

Impact Factor: 5.19

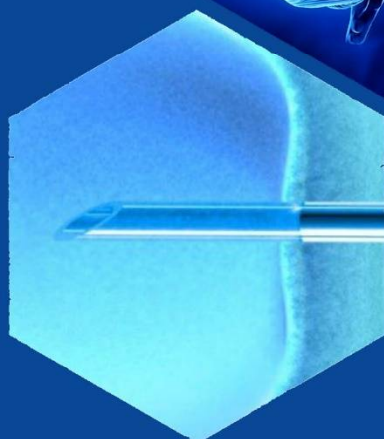
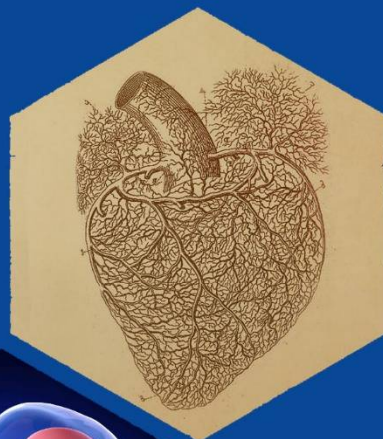
ISSN: 2181-0664

DOI: 10.26739/2181-0664

www.tadqiqot.uz

UZBEK MEDICAL JOURNAL

Volume 4, Issue 4



2023



ISSN 2181-0664

Doi Journal 10.26739/2181-0664

ЎЗБЕК ТИББИЁТ ЖУРНАЛИ

4 ЖИЛД, 4 СОН

УЗБЕКСКИЙ МЕДИЦИНСКИЙ ЖУРНАЛ

ТОМ 4, НОМЕР 4

UZBEK MEDICAL JOURNAL

VOLUME 4, ISSUE 4



ТОШКЕНТ-2023

ЎЗБЕК ТИББИЁТ ЖУРНАЛИ

ЎЗБЕКСКИЙ МЕДИЦИНСКИЙ ЖУРНАЛ | UZBEK MEDICAL JOURNAL

№4 (2023) DOI <http://dx.doi.org/10.26739/2181-0664-2023-4>

Бош мухаррир:
Главный редактор:
Chief Editor:

Мадазимов Мадамин Муминович
Ректор Андижанского Государственного
медицинского института, д.м.н., профессор
кафедры факультетской и госпитальной
хирургии

Тахририят раиси:
Председатель редакционной коллегии:
Chairman of the editorial Board:

Алексеев Андрей Анатольевич
Директор ожогового центра НМИЦ хирургии
им. В.Вишневского, главный комбустиолог
Министерства здравоохранения России, д.м.н.,
профессор.

Бош мухаррир ўринбосари:
Заместитель главного редактора:
Deputy Chief Editor:

Салахиддинов Камалиддин Зухриддинович
доцент, д.м.н. кафедры факультетской и
госпитальной хирургии Андижанского
Государственного медицинского института

Бош мухаррир ўринбосари:
Заместитель главного редактора:
Deputy Chief Editor:

Хегай Любовь Николаевна
доцент, к.м.н., начальник отдела по координации
деятельности грантов Межвузовской научно-
исследовательской лаборатории Ташкентской
медицинской академии

Маъсул котиб:
Ответственный секретарь:
Executive Secretary:

Досина Маргарита Олеговна
в.н.с. ГНУ "Институт физиологии Национальной
академии наук Беларуси", к.б.н., председатель
Совета молодых ученых Отделения медицинских
наук НАН Беларуси

Маъсул котиб:
Ответственный секретарь:
Executive Secretary:

Ниязова Зебинисо Анваровна
PhD кафедры офтальмологии, детской
офтальмологии Ташкентского педиатрического
медицинского института

ЎЗБЕК ТИББИЁТ ЖУРНАЛИ ТАХРИРИЙ МАСЛАХАТ КЕНГАШИ | РЕДАКЦИОННЫЙ СОВЕТ ЎЗБЕКСКИЙ МЕДИЦИНСКИЙ ЖУРНАЛ EDITORIAL BOARD OF THE UZBEK MEDICAL JOURNAL

Хужамбердиев Мамазоир Ахмедович

д.м.н., профессор кафедры госпитальной терапии Андижанского Государственного медицинского института

Привалова Ирина Леонидовна

д.б.н., профессор кафедры нормальной физиологии Курского государственного медицинского университета,
заведующая лабораторией физиологии висцеральных систем НИИ физиологии (Курск)

Гаврилова Елена Анатольевна

д.м.н., профессор, заведующая кафедрой лечебной физкультуры и спортивной медицины Северо-западного
государственного медицинского университета им. И.И. Мечникова (Санкт-Петербург)

Чурганов Олег Анатольевич

д.п.н., профессор кафедры ЛФК и спортивной медицины Северо-Западного государственного
медицинского университета им. И.И. Мечникова (Санкт-Петербург)

Салахиддинов Зухриддин Салахиддинович

д.м.н., профессор, заведующий кафедрой ВОП №1, Андижанского государственного медицинского института

Рябчиков Денис Анатольевич

д.м.н., в.н.с. онкологического отделения хирургических методов лечения ФГБУ "НМИЦ
онкологии им. Н.Н. Блохина" Минздрава России

Гулямов Суръат Саидвалиевич

д.м.н., профессор кафедры оториноларингологии, детской оториноларингологии, стоматологии
Ташкентского педиатрического медицинского института

Тереза Магалхайз
профессор, заведующая кафедрой Судебной медицины государственного университета Порту (Португалия)

Юлдашев Илхом Рузиевич
д.м.н., профессор, заведующий кафедрой Аллергологии, иммунологии, микробиологии
Ташкентского педиатрического медицинского института

Хамраев Абдурашид Журакулович
д.м.н., профессор кафедры госпитальной детской хирургии, Ташкентского педиатрического медицинского института

РЕДАКЦИОННАЯ КОЛЛЕГИЯ:

Эрматов Низом Жумакулович
д.м.н., доцент, заведующий кафедрой гигиены детей и подростков и гигиены питания Ташкентской медицинской академии

Рузиев Шерзод Ибодуллаевич
д.м.н., доцент кафедры судебной медицины и медицинского права Ташкентского педиатрического медицинского института

Якубова Олтиной Абдуганиевна
доктор медицинских наук, доцент, заведующая кафедрой акушерства и гинекологии, неонатологии факультета повышения квалификации и переподготовки врачей Андижанского государственного медицинского института

Бабич Светлана Михайловна
доцент, заведующая кафедрой социальной гигиены Андижанского государственного медицинского института

Сабирова Рихси Абдукадировна
д.м.н., профессор кафедры медицинской и биологической химии Ташкентской медицинской академии

Цеомашко Наталья Евгеньевна
д.б.н., с.н.с., заведующая отделом медико-генетических исследований МНИЛ Ташкентской медицинской академии

Хамраева Лола Салимовна
доцент, к.м.н. кафедры офтальмологии, детской офтальмологии Ташкентского педиатрического медицинского института

Усманходжаева Адиба Амирсаидовна
доцент, к.м.н., заведующая кафедрой Народной медицины, реабилитологии и физической культуры Ташкентской медицинской академии

Тухтаева Нигора Хасановна
DSc, доцент кафедры пропедевтики внутренних болезней № 2, Ташкентской медицинской академии.

Шарипова Фарида Камилевна
к.м.н., доцент кафедры психиатрии, наркологии и детской психиатрии, медицинской психологии, психотерапии
Ташкентского педиатрического медицинского института

Бузруков Батир Тулкунович
д.м.н., профессор, заведующий кафедрой офтальмологии, детской офтальмологии Ташкентского педиатрического
медицинского института

Туйчиев Галибжан Урмонжонович
к.м.н., доцент, заведующий кафедрой детской хирургии, детской анестезиологии-реаниматологии с курсом
офтальмологии и стоматологии факультета усовершенствования и переподготовки врачей АГМИ

Маматхужаева Гулнора Нажмитдиновна
доцент, к.м.н. кафедры Офтальмологии Андижанского Государственного медицинского института

Каримова Зиёда Кушбаевна
доцент, к.м.н. кафедры Аллергологии, клинической иммунологии, микробиологии Ташкентского педиатрического
медицинского института

Саидходжаева Саида Набиевна
доцент, Phd кафедры неврологии, детской неврологии и медицинской генетики Ташкентского педиатрического
медицинского института

Зуфарова Зухра Хабибуллаевна
доцент, к.ф.н. кафедры промышленной технологии лекарственных средств Ташкентского фармацевтического института

Ибрагимова Марина Фёдоровна
PhD, ассистент кафедры N1 педиатрии и неонатологии Самаркандского государственного медицинского университета.

Алимова Дурдона Дильмуратовна
PhD кафедры оториноларингологии, детской оториноларингологии, детской стоматологии Ташкентского педиатрического
медицинского института

Page Maker | Верстка | Саҳифаловчи: Хўршид Мирзахмедов

Контакт редакций журналов. www.tadqiqot.uz
ООО Tadqiqot город Ташкент,
улица Амира Темура пр.1, дом-2.
Web: <http://www.tadqiqot.uz/>; Email: info@tadqiqot.uz
Тел: (+998-94) 404-0000

Editorial staff of the journals of www.tadqiqot.uz
Tadqiqot LLC the city of Tashkent,
Amir Temur Street pr.1, House 2.
Web: <http://www.tadqiqot.uz/>; Email: info@tadqiqot.uz
Phone: (+998-94) 404-0000

МУНДАРИЖА | СОДЕРЖАНИЕ | CONTENT

1. Kh.P. Kamilov, D.J.Kahharova, S.Sh.Sheralieva, N.I.Ubaydullaeva, A.Ye.Buriev TO THE ISSUE OF MALIGNANCY OF ORAL LEUKOPLAKIA.....	6
2. Kh.P. Kamilov, A.A. Kadirbaeva, Sh. N. Dadamukhamedov TREATMENT OF ORAL LICHEN PLANUS – MODERN APPROACH.....	12
3. Soleeva Sitara Shaxobovna EFFECT OF ROSUVASTATIN AND ITS COMBINATION WITH FENOFIBRIC ACID ON PRO-INFLAMMATORY CYTOKINES IN ELDERLY PATIENTS AFTER ENDOVASCULAR INTERVENTION.....	17
4. Shodiev Ulmas Mustafoevich THE LEVEL OF EXPRESSION OF CD3(2GV6) and CD20(L26) MARKERS IN THE CELLS OF URINARY BLADDER POLYPS AND PAPILLOMA TISSUES.....	25
5. X. A. Rashidova POSSIBILITIES OF CLINICAL AND LABORATORY AND INSTRUMENTAL STUDIES IN NON – ALCOHOLIC FATTY LIVER DISEASE.....	31
6. Jo‘raev Nozim Shamsiddinovich, Sherali Qo‘zievich Hakimov SURGICAL TREATMENT OF UNSTABLE DIAPHYSAL FRACTURES OF THE CARPLES IN CHILDREN AND ADOLESCENTS METHODS OF TREATMENT.....	36
7. Akilov Khabibulla Ataullevich, Ibadov Raufbek Ravshanovich LABORATORY FEATURES OF COVID-19 ASSOCIATED CARDIOVASCULAR SYNDROME.....	40
8. Latipova Sitara Bakhodirovna REVIEWING CLINICAL AND THERAPEUTIC STUDIES AND TREATMENTS OF ORAL MUCOSA AFTER CHEMOTHERAPY.....	49
9. Djumaev Akmal Ubaidullaevich, Eshbaev Erkin Abdukhaliimovich FEATURES OF HISTOCHEMICAL METHODS IN PATHOMORPHOLOGY OF CONGENITAL HEART DISEASES.....	53
10. Tulaboeva G.M., Sagatova H.M., Talipova Y.Sh., Abdukadirova N.M., Husanov A.A., Yuldashev N.P. CLINICAL EFFICACY OF COMBINED PREPARATION OF L-ARGININE AND LEVOCARNITINE IN ELDERLY PATIENTS WITH CORONARY HEART DISEASE AND DIABETES MELLITUS.....	59



Kh.P. Kamilov

Tashkent State Dental Institute
Head of Hospital Therapeutic Dentistry Department


A.A. Kadirbaeva

Tashkent State Dental Institute
Hospital Therapeutic Dentistry Department
aliya13kadirbaeva@gmail.com

Sh. N. Dadamukhamedov

Tashkent State Dental Institute
Hospital Therapeutic Dentistry Department

TREATMENT OF ORAL LICHEN PLANUS – MODERN APPROACH

 <http://dx.doi.org/10.5281/zenodo.8026037>

ABSTRACT

Treatment of lichen planus without the use of hormonal agents is an urgent problem in modern dentistry. Corticosteroids, with their effective effect on the inflammatory process, have a number of side effects that affect the state of the immune system. The object of the study were 53 patients with lichen planus of the oral mucosa. The effectiveness of treatment was assessed by the terms of remission.

Keywords: oral mucosa, lichen planus, clinical forms, treatment, corticosteroids, oral hygiene, exacerbation, Grinshpan-Potekaev syndrome.

Камилов Х.П.

Ташкентский государственный
стоматологический институт
Заведующий кафедрой госпитальной
терапевтической стоматологии

А.А. Кадырбаева

Ташкентский государственный
стоматологический институт
Доцент кафедры госпитальной
терапевтической стоматологии
aliya13kadirbaeva@gmail.com

Ш.Н. Дадамухамедов

Ташкентский государственный
стоматологический институт
кафедра госпитальной
терапевтической стоматологии

ЛЕЧЕНИЕ КРАСНОГО ПЛОСКОГО ЛИШАЯ ПОЛОСТИ РТА – СОВРЕМЕННЫЙ ПОДХОД

АННОТАЦИЯ

Лечение красного плоского лишая без применения гормональных средств является актуальной проблемой современной стоматологии. Кортикостероиды при их эффективном воздействии на воспалительный процесс обладают рядом побочных эффектов, влияющих на состояние иммунной системы. Объектом исследования явились 53 больных красным плоским лишаем слизистой оболочки полости рта. Эффективность лечения оценивали по срокам ремиссии.

Ключевые слова: слизистая оболочка полости рта, красный плоский лишай, клинические формы, лечение, кортикостероиды, гигиена полости рта, обострение, синдром Гриншпана-Потекаева.

Камилов Х.П.

Тошкент давлат стоматология институти
Госпитал терапевтик стоматология
кафедраси мудири

А.А. Кадырбаева

Тошкент давлат стоматология институти
Госпитал терапевтик стоматология
кафедраси доценти

aliya13kadirbaeva@gmail.com

Ш.Н. Дадамухамедов

Тошкент давлат стоматология институти
Госпитал терапевтик стоматология кафедраси

OG'IZ BO'SHLIG'I SHILLIQ QAVATINING QIZIL YASSI TEMIRATKINI DAVOLASH - ZAMONAVIY YONDASHISH

ANNOTATSIYA

Gormonal vositalardan foydalanmasdan liken planusni davolash zamonaviy stomatologiyada dolzarb muammo hisoblanadi. Yallig'lanish jarayoniga samarali ta'siri bilan kortikosteroidlar immunitet tizimining holatiga ta'sir qiluvchi bir qator yon ta'sirga ega. Tadqiqot ob'ekti og'iz bo'shlig'i shilliq qavatining liken planusi bo'lgan 53 bemor edi. Davolashning samaradorligi remissiya shartlari bilan baholandi.

Kalit so'zlar: ogiz sovuq kavati, qizil yassi temiratki, klinikalar davolash, davolash, kortikosteroidlar, og'iz gigienasi, kuchayishi, Grinshpan-Potekaev sindromi.

Introduction. Lichen planus (LP) refers to polyetiological, chronic, inflammatory skin diseases, in which mucous membranes and nails may be involved in the pathological process [A.A. Kubanova, 2009; Yu.S. Butov, 2010; Prevost NM, 2009; Young Sik Kim, 2009]. To date, the incidence of lichen planus in the structure of dermatoses is up to 2.5% in the overall structure of dermatological morbidity, among diseases of the oral mucosa - 35.0%. Over the past decades, the number of patients with this disease has doubled. The frequency of diagnosing isolated forms of LP with lesions of the oral mucosa ranges from 60 to 80% of all mucosal pathologies. [A.A. Kubanova, 2005; A.G. Pashinyan, 2011; Carvalho CH, 2011].

To date, lichen planus remains an urgent problem associated with the constant frequency of its detection, the lack of a single pathogenetic concept, as well as the presence of severe forms, chronic course, frequent relapses, and resistance to therapy (Aksamit, 2015; Gorouhi F., 2014, Adilkhodzhaeva Z.Kh., 2021).

The aim of the study is to improve the treatment of lichen planus with lesions of the oral mucosa.

The object of the study were 53 patients with lichen planus of the oral mucosa, in the department of therapeutic dentistry of the Tashkent State Dental Institute for the period from 2021 to 2023. All the studied patients were divided into the main (received local treatment in the form of laser therapy) and compared groups (treated with corticosteroids).

Research methods:

1. Clinical examination of the oral mucosa (definition of GI OHI-S, intraoral camera);
2. Microbiological examination of scrapings of plaque of the tongue, buccal mucosa and other parts of the mouth and sowing for dysbacteriosis, candidiasis;

In the course of the research, we observed 5 clinical forms of LP OM:

the typical form was found in 54.13%, the exudative-hyperemic form - 2.25%, the erosive-ulcerative form - 36.09%, the hyperkeratotic form - 2.25%, the bullous form - 5.26%.

Complaints of patients with Grinshpan-Potekaeв syndrome consisted, respectively, in the main group and the comparison group of feelings of tightness (29.16% and 25%), discomfort (8.33% and 12.5%), pain (20.83% and 25%), burning (25% and 16.66%), dryness (12.5% and 12.5%), sometimes loss of sensitivity (4.16% and 8.33%). During the survey, we found out the duration of the disease, the frequency of exacerbations, the nature of the treatment, the duration of remission.

The factors provoking the exacerbation of LP of the oral mucosa, patients call the intake of food containing spices, a high concentration of salt (in particular, persimmons, strawberries, seeds, tomatoes, pickled vegetables) (20.83% / n = 10); change of hygiene products (14.5% / n = 7). The majority (66.66% / n = 32) of patients believe that menthol-containing toothpastes have an irritating effect on erosive and ulcerative lesions. Often the cause of exacerbation is the stages of prosthetics, especially stamped crowns (8.33% / n = 4).

The area of lesions on the mucous membrane of the cheeks averaged 15.2 mm², on the mucous membrane of the lateral surfaces of the tongue - 8.4 mm², on the mucous membrane of the retromolar region - 5.6 mm², on the mucous membrane of the hard palate - 11.2 mm² and on the mucous membrane of the alveolar process - 14.6 mm².

Table 1

Dynamics of changes in the diameter of erosive and ulcerative lesions, the area of the lesion by observation time

Timing treatment	Erosion diameter (cm)		Damage area (mm ²)	
	Main gr	Gr.com .	Main gr	Gr.com .
initial	1.4±0.06	1.4±0.02	15.2±2.2	15.2±2.2
2-3 day	0.99±0.04	1.1±0.12	13.1±1.6	14.2±1.13
7-10day	0.73±0.01	0.82±0.06	12.3±2.1	13.4±1.9
12-14 day	0.54±0.02	0.68±0.04	10.8±2.3	12.5±1.8
180 day	0.11±0.07	0.37±0.03	1.2±2.1	6.9±2.1

All patients with LP have a significantly lower initial level of oral hygiene (OHI - S = 2.25±0.13 p <0.001); before treatment compared with the control group (OHI - S = 0.85±0.22 p <0.001). After the treatment, these indicators decreased significantly. After 2 to 3 days after treatment (1 day of observation), the OHI - S index decreased by 1.05 times; after 7-10 days (day 2 of observation) - 1.08 times; after 12-14 days (day 3 of observation) - 2.04 times; 180 days after the treatment (day 4 of observation), the index in the main group decreased by 3.94 times.

Microbiological studies have shown the composition of the microflora of the oral cavity isolated from the lesions of the oral mucosa in patients with erosive-ulcerative form of LP. Studies have shown a high growth of pathogenic microorganisms from the family Micrococaceae - Staphylococcus spp in 78% of cases (in 35 out of 48 patients), E. Coli 58% (in 28 patients), Candida spp in 83% of cases (in 39 patients). The contamination averaged 762.9±15.3 CFU.

The results of microbiological studies revealed a high keratinization index in smears obtained from the surface of the intact epithelial layer of the hard palate (64.4±6.1)%, alveolar gingiva (78.6±8.4)%; dorsal surface of the tongue (85.7±9.4)%. With the localization of hyperkeratosis foci

in these biotopes, the keratinization index increased significantly and practically “compared”, reaching values of 91-93%; at the same time, only single cells of the intermediate epithelium were identified, probably reflecting the features of the exfoliation process. Other results were obtained with the localization of erosive foci on the studied surfaces - the keratinization index sharply decreased to 34-44% ($p < 0.01$), cells of the intermediate epithelium appeared in the smear (up to 23 cells per 100 in the field of view), as well as uniform elements blood epithelialization of the erosive-ulcerative focus began, where its diameter was 0.99 ± 0.04 cm, which is 1.4 times less than than the original data ($p < 0.001$). After 7-10 days (day 2 of observation), the diameter of the erosive surface was 0.73 ± 0.01 cm, i.e. decreased by 1.9 times than the original data ($p < 0.001$); after 12-14 days - 0.54 ± 0.02 (day 3 of observation) the diameter of the erosive-ulcerative focus decreased by 2.5 times ($p < 0.001$). Clinically, by 180 days (day 4 of observation), in patients in the main group, we observed complete epithelialization, which corresponded to a decrease in the diameter of the erosive-ulcerative focus 0.11 ± 0.07 - 12.7 times ($p < 0.001$). In the comparison group during these periods, this indicator was also reduced by 3.7 times, compared with the initial data ($p < 0.001$).

When assessing the area of erosive lesions of the oral mucosa in patients with Grinshpan - Potekaev syndrome, the magnitude of erosion significantly decreased after treatment in the main group. So, after 2-3 days (1 day of observation) 13.1 ± 1.6 - a decrease of 1.16 times; after 7-10 days (day 2 of observation) the area of the lesion is 12.3 ± 2.1 - a decrease of 1.2 times; after 12-14 days (day 3 of observation) the area of the lesion is 10.8 ± 2.3 - a decrease of 1.4 times; after 180 days (day 4 of observation), the area of erosive lesions was 1.2 ± 2.1 – a decrease of 12.66 times ($p < 0.001$).

The effectiveness of treatment was assessed by the terms of remission. So, in the main group, the duration of remission was 4.5 ± 0.09 months in 95.83% (23) and 4.16% (1) after 6 months of treatment, there was a transition of the erosive-ulcerative form of LP, combined with diabetes mellitus and hypertension. into the typical form of the disease.

Conclusions. When assessing the area of erosive lesions of the oral mucosa in patients with Grinshpan-Potekaev syndrome, the magnitude of erosion significantly decreased after treatment in the main group. So, after 2-3 days (1 day of observation) 13.1 ± 1.6 - a decrease of 1.16 times; after 7-10 days (day 2 of observation) the area of the lesion is 12.3 ± 2.1 - a decrease of 1.2 times; after 12-14 days (day 3 of observation) the area of the lesion is 10.8 ± 2.3 - a decrease of 1.4 times; after 180 days (day 4 of observation), the area of erosive lesions was 1.2 ± 2.1 – a decrease of 12.66 times ($p < 0.001$).

Microbiological examination of patients with Grinshpan-Potekaev syndrome revealed *Candida albicans* in 83% of cases. The average level of adhesion of *Candida albicans* strains in patients with LP aggravated by CGP was $16.78 \pm 1.64\%$. In patients with LP not aggravated by CGP, this indicator was $26.28 \pm 4.44\%$ ($p < 0.05$). Strains with a high level of adhesion had a high growth rate and actively formed germination tubes (the ability to dimorphism) from 10% to 65%.

The effectiveness of treatment was assessed by the terms of remission. So, in the main group, the duration of remission was 4.5 ± 0.09 months in 95.83% (23) and 4.16% (1) after 6 months of treatment, there was a transition of the erosive-ulcerative form of LP, combined with diabetes mellitus and hypertension. into the typical form of the disease. Thus, compared with the baseline in patients of the main group, remission lengthened by 1.98 times ($p < 0.001$). The effectiveness of treatment in the comparison group was assessed by the terms of remission. Thus, the duration of remission in 17 patients in the comparison group was 3.6 ± 0.6 months in 70.83%, in 5 patients (20.83%) after 8 months, in 2 patients in 8.33% after 9 months treatment. Thus, on average, remission in patients of the comparison group was prolonged by 1.25 times compared with the initial level ($p < 0.001$).

References:

1. Kamilov Kh.P., Ibragimova M.Kh., Adilkhodzhaeva Z.Kh. Features of the clinical course of the Grinshpan-Potekaev syndrome on the oral mucosa.// Uzbekistan tibbiot magazines. - Tashkent. - 2015. - No. 2. – p 8.

2. Kamilov Kh . P. , Kadirbaeva A. _ A ., Musaeva K. _ A. _ Screening diagnostics of oral precancerous diseases .// American Journal of Medicine and Medical Sciences, USA - 2019. - 9(6) - p.194-196.
3. Kamilov Kh.P ., Kadyrbaeva AA, Khomidova G. Features of the diagnosis of lichen planus of the oral mucosa . // Ў z bekiston tibbiot magazines, Tashkent. - 2017. - No. 2. - p. 52-58.
4. Abdullakhodjaeva MS, Kamilov Kh.P. _ , Kadirbaeva AA Early diagnostics and risk factors of precancer disease of oral mucosa.// Journal of research in health science, Israel. - 2018. - No. 1 (3) - from 9-12. ISSN: 2523-1243.
5. Kamilov Kh . P. Features of the clinical course of the Grynszpan syndrome a - Potekaeva on the oral mucosa: scientific publication / Kh . P. Kamilov , M. Kh . Ibragimova, Z. Kh . Adylkhodzhaeva // Medical Journal of Uzbekistan. - Tashkent, 2015. - N 2M9015. -pp. 8-11.
6. Kamilov Kh . P. The state of the oral cavity in patients with lichen planus : scientific publication / Kh . P. Kamilov , OE Bekzhanova , UA Shukurova , Sh. F. Shamsieva // Medical Journal of Uzbekistan. - Tashkent, 2013. - N 3 . -pp. _ 47-49
7. Makedonova Yu.A ., Firsova IV, Afanas'eva O.Yu. , Yu. Fedotova Yu.M. _ Non-drug methods of treatment of erosive and ulcerative lesions of the oral cavity // Bulletin of the Volgograd State Medical University. -2016. - No 1 (49) . pp.8-11.
8. Makedonova , Yu.A ., Fedotova , Yu.M ., Firsova , IV and others. Modern aspects of the treatment of erosive and ulcerative forms of lichen planus of the oral mucosa./ Yu.A. _ Makedonova , Yu.M. _ Fedotova and others. //Modern. Probl . Science and About br.- 2016.- No2.-p.108.
9. Mashkilleison AL Lichen planus / AL Mashkilleison // Diseases of the mucous membrane of the oral cavity and lips. -M . , 1984. -pp. 190–204.
10. Mikhilchenko AV, Fedotova Yu.M ., Mikhilchenko VF, Medvedeva EA Erosive and ulcerative form of lichen planus : prospects for a new approach to therapy and prognosis // Scientific Review. Medical Sciences. -2016. -No3. -pp.80-84.
11. Geist SM, Tanaka TI. Oral lichen planus in a dermatomyositis patient that resolved after intravenous immunoglobulin therapy. Oral Surg Oral Med Oral Pathol Oral Radiol . 2014 Oct ;118 (4): e111-4. doi : 10.1016/j.oooo.2014.05.026. Epub 2014
12. GholizadehN . Evaluation of the Serum Zinc Level in Erosive and Non-Erosive Oral Lichen Planus // J. of Dentistry. -2014. -Vol.15, No2. - pp.52-56.
13. Gonzalez-Moles MA, Gil-Montoya JA, Ruiz-Avila I., Bravo M. Is oral cancer incidence among patients with oral lichen planus / oral lichenoid lesions underestimated? // J. Oral Pathol . Med. -2016. -Vol.18.
14. Gopalakrishnan A. , Balan A ., Nileena R., Kumar N., Haris PS, Bindu P. Malignant potential of oral lichen planus an analysis of literature over the past 20 years // International Journal of Applied Dental Sciences. -2016. -Vol.2, N2. -pp.101-105.

ЎЗБЕК ТИББИЁТ ЖУРНАЛИ

4 ЖИЛД, 4 СОН

ЎЗБЕКСКИЙ МЕДИЦИНСКИЙ ЖУРНАЛ

ТОМ 4, НОМЕР 4

UZBEK MEDICAL JOURNAL

VOLUME 4, ISSUE 4

Editorial staff of the journals of www.tadqiqot.uz

Tadqiqot LLC the city of Tashkent,

Amir Temur Street pr.1, House 2.

Web: <http://www.tadqiqot.uz/>; Email: info@tadqiqot.uz

Phone: (+998-94) 404-0000

Контакт редакций журналов. www.tadqiqot.uz

ООО Тадқиқот город Ташкент,

улица Амира Темура пр.1, дом-2.

Web: <http://www.tadqiqot.uz/>; Email: info@tadqiqot.uz

Тел: (+998-94) 404-0000