

References

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THE ORAL MUCOSA CORONAVIRUS PATHOLOGIES IN CHILDREN

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Annotation. The persistence and recurrent nature of such inflammatory lesions requires not only the usual hygienic measures for the care of the oral cavity and teeth, but also appropriate justified therapy aimed at stimulating the protective forces of the oral mucosa.

Relevance of the topic. Macrophages, through the release of cytokines, play a major role in the protective mechanism, causing an increase in the level of T-lymphocytes. The occurrence of non-specific infectious and inflammatory diseases of the pharynx and upper respiratory tract occurs due to an imbalance of local and systemic immunity. The leading role in local immunity is played by cytokines acting on biochemical messengers that regulate the stimulation and inhibition of inflammatory reactions that initiate an immune response. Cytokines are produced by lymphocytes and macrophages embedded in the epithelium of the mucous membrane, the source of cytokines in saliva is serum transudate and salivary glands. Cytokines are also produced by the epithelial cells of the mucous membrane themselves when they come into contact with a microbe. It is important to note that the content of cytokines in saliva does not correlate with their level in the blood, which indicates the autonomy of local immunity. Viral infection can serve as an initiating factor for the attachment of a bacterial

pathogen in the future. From the point of view of modern clinical immunology, the state of immunity of the oral cavity is a mirror reflecting the state of systemic, that is, general immunity, which in particular is an indicator primarily of the state of immunity of the gastrointestinal and respiratory tracts.

Results and discussion. To hurt. The skin and visible mucous membranes are pale, without a rash. The nose-lip triangle and fingers-toes have a slightly bluish hue. Body weight is normal. The tongue is clean, dry. There are no deformities in the musculoskeletal system, but intuition and behavior in both legs of the patient are not fully observed until the chest becomes numb. Breathing through the mouth-nose, with the participation of auxiliary muscles. Against the background of auscultative bubbly breathing, a mixed wheezing is heard. Exhalation and inhalation are observed in hirsuties. Respiratory conduction is not audible on the left side (SpO₂-84-86%, when it comes to patients with acute respiratory failure and taking into account the severity of the patient's behavior.) the patient begins with oxygen therapy with warm and moistened oxygen through a nasal cannula.

Conclusion. After that, the symptoms of respiratory failure in the patient are somewhat improved by reducing the axvoli. SpO₂-increased to 95%. The heart tones are muted, rhythmic. Peripheral vascular stroke has an average fullness and tension. The stomach is soft, painless, intestinal peristalsis is audible. The appearance of constipation was independent, it was not present during the examination. Diuresis is performed through a yellow-colored urethral catheter.

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