется гельминтоз у детей с герпетическим стоматитом по данным детской стоматологической поликлиники и определяется взаимосвязь заболеваний полости рта с кишечной глистной инвазией. За исследуемый период пролечено 106 больных детей с легкой и среднетяжелой формами острого герпетического стоматита.

Ключевые слова: *герпетический стоматит, гельминтозы, дети.*

**БОЛАЛАРДА ГЕРПЕТИК СТОМАТИТДА ИЧАК ГИЖЖА КАСАЛЛИГИНИ
УЧРАШИ**

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✓ **Резюме**

Илмий изланиш давомида болаларнинг стоматология клиникасида герпетик стоматит билан касалланган беморларда гельментоз таҳлиллари олиб борилиб, оғиз бўйлиги касалликларининг ичак гелментик инвазияси билан алоқаси аниқланади. Илмий ўрганилиш даврида ўтқир герпетик стоматитнинг енгил ва ўртача шакллари бўлган 106 та бемор бола даволанади.

Калит сўзлар: *герпетик стоматит, ичак гижжа касаллиги, болалар.*

Relevance

One of the most widespread human infectious diseases is herpesvirus infection. Its clinical manifestations are extremely diverse. Primary infection with herpes simplex virus (HSV) is usually seen in early-age children and is most often asymptomatic. As a result of primary infection, by the 4th - 7th day, virus-neutralizing and complement-binding antibodies appear in the blood serum, reaching maximum values after 2-3 weeks, but they are not able to eliminate the virus from the body. Here takes place "colonization" of neurons of sensitive cranial or spinal ganglia by viruses, which determines lifelong persistence of viruses in the body. Henceforth, it is possible to develop recurrence of infection with frequency

depending on state of immunity and presence of factors that activate HSV.

Manifestation of primary herpetic infection is more often acute herpetic stomatitis (AHS). The virus remains in the body for the whole life. Children who have undergone AHS become carriers of the virus or suffer from recurrent herpetic stomatitis. Acute herpetic stomatitis is one of the most widespread clinical forms of herpetic infection in children. This disease is widespread in children from 6-month up to 3-year-old age, which is associated with disappearance of antibodies received from their mother through placenta at this age, and immaturity of their own immunity. Anatomical and physiological features of mucous membrane during this age period

(abundant vascularization, thin epithelium, deficiency of secretory IgA, lysozyme, etc.) play important role in development of herpes infection with localization in the oral cavity. Herpetic stomatitis, like other diseases in children with reduced immunity, may be accompanied by helminthiasis or can be more severe against their background [1,2,6].

At the present day, we know about 300 helminthiasis, but the leading place - up to 90% in the invasion is occupied by enterobiasis, ascariasis - 7.4%, trichocephalosis - 1.5%, toxocariasis, etc. Most of the infested are children, to be more correctly children at the age of 2 to 7 years old. This is due to re-infection (reinvasion) because of unstable personal hygiene habits, as well as protective barriers not formed in the child and with low-level stomach acidity. In combination with other mechanisms of pathogenic effect of protozoa and helminths, including mechanical damage to the mucous membranes of gastrointestinal tract, impaired digestion, absorption, development of intestinal dysbiosis, decreased IgA secretion, increased permeability of mucous membranes for macromolecules and allergens, etc [3].

Data of recent studies show high prevalence of parasitosis among children with allergic dermatosis (up to 69.1%), leading place among which is giardiasis (78.5% of all) invasions. Giardiasis in a child can proceed under the guise of numerous diseases, therefore its detection and prevention distribution is a complex problem in pediatrics [4, 5].

Objective of this research is to analyze infection with intestinal helminths (helminthosis) and pathogenic protozoa as concomitant disease in children with acute and recurrent herpetic stomatitis, as well as to assess clinical response to etiotropic therapy.

Materials and methods

During our research, we did an analysis of helminth carriage as a concomitant disease in children with acute herpetic stomatitis who had outpatient treatment in a children's dental clinic. During the research period there were treated 206 children with mild and moderate forms of acute herpetic stomatitis. To identify helminths, we used traditional macro and microhelminthological methods. Parasitological examination included three coproanalyses with an interval of 2-3 days. Stool samples were collected in Turdyev's preservative. In case of

negative coproscopy results, a modified Ritchie el al concentration method was used. Additional examination was performed in patients 4 and 8 weeks after completion of etiotropic therapy prescribed after the diagnosis of parasites. Additional examination was performed in patients 8 weeks after completion of etiotropic therapy prescribed after the diagnosis of parasites. By age, children of the younger age group, under 3-year-old age children were more ill with acute herpetic stomatitis. In a laboratory study of feces for eggs of worms and in lamblia, in 88 cases, there were found various types of worm infestations, amount of which reached up to 83% of all treated children. Patients under medical supervision are divided into two groups. Groups I-II included children at the age of 1 to 3 years old (43 patients with mono and 45 sick children with mixed invasion). Among the patients, male children prevailed, i.e., 62% and 71% respectively. Diagnosis was based on the detailed research of outpatient medical history and results of clinical examination. Complex method of treatment was carried out after receiving results of examination, including antiviral therapy in combination with anthelmintic therapy. Treatment efficiency was assessed by repeated examination after completion of course of therapy. Patients and their parents were informed about the routes of intestinal parasite infection and the importance of hygiene. All patients received information leaflets about prevention of intestinal helminthiasis. Evaluation of clinical efficacy of antiviral treatment and elimination of parasites was carried out after the completion of etiotropic therapy, as well as dispensary observation 4 and 8 weeks after therapy. Clinical effectiveness of therapy in children with herpes infection was assessed by the complete disappearance of inflammatory changes in the oral cavity. There were observed no negative clinical effects.

Result and discussion

Results and discussion from the anamnesis revealed the frequent and long-term course. Herpetic stomatitis in patients of 2nd group was higher than in group 1. As a result of the study of helminthosis in children, following were most often found: enterobiasis (66.7%), ascariasis (12.2%), giardiasis (11%), hymenolepiasis (7%), including mixed invasions (51%).

Etiotropic therapy led to the elimination of parasites in all sick children, groups I and II. Apparently, certain role was played by: strict

adherence to the drug use regimen, as well as familiarizing each infected person with the ways of infection with intestinal parasites and herpetic stomatitis.

Also, elimination of parasites gave the best results in patients infected with hymenolipodosis and giardiasis: complete recovery was noted, respectively, in children with most acute sickness, as well as absence of recurrence of herpetic recurrent stomatitis. As a result, positive clinical effect with concomitant hymenolepiasis and giardiasis was observed in 94% and 82% of patients. Results of our research allow us to conclude that there is a relationship between diseases of oral cavity with disorders of various parts of gastrointestinal tract, which is due to morphofunctional unity of digestive system.

Results obtained indicate a positive clinical response to antiparasitic therapy, infected with parasites, indicates the role of helminths and *G. lamblia* in development and course of acute stomatitis. Based on the data obtained, it is possible to recommend inclusion of parasitological examination in acute stomatitis. Despite the progress of medical science, we see prevalence of parasitic helminthic diseases until now. Diagnostic difficulties contribute to the long-term persistence of helminthiasis and parasitoses in the body, which lead to non-specific manifestations.

Conclusion

In order to increase effectiveness against the background of treatment of acute herpetic stomatitis in detection of intestinal helminthiasis, antiparasitic therapy contributes to get a positive result.

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