

Complications Arising in the Oral Cavity after Polychemotherapy in Patients with Hemablastoses


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	<p>Abstract</p> <p>Today it is believed that cancer does not appear immediately, but "is the last link in a long chain of preceding changes that can be call them precancerous or precancerous." This postulate formulates the first law of malignant oncology: every cancer has its own precancer, but not every precancer turns into cancer. Precancerous conditions, the presence of which is now generally recognized, are divided into obligate and facultative (Beck, 1933). The former go wrong in 80-85% of cases, the latter in 15-20%. Despite the significant variety of precancerous lesions of the skin and mucous membrane, they are expressed by some common morphological signs. These are parakeratosis, hyperkeratosis and other dyskeratotic phenomena. Using this feature of precancerous (and even more so cancerous tumors), it is possible to identify them at a more or less early date, using appropriate diagnostic methods. Methods of diagnosis of precancerous and malignant tumors: stomatoscopy, cytological examination (by puncture, scraping, flushing) and histological (urgent and planned biopsy).</p>
<p>Keywords:</p>	

Introduction

The peculiarity of an urgent biopsy is the minimum period between biopsy and radical surgery. In order to diagnose malignant tumors of the face, oral cavity and jaw bones, methods are used that can be divided into general, private and special. Common methods. During the general examination of the patient, special attention is paid to complaints, anamnesis of vitae and morbi, professional harmfulness and bad habits are revealed. Private ways. When contacting a dentist, it is necessary to perform an examination, which consists of an external examination of the patient and an examination of the oral cavity. During an external examination, attention is paid to the general appearance of the patient, the presence of swelling, asymmetry, formations on the red border of the lips. The examination of the oral cavity begins with the vestibule of the mouth with closed jaws and relaxed lips, lifting the upper and lowering the lower one or pulling the cheek with a dental mirror. First of all, the red border of the lips and the corners of the mouth are

examined. Pay attention to the color, the presence of scales, crusts. Then, using a mirror, the mucous membrane of the cheeks is examined. You should pay attention to infiltrates, ulceration, fistulas, areas of leuko - and dyskeratosis, keratoacanthosis, color, moisture, etc. During the examination, the localization of the pathological process and its extent are determined. Examination of the mucous membrane of the gums is also performed using a mirror, both from the buccal and lingual sides. Normally, it is pale pink, tightly covers the neck of the tooth. Next, the tongue, the mucous membrane of the bottom of the oral cavity, the hard and soft palate are examined. When keratinization sites are detected, which is determined by a grayish-white area, their density, size, solidity with the underlying tissues, and the level of elevation of the hearth above the surrounding tissues are determined. If any changes are detected on the mucous membrane (ulcer, erosion, hyperkeratosis, etc.), it is necessary to exclude or confirm the possibility of a traumatic factor, which is necessary for making a correct diagnosis. During palpation examination of organs, face and oral cavity, the color and turgor of tissues of symmetrical organs and tissues on the diseased and unaffected side are compared. Attention is paid to the identification of possible deformities of organs and related facial asymmetry. When examining the oral cavity, it is advisable to use special devices for sufficient illumination — a frontal reflector, a binocular magnifier, etc. This is necessary for a thorough examination of the mucous membrane of the oral cavity, including the tongue, the bottom of the oral cavity, the oral surface of the cheeks, the mouths of the excretory ducts of the large salivary glands, the mucous membrane of the hard and soft palate, the vestibule of the oral cavity, the alveolar processes of the jaws. Palpation should be performed painlessly, without causing tension of the corresponding muscles, as it can mask the true boundaries of the tumor. It is very important to determine the size of the infiltrate around the ulceration, the density and soreness or painlessness of the neoplasm, its displacement relative to the surrounding tissues, the severity of tissue bleeding in the area of the tumor site. In addition, it is necessary to pay attention to the configuration of the ulcer, the condition of the tissues of its bottom and edges, the presence of a boundary infiltration shaft, the nature of the discharge, etc. Very valuable diagnostic signs are the mobility of teeth in one or the other jaw, which is not associated with periodontal disease and other diseases of the dental tissues, which are characterized by a predominance of atrophy and inflammation, the presence of fistulas in toothless areas of the alveolar processes. When examining a patient with a suspected tumor of the lower jaw, the presence of a pathological fracture should be excluded, in addition to deformity of its body or branch. If a neoplasm of the maxillary bone is suspected, attention is paid to the presence or absence of facial asymmetry due to its deformation, the presence or absence of deformation of the alveolar process and the hard palate or tissues in the region of the lower orbital margin, a change in the shape and size of the ocular slit on the side of the lesion. On the sick and healthy side, the severity of nasal breathing is checked. Examination of regional lymph nodes. The condition of the organs and tissues of the neck, especially the regional lymph nodes, is assessed. When affected by metastases, these nodes are enlarged to one degree or another, more or less mobile, which is taken into account when determining the stage of the disease. The appearance of regional cancer metastases, respectively, in the upper and middle thirds of the lateral surface of the neck, as well as in the submandibular region on the side of the location of the primary tumor is most often noted in cancer of the tongue, the bottom of the oral cavity, the lateral parts of the

lower jaw, and in cancer of the upper jaw. The most frequently affected regional lymph nodes include P. jugulodigasticus located on the border of the upper and middle thirds of the lateral surface of the neck. This node adheres to the walls of the common carotid artery and the internal jugular vein. In addition, metastases can affect the nodes of the lower third of the lateral surface of the neck, the supraclavicular region. Palpation should be performed on the entire neck area from the mastoid process to the collarbone, especially along the anterior and posterior edges of the sternocleidomastoid muscle, submandibular and maxillary regions. It should be remembered that metastasis to the lymph nodes of the opposite side is possible, especially in cancers of organs and tissues of the oral cavity. During palpation, it is necessary to tilt the patient's head to the side under study with the help of a hand placed on his head. In this

case, relaxation of the cervical muscles of the corresponding side is achieved. Tilting the head anteriorly and posteriorly also helps to reduce or relax different muscle groups, which also improves the conditions for palpation and detection of nodes suspected of being affected by metastases.

The clinical manifestations of mucositis in different parts of the gastrointestinal tract are very diverse, this is primarily due to the specific structure and function of the mucous membranes. Changes in the composition and activity of normal microflora play a significant role in the etiopathogenesis of mucositis. In recent years, there has been an increase in oncohematological pathology worldwide, thanks to modern treatment methods such as polychemotherapy (PCT), radiation therapy and hematopoietic stem cell transplantation (HSCT), the life expectancy of patients with leukemia has increased markedly, however, the use of such drugs in high concentrations is accompanied by toxic effects. The most common complications of antitumor therapy are oral mucositis. Secondary infection in this scheme played a key role and was a determining factor in the pathogenesis of mucositis, in determining tactics and treatment and prognosis. Currently, the secondary role of infection in the development of mucositis has been proven, and the anti-infectious orientation of the treatment of mucositis vector is no longer considered the main one.

Thus, it is the cessation of the corresponding signals for growth and differentiation from endotheliocytes that causes the thinning of the epithelial layer and the appearance of mucosal ulcers.

Another equally important discovery was the identification of the role of cytokines such as interleukin-6 (IL-6), interleukin-1 β (IL-1 β), tumor necrosis factor (TNF) in the development of dystrophic changes in the epithelial cover, the content of which increases before morphological changes in the epithelium appear.

Mucositis is manifested by an increase (swelling) of the gums and bleeding, erythema, petechiae, ulceration of the mucous membranes and pain in the oral cavity, and may also predispose to the development of septicemia in patients with neutropenia, which seriously complicates the prognosis of the underlying disease. And also, the development of lesions of the oral mucosa may occur due to primary immunodeficiency.

The clinical manifestations of mucositis in different parts of the gastrointestinal tract are very diverse in nature, which is associated with the specific structure and function of the mucous membranes.

Currently, one of the most pressing problems of modern medicine is malignant neoplasms, the leading place among which is occupied by hemablastoses. Research in the field of hematology is one of the most urgent and important problems of our time.

Acute leukemia is a group of life-threatening substandard blood neoplasms, which is based on the formation of a clone of malignant (blast) cells with a common progenitor cell.

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