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✓ *Resume*

The article is devoted to the main issues of terminology, clinical examination, diagnostic methods and treatment of glossalgia. The study of the manifestations of these chronically occurring diseases on the oral mucosa is very relevant, since the frequency of occurrence of these pathologies continues increase, affecting the quality of life of patients who primarily seek help from dental facilities. Special attention is paid to the difficulties arising in the diagnosis of glossalgia, which are associated with polymorphism of clinical manifestations, as well as the presence of unfavorable factors of a general and local nature. Recently, special attention has been paid to pathogenetic therapy and prevention of neurogenic lesions of the oral mucosa, which creates favorable prognosis for the treatment of these diseases.

Key words: glossalgia, general somatic pathology, diseases of the oral mucosa.

ОСОБЕННОСТИ КЛИНИЧЕСКИХ ПРОЯВЛЕНИЙ, ДИАГНОСТИКИ И ЛЕЧЕНИЯ ГЛОССАЛЬГИИ

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✓ *Резюме*

Статья посвящена основным вопросам терминологии, клинического обследования, методов диагностики и лечения глоссалгии. Изучение проявлений этих хронически возникающих заболеваний на слизистой оболочке полости рта очень актуально, поскольку частота возникновения этих патологий продолжает увеличиваться, влияя на качество жизни пациентов, обращающихся в первую очередь за помощью в стоматологические учреждения. Особое внимание уделяется трудностям, возникающим при диагностике глоссалгии, которые связаны с полиморфизмом клинических проявлений, а также наличием неблагоприятных факторов общего и местного характера. В последнее время особое внимание уделяется патогенетической терапии и профилактике нейрогенных поражений слизистой оболочки полости рта, что создает благоприятный прогноз для лечения этих заболеваний.

Ключевые слова: глоссалгия, общая соматическая патология, заболевания слизистой оболочки полости рта.

GLOSSALGIYANING KLINIKASI, DIAGNOSTIKASI VA DAVOLASH

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Maqola terminologiya, klinik tekshirish, diagnostika usullari va glossalgiyani davolashning asosiy masalalariga bag'ishlangan. Ushbu surunkali kasalliklarning og'iz bo'shlig'i shilliq qavatida namoyon bo'lishini o'rganish juda dolzarbdir, chunki bu patologiyalarning paydo bo'lish chastotasi o'sib bormoqda, bu birinchi navbatda stomatologiya muassasalariga murojat qilgan bemorlarning hayot sifatiga ta'sir qiladi. Klinik ko'rinishlarning polimorfizmi, shuningdek, umumiy va mahalliy xarakterdagi noqulay omillar mavjudligi bilan bog'liq bo'lgan glossalgiya tashxisida yuzaga keladigan qiyinchiliklarga alohida e'tibor beriladi. So'nggi paytlarda patogenetik terapiya va og'iz bo'shlig'i shilliq qavatining neyrogen zararlanishining oldini olishga alohida e'tibor qaratilmoqda, bu esa ushbu kasalliklarni davolash uchun qulay prognoz yaratadi.

Kalit so'zlar: glossalgiya, umumiy somatik patologiya, og'iz bo'shlig'i shilliq qavatining kasalliklari.

Relevance

Today, lesions of the oral mucosa are among the most common among other dental diseases. Further study and diagnostics are complicated by the presence of various pathological changes, the absence clear understanding of the etiology and pathogenesis, significant similarity of clinical manifestations with other nosologies. Changes in the oral mucosa can be severe specific, when already by the appearance of the mucous membrane it is possible to establish a diagnosis and determine the tactics of treatment. Especially often they occur with neurogenic pathology, namely, with glossalgia. These lesions of the tongue and oral mucosa have been studied by doctors of various specialties for a long time. Unfortunately, as of today, no reliably effective methods and means of treating these lesions due to the difficulties arising in the diagnosis of diseases, since the clinical picture can be aggravated additional unfavorable local (insufficient hygienic care, trauma, secondary infection) and general (hypovitaminosis, somatic pathology, endocrine disorders, allergic reactions, neurological diseases) factors.

Glossalgia is a chronic disease characterized by paresthesias in various areas of the mucous membrane of the tongue, lips, posterior pharyngeal wall with a predominance, in contrast from glossodynia, pain syndrome [9]. Glossalgia is one of the most common neurostomatological diseases, accompanied by a decrease in working capacity, depression of the psyche and psychoemotional arousal of patients [8].

Some authors point out that there is no need to separate these two terms, while others are inclined to believe that, based on pathogenesis, it is unacceptable to combine these terms. So E.N. Dichko and A.V. Samoilenko argue that none of the terms satisfies the requirements of fundamental medical disciplines, requiring in the name of the pathology to take into account mainly its pathogenesis, and not clinical signs [6, 7].

The frequency of glossalgia among other dental diseases according to various sources of literature varies and ranges from 0.5-5.0% to 20-25%, does not decrease, but, on the contrary, it tends to increase [10]. More common in women over the age of 45 up to 75 years old [13]. Patients with neurogenic diseases are most susceptible to glossalgia oral mucosa [8].

If we consider the pathogenesis of glossalgia then, according to the majority authors, the leading role in the occurrence of these diseases is played by general somatic pathology and neurogenic disorders. Due to the anatomical and functional connections with the central nervous system, pathological tonic afferentation occurs in the segmental and suprasegmental structures of the brain. As a result, stagnant foci of excitation arise in the thalamus and cerebral cortex, which leads to

disintegration cortical-subcortical-stem relationships involving the immune system, limbicoreticular and hypothalamic-pituitary-adrenal complexes, opioidergic mechanisms of regulation. Over time, there is an irritation of the nuclear complex of the trigeminal, facial, glossopharyngeal, vagus, hypoglossal nerves, and the reticular formation of the brain stem. All these mechanisms ultimately lead to the appearance visceroreflex stem syndrome, namely, to impaired sensitivity and tongue mobility, secretory disorders in the oral cavity [5, 6].

Glossalgia is characterized by a burning sensation, tingling sensation, heaviness, numbness, coldness, which the patient feels mainly on the tip of the tongue, less often on the lips, hard palate, cheeks, alveolar processes, facial skin. A person may feel hypo- or hypersalivation, sensation of a foreign body in the throat, speech impairment. During the day, the severity of pain and paresthesias may vary. Glossalgia is characterized by a decrease or complete disappearance of pain when eating. As the disease progresses, the zone of paresthetic and painful sensations expands and can cover the entire mucous membrane of the mouth, sometimes the pharynx and esophagus, and the skin of the face [8].

The necessary laboratory research methods include: general analysis blood and general urine analysis, biochemical blood test, study of gastric juice, electrocardiography [10]. Among modern diagnostic methods, it is worth highlighting laser Doppler flowmetry (determination of indicators of local immunity of the oral cavity) [14], electromyography (the focus is on localization, irradiation and duration of pain syndrome), study of the enzymatic activity of the oral fluid, protein content in it, pH value, biochemical analysis of the oral fluid [9], a thorough examination of the neurological status (bulbar symptoms detected at the same time: tremor of the tongue, absence of pharyngeal and curtain reflexes, fibrillar twitching of the muscles of the tongue, soreness of the tongue when squeezing and on palpation of the supralingual area, projection points of the submandibular, upper cervical sympathetic nodes), capillaroscopic examination [5].

Treatment should focus on restoring function organs and systems, elimination of the main clinical manifestations - a change in the sensitivity of the oral mucosa and facial skin, normalization of secretory functions, speed salivation, taste, etc. Treatment of glossalgia takes place in 2-3 stages according to an individual plan, depending on the clinical course of diseases of organs and systems with a referral to related specialists (neurologist, gastroenterologist, cardiologist, etc.). Before prescribing any drugs, it is necessary to convince the patient of the importance of treating other

organs and systems and carrying out a complete sanitation of the oral cavity, grinding sharp edges of teeth, fillings, prosthetics with homogeneous metals and colorless plastic, restoration of occlusal height in order to eliminate provoking factors [5, 8, 10].

Complex treatment includes sedatives (Novo-Passit, Sedavit, Phytosed, Dormiplant, motherwort and valerian tincture), selective non-benzodiazepine anxiolytics (Afobazol), tranquilizers (Phenazepam, Sibazon), antipsychotics (Truxal, Tizercin), analgesics (Nimesil, Ibuprofen and spazmetacin) (Spazmetacin) No-shpa), vitamins (B, C, PP, E, ATP) Paresthesia of the tongue is successfully treated with drugs iron (hemostimulin, ferroplex, ferrocal, etc.). Blockades have proven themselves well (by the type of mandibular anesthesia of lidocaine with vitamin B1 (course of 10-12 injections), iontophoresis or applications of SOPR with 1% citral solution, sea buckthorn oil, rose hips. TO common treatments include psychotherapy, hypnosis, autogenous training, electrosleep.

In recent years, physiotherapeutic methods of treatment have had good indicators of effectiveness: ozone therapy, percutaneous electrical stimulation, transcranial electrical stimulation, massage of the collar zone, galvanization of the upper cervical sympathetic nodes, cryotherapy and cryodestruction, hirudotherapy, laser therapy (course of treatment at least 2-3 procedures), fluctuating language. Fluctuorization has an analgesic effect for due to the fact that peripheral nerve receptors are rhythmically stimulated by current. Lymph and blood circulation improves due to myostimulation, which has a decongestant and anti-inflammatory effects [10, 13].

The mechanisms of local ozone therapy are associated with pronounced metabolic activity ozone with proteins, lipids and carbohydrates. The high rate of reaction with them causes the activation of oxygen-dependent processes, a change in the properties of biological membranes in cells, increased production and utilization of energy substrates, transformation and synthesis of biologically active substances. In the treatment of glossalgia, the technique of intravenous drip infusion of ozonized physiological solution with ozone concentration - 1200 µg / L, the course of treatment is 7–8 procedures [9].

Massage of the collar zone helps to increase blood flow in this area, with this improves the blood supply to the brain, has an effect on reflexogenic area, improves the functioning of internal organs, relieves the feeling of tension and tiredness.

Transcanal electrical stimulation is the effect of electrical impulses on various systems of the body: it accelerates the regeneration process, has an anti-inflammatory and immunostimulating effect, and affects psychosomatics, the central and autonomic nervous systems.

Disease prevention consists in a healthy lifestyle, prevention, timely identification and elimination of provoking factors, pathogenetic treatment [8].

Thus, at present, glossalgia remain not fully understood diseases of the oral mucosa. There are many questions and contradictions in the terminology, diagnosis and treatment of these lesions of the language. When diagnosing great attention should be paid to the advice of related specialists to collect more complete history. The approach to treatment should be comprehensive, and not only symptomatic, with the obligatory weakening or complete elimination of etiological factors of general somatic or other genesis.

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