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**INFLAMMATION MARKERS IN PATIENTS WITH RECURRENT
APHTHOUS STOMATITIS**

Bakramova F.A., Kamilov Kh.P., N.A.Ergashev, Usmanova L.B.

Scientific supervisor: MD, professor Kamilov Kh.P.

Tashkent state dental Institute, Uzbekistan

According to the results of an epidemiological dental survey of the population, the proportion of diseases of oral mucosa in adults aged 35-44 years is 8.6%, among them recurrent aphthous stomatitis is in first place with an indicator of 3.67%.

Clinical studies were conducted on the base of the Department of Hospital Therapeutic Dentistry of the Tashkent state dental Institute for the period from 2018 to 2021. During the examination of the oral cavity, we identified and evaluated such parameters as the intensity of dental caries, the level of oral hygiene, the state of the periodontium according to the papillary-marginal-alveolar and complex periodontal indices, the presence of anomalies of the dentoalveolar system and the state of the oral mucosa, were detailed pathological elements are described, as well as the collection of data from additional laboratory examinations with the recording of the information obtained in specially designed tables of the clinical study. Markers of inflammation in the blood test, the so-called "acute phase proteins" are involved in the body's inflammatory response to various injuries. They are used in clinical practice as markers of inflammation and damage, as well as to monitor the course of diseases and control the effectiveness of treatment. Antistreptolysin (ASLO) is antibodies against streptococcal hemolysin - O. ASLO is a marker of acute streptococcal infection. The ASLO level rises during the acute period of infection (7-14th day) and decreases during the period of convalescence and recovery. The absence of a decrease in the activity of antistreptolysin- O by the 6th month of the disease suggests the possibility of a relapse. Carried out research had determined ASLO value was 380 ± 48.5 IU/ml before treatment and 230 ± 23.4 IU/ml after treatment received by patients. As for C - reactive protein, its value was 12 ± 1.2 mg/L and 9 ± 0.8 mg/L accordingly to previous one. Rheumatoid factor did not show significant changes in its value in patients with RAS.

The interdependence of ASLO indicators with the development of RAS in gastroduodenitis had been proven, which could serve as confirmation of the direct involvement of streptococcal infection, which in turn affects the course of treatment of the disease. Detection ASLO in RAS may indicate the participation of streptococcal infection in the development of the disease, which changes the approach to complex treatment tactics, forcing us to use antibacterial agents.