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# ANALYSIS OF THE PREVALENCE OF NOSOLOGICAL FORMS OF SALIVARY GLANDS

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✓ ***Resume***

***In the practice of a dentist, diseases of the salivary glands are relatively common. Despite the fact that patients with salivary stone disease mostly require inpatient treatment, a preliminary diagnosis before hospitalization or consultation of the patient carried out in an outpatient clinic. The frequency of occurrence of salivary stone disease in young, middle-aged, elderly and senile people who applied for diseases of the salivary glands in outpatient dental treatment and prophylactic institutions studied. The analysis of methods of diagnosis and treatment of diseases of the salivary glands carried out.***

***Keywords: sialolithiasis, salivary stone disease, pathology of the salivary glands, classification of salivary stone disease***

# АНАЛИЗ РАСПРОСТРАНЕННОСТИ НОЗОЛОГИЧЕСКИХ ФОРМ СЛЮННЫХ ЖЕЛЕЗ

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***В практической деятельности врача-стоматолога заболеваний слюнных желез встречается относительно часто. Несмотря на то, что больные со слюнно-каменной болезнью в большинстве своем требуют стационарного лечения, постановка предварительного диагноза перед госпитализацией или консультацией пациента осуществляется в амбулаторно-поликлиническом звене. Изучена частота встречаемости слюнно-каменной болезни у людей молодого, среднего, пожилого и старческого возраста, которые обращались по поводу заболеваний слюнных желез в амбулаторные стоматологические лечебно-профилактические учреждения. Проведен анализ методов диагностики и лечения заболеваний слюнных желез.***

***Ключевые слова: сиалолитиаз, слюнно-каменная болезнь, патология слюнных желез, классификация слюннокаменной болезни***

# СЎЛАК БЕЗЛАРИНИНГ НОЗОЛОГИК ШАКЛЛАРИ ТАРҚАЛИШИНИНГ ТАҲЛИЛИ

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***Тиш шифокори амалиётида сўлак безлари касалликлари нисбатан кенг тарқалган. Сўлак тош касаллиги билан оғриган беморлар асосан стационар даволанишни талаб қилишларига қарамай, беморни касалхонага ётқизиш ёки консултация қилишдан олдин дастлабки ташхис амбулаторияда ўтказилади. Амбулатор тиш даволаш-профилактика муассасаларига сўлак безлари касалликлари бўйича мурожаат қилган ёш, ўрта ёшли ва кекса ёшдаги одамларда сўлак тош касаллигининг келиб чиқиш частотаси ўрганилди. Сўлак безлари касалликларини ташхислаш ва даволаш усуллари таҳлили ўтказилади.***

***Калит сўзлар: сиалолитиёз, сўлак тош касаллиги, сўлак безлари патологияси, сўлак тош касаллиги таснифи.***

## Relevance

It is known that inflammatory and reactive-dystrophic diseases, sialolithiasis, as well as tumors of the salivary glands consistently occupy a high proportion of diseases of the maxillofacial region both in patients of surgical dentistry departments of dental clinics, and in the general structure of inpatient patients being treated in specialized departments of maxillofacial surgery and dentistry [1,3].

At the same time, there is still no clarity on the structure of diseases of the salivary glands in people of old and old age, as well as the age features of their occurrence in people of different age groups and the methods of diagnosis and treatment used in dental outpatient practice.

For the most complete assessment of the anatomical and functional state of the salivary glands, it proposed consistently conduct three radiation research methods: 1) ultrasound, 2) sialoscintigraphy, 3) sialography [1]. When the salivary stone localized in the intragastric part, the disease can be asymptomatic for a long time, and it detected accidentally by X-ray examination of adjacent tissues. More often, the clinical course is similar to chronic sialoadenitis. There is increase in the affected salivary gland in size , a decrease in salivation, pain appears. If the salivary stone is located in the projection of a large intra-lobular duct, then there is a reactive increase in the salivary gland and pain appears when taking acidic and spicy food ("salivary colic"). When localized in the main excretory duct, the dependence on food intake imore pronounced, "salivary colic" could observed when taking ordinary food. With palpation, which should be carried out bimanually (with the left hand from the side of the skin, as if feeding the gland towards it, with the right hand from the side of the oral cavity, the excretory duct is examined), you can feel the salivary stone. If the size of the salivolite is small, then it is not always possible to palpate it. The salivary glands enlarged, palpation causes pain. With an exacerbation of sialolithiasis, a perifocal inflammatory reaction may develop, which makes it difficult to objectively study the salivary glands, in this case, additional research is necessary [2, 7, 8].

## The purpose of the study

The purpose of this study was to evaluate the methods of diagnosis and treatment used in dental outpatient clinics of people of different age groups suffering from diseases of the salivary glands, based on the results of retrospective data.

## Material and methods

To fulfill this goal, in the period 2015-2019, we studied 8256 outpatient records of dental patients who applied for emergency and planned medical care in the Department of Maxillofacial Surgery of the Bukhara regional Multidisciplinary Medical Center. The age of the patients ranged from 10 years to 75 years.

During the study of primary medical documentation, the treatment of adult patients of various age groups on the salivary gland pathology evaluated, and the methods used for diagnosis and treatment analyzed.

When performing a clinical study, we used the classification of diseases of the salivary glands by V. N. Matina (2007). This classification of salivary gland diseases allowed us to assess the most complete pathology of the salivary glands in adults of different age groups, taking into account the generally accepted classification groups used by highly qualified specialists in this field in their practical work, as well as taking into account the International Classification of Diseases (ICD-10, 2007).

## Results and discussion

An analysis of the treatment of adults of different ages in dental departments and outpatient clinics for diseases of the salivary glands showed that, according to retrospective data, this pathology of the maxillofacial region detected in 8256 cases for the period from 2015 to 2019. Out of 8256 people, 550 (6.67%) patients received outpatient dental care for salivary gland diseases, out of them 214(38.91%) men and 336 (61.09%) women.

It was found that 217 (39.45) people applied for sialoadenitis; 110 (20%) people applied for sialolithiasis; 72 (13.1%) people applied for reactive dystrophic pathology of the salivary glands, and 58 (10.55%) people applied for sialoadenopathy of various etiologies (Fig.). Cysts and salivary fistulas served as a reason for applying to polyclinic medical and preventive institutions for 78 (14.2%) people; damage to the salivary glands became the reason for contacting dentists for 4 (0.7%) patients, and tumors of the salivary glands became the reason for contacting dentists for 11 (2.0%) people.

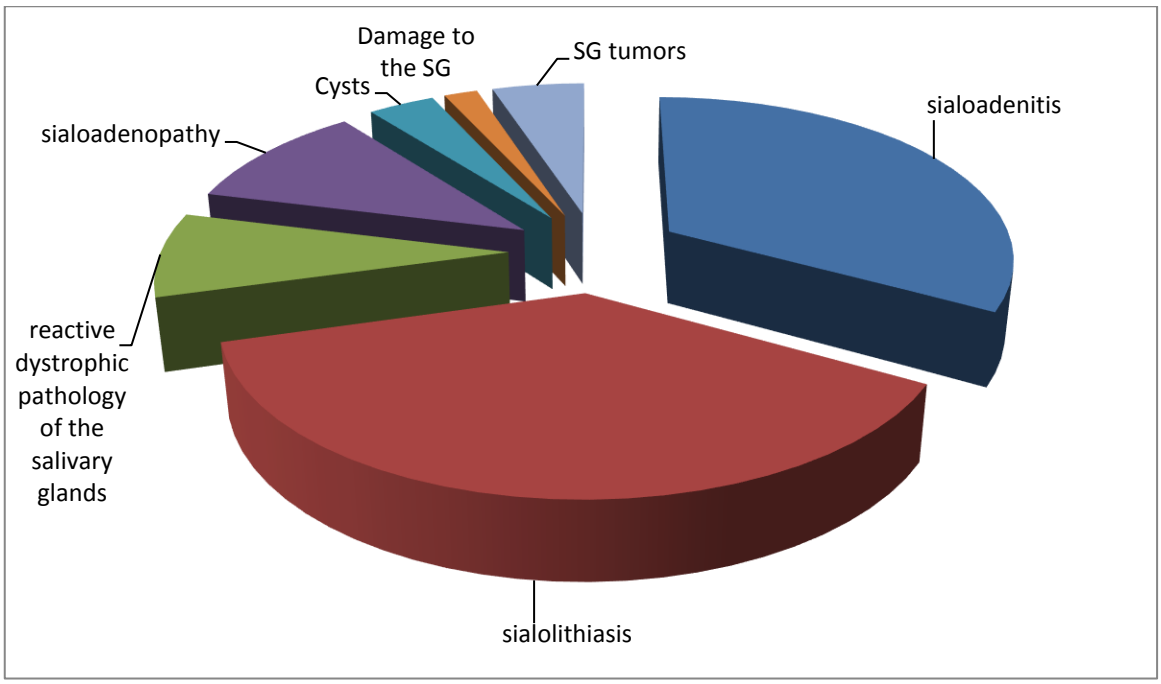


**Fig. Distribution of patients with diseases of the salivary glands, taking into account the nosological form of pathology**

The Figure shows the frequency of salivary gland diseases, taking into account age, in outpatient dental patients, as well as the distribution of patients with salivary gland diseases, taking into account the nosological form of pathology.

The analysis of diagnostic methods used in gynecological clinics in the examination of patients with the presence of salivary gland pathology showed that according to the primary medical documentation, the survey and examination carried out in 100% of cases. At the same time, only 485(88.18%) patients out of 550 underwent palpation. Among the special methods of examination, the most frequently used in the dental clinic was an overview radiography in 53.45% (n=294) of cases.

This type of study conducted mainly in patients with inflammatory diseases of the salivary glands, as well as suspected nasialolithiasis. Probing of the excretory ducts was resorted to in 4.73% (n=26) cases when examining patients with salivary stone disease. The insignificant frequency of this method of research explained by the possibility of pushing salivalite (salivary stone). In one (0.18% of cases) patient, a biopsy of the formation of a small salivary gland performed. Sialometry was performed in 1.09% (n=6) of cases with suspected reactive dystrophic pathology of salivary glands.

In 11.82% (n=65) of cases, patients were referred for salivary gland sonography, in 0.73% (n=4) of cases – for computed tomographic examination and in 0.36% (n=2) magnetic resonance imaging. In patients referred for these types of diagnostics, neoplasms of the parotid or submandibular salivary gland diagnosed.

In case of suspected reactive dystrophic pathology, as well as sialoadenopathy (drug or radiation), 77 patients (14.0%), mainly in the elderly, were referred for consultation to dentists or maxillofacial surgeons, as well as for consultation to internists-in 10.36% (n=57) cases.

64.18%(n=353) of patients received a referral for hospitalization, due to a pronounced local inflammatory process and a general intoxication reaction of the body, as well as in connection with the neoplasms of parotid, submandibular and small salivary glands diagnosed in them.

In all cases of inflammatory diseases of the salivary glands, pharmacotherapy (etiological, pathogenetic and symptomatic), as well as instillation of the salivary glands with antiseptic solutions used in the conditions of a dental polyclinic and a hospital.

In salivary stone disease, surgical treatment performed only when the stone localized in the anterior sections and the mouth of the excretory duct. If there was a suspicion of reactive dystrophic pathology of the salivary glands, which affected people of older age groups, patients referred for consultation to dentists, maxillofacial surgeons of the consultative and diagnostic center, internists in connection with their concomitant somatic pathology or for routine examination and treatment in a specialized department of a multidisciplinary hospital.

With sialoadenopathies accompanied by dryness in the oral cavity, which in most cases

occurred in people of older age groups due to insufficient saliva formation, doctors recommended artificial saliva for permanent use.

After injuries to the face, including the salivary glands, bleeding stopped by applying an aseptic pressure bandage,and such victims were hospitalized for urgent indications in specialized maxillofacial or dental departments of multidisciplinary hospitals.

## Conclusions

1. The analysis of the primary treatment of adults of different ages for diseases of the salivary glands showed that this pathology of the maxillofacial region detected in 6.67% of cases out of 8256 and served as a reason for adults to go to dental outpatient clinics for emergency or planned medical care.

2. The study showed that with age, diseases of the salivary glands are more common.

3. The conducted clinical study made it possible to clarify the methods used in practical medicine for the diagnosis and treatment of diseases of the salivary glands in people of different age groups in outpatient clinics, medical and preventive institutions, as well as to evaluate their effectiveness**.**

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