

# EVALUATION OF THE ETIOPATHOGENETIC NATURE OF THE COURSE OF CHRONIC GENERALIZED PERIODONTITIS IN PATIENTS WITH PEMPHIGUS PATHOLOGIES

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Received: 23 March 2020 Revised and Accepted: 26 June 2020

**Abstract** – The article deals with the assessment of the etiopathogenetic nature of the course of chronic generalized periodontitis in patients with pemphigus pathologies. To do this, we conducted a two-stage study in 300 examined people aged 25 to 60 years, a retrospective and promising study; of these, a retrospective analysis of 154 case histories of people with pathologies of various forms of dermatosis (including 98 patients with pemphigus and chronic inflammatory periodontitis with generalized forms - CPGF (main group)) was conducted and studied; 146 patients were not ill with dermatoses (including 50 patients with - CPGF (control group (CG))).

**Keywords:** etiopathogenetic character assessment, pemphigus, retrospective, prospective study, periodontitis, pemphigus.

## I. Introduction

To date, there is no consensus on the etiology of pemphigus. It has been written in a number of publications that the etiology of pemphigus is associated with the development of another concomitant autoimmune pathology [6,13,17], and in some literature a genetic predisposition to this pathology is considered [9].

Modern views on the clinical forms of the pemphigus are as follows: leaf-shaped, erythematous, vulgar and vegetative [17], while others classify the vegetative form as a variant of pemphigus vulgaris, and erythematous as a rare variety of leaf-shaped [4,5]. Clinical manifestations on the skin and oral cavity (OC) differ depending on the form [2,14].

With foliate pemphigus (FP), at the onset of the disease, the rashes are nonspecific and resemble various dermatoses - seborrheic dermatitis, eczema and differ in sporadic and endemic form, their localized form, the foci on the face often resemble foci of lupus erythematosus, and with a generalized course of the pathology, the patient's condition worsens [16].

Erythematous pemphigus (EP) has some clinical and immunological similarities with lupus erythematosus and seborrheic dermatitis. When the pemphigus vulgaris (PV) is the most common and the primary lesion is a bladder that quickly bursts and forms an erosive surface on the mucous membranes of the oral cavity (MOC) and the oropharynx, hard and soft palate, cheek, retro-molar region [7,8, 21]. A vegetative pemphigus (VegP) is a rare variant, clinically characterized by warty plaques that occur mainly in skin folds and two variants of the clinical course are distinguished - Neumann type and Allopo type [1,5].

## II. Literature review

Examination of patients with pemphigus is based on - a positive symptom of Nikolsky; Asbo-Hansen symptom; cytodiagnosics (detection of acantholytic cells; indirect immunofluorescence reaction (IIFR) and immunofluorescence studies [11,18,19].

A number of literary sources have written about the role of the nutritional status of the body in the pathogenesis and treatment of dermatoses, that is, the use of high-quality medical nutrition products; malnutrition occurs due to pronounced pain during eating. In this case, the healing process slows down, the healing time of erosive and ulcerative surfaces of MMOC increases [19].

In addition to the above literature there is a medical direction that studies the quality of life (QOL) of people associated with health; constituent elements as social aspects, psychological well-being, physical well-being, spiritual well-being [3]. To evaluate QOL, many authors propose different methods for studying medical and social

factors, such as the “OHIP-14S Dental Health Impact Profile”, which later became widely used in the work of the modern period of dentistry [15,20,21].

Thus, according to the results of a study of the literature on the etiology, pathogenesis, and early diagnosis of pemphigus, there are aspects that need additional research to be more effective in diagnosing and treating patients with pemphigus [10,12].

### III. Analysis

Purpose of this study, it was to study the occurrence and nature of the pathogenetic course of periodontal disease in patients with dermatoses.

We conducted a two-stage study in 300 examined people aged 25 to 60 years, a retrospective and promising study; of these, a retrospective analysis of 154 case histories of people with pathologies of various forms of dermatoses was carried out and studied (including 98 patients with pemphigus and with chronic inflammatory periodontitis with generalized forms - CPGF (main group (MG)).

All patients underwent a comprehensive examination; history taking, allergological history was collected, standard procedures based on VOZ recommendations (1985) were used for dental examination of patients; indicators of the prevalence and intensity of caries lesions; papillary-marginal-alveolar RMA index; periodontal disease treatment need index - CPITN.

In the examined patients with the main and control were studied additionally; general and biochemical analysis of blood, urine and analyzes of smears of fingerprints of Tzanka cells. The hemoglobin concentration, leukocyte count, erythrocyte count, platelet count, erythrocyte sedimentation rate (ESR), glucose and C-reactive protein biochemistry analyzer SysmexKX-21 and Micro-Astrup were determined; enzyme-linked immunosorbent assay (ELISA) with the study of the content in the oral fluid (OF) of interleukins - IL-4, IL-6 in a hospital using kits of the company "HUMAN".

To assess the medical and social status of all 300 examined, including 96 (out of 146 patients) of the examined people who did not have pathology with dermatoses and CPGF (comparative group (CG)), we also filled out a modified questionnaire for assessing QOL “OHIP-14 Dental Health Impact Profile” (OralHealthImpactProfile) and OralHealth-RelatedQualityofLife (OHRQoL) with some specific associations assessing the state of economic well-being of the family [20]. The OralHealthImpactProfile (OHIP-14RU) questionnaire consists of 16 questions and includes 9 main scales that evaluate the most significant dental parameters for measuring QOL: function restriction (FR), physical discomfort (PD-B), psychological discomfort (PD), physical disorders (PhD), psychological disorders (PsD), social constraints (SC), financial constraints (FC), self-desire (SD), damage (D). The procedure for calculating the index involves summing separately on scales and in general for the questionnaire. High values of the index correspond to low indicators of QOL.

Using statistical processing, group identity and treatment efficacy were determined. For statistical processing of the obtained results, we used the Microsoft Office Excel and STATISTICA 6.0 application software packages in MS Windows.

According to the results of the study of 98 patients, OG was 21 (21.42%) people, aged 25 to 35 years; 30 (29.40%) people aged 36-45 years and 47 (47.95%) people aged 45-60 years; that with age of patients, pemphigus damage increases, that is, a correlation dependence is determined ( $\rho = 0.745$ ,  $p > 0.05$ ); as well as by gender, 67 (68.36%) women, 31 (31.63%) men ( $z = 3.223$ ,  $p < 0.001$ ).

Analysis of the prevalence of various forms of pemphigus in 98 patients; EF in 52 patients (53.06%); EF and LF in 22 patients (22.44% each) and VegF in 2 (2.04%) patients were noted. Clinical manifestations in HF appeared from the primary foci, in the form of a flaccid bladder that appears on an apparently healthy skin as small growths at the bottom of erosion after opening the bladder, they appeared in the folds of the skin and at the same time damage to the MMOC.

It was found that all clinical forms of pemphigus vulgaris were affected by MMOC of almost 80%, chest 45%, posterior half of the trunk 58%, abdomen and lips 44%, face and anogenital region 46%, scalp 19%; with EF, the chest and hind half of the body were most affected 62%, face 38%; with a leaf-shaped, the chest and abdomen were affected; VigP of the anogenital region and neck 48%.

We also found that, simultaneously with the defeat of chronic periodontitis in generalized forms and in the topographic zone, the body; a) “Breast” + CPGF amounted to 25 people (25.52%); “Belly” + CPGF 13 people (13.26%); “The back half of the body” + CPGF 35 people (35.71%); in the “Anogenital region” + CPGF 48 (48.97%); in “Upper limbs” + CPGF - 15 people (15.30%); in the Lower Limbs + CPGF - 17 people (17.34%); 51 persons (52.04%) in “Person” + CPGF; in the “Hairy part of the head” + CPGF - 27 people (27.55%); in “Neck” + CPGF - 19 people (19.38%) ( $p < 0.001$ ).

As a result of a comprehensive dental examination in OG, of these, 52 were patients with VF with manifestations on the skin and MMOC, especially in the gum region, in the form of ulcers with uneven contours and pronounced redness of the gums. Complaints were about sharply painful erosion, bad breath, bleeding when eating or touching, restriction in the choice of products, inability to smile easily and openly, and talk. Complaints were the

impossibility of a full meal fasting, weakness, poor sleep, viscous saliva. Upon external examination of patients with pemphigus, the regional lymph nodes were not enlarged. In 12 (23.07%) patients, there was a crunch in the TMJ. Lip color with congestive hyperemia and individual erosive lesions. In all forms of pemphigus, the lesions of MMOC and gum, as we said above, were not the same.

According to the localization of VF of pemphigus OC from 52 patients, it was revealed that the pharynx area was 5 people (9.61%), the cheek SR was 15 people (28.84%), the soft palate was 9 people (17.3%), and the hard palate was 5 people (9.62%), language - 10 people (19.23%), lips - 8 people (15.38%); at the same time, localization on the SR of the gums and pharynx simultaneously 8 people (15.38%), SR of the cheek and gum 12 people (23.07%), tongue and gum 14 people (26.92%), lips and gums 5 people (9.61 %).

When examining the OC, erosion of an irregularly rounded and oval shape (from 3-5 elements) on the unchanged mucosa of various localization was noted, painful on palpation, soft in consistency with sizes from 0.5 mm to 2 cm or more. Along the periphery of erosion, fragments of bladder tires were visible, when sipping, Nikolsky's symptom was observed.

In the exhaust gas at the age of 25 to 35 years old, all the leash in  $14.8 \pm 1.1$  examined did not complain about the health of periodontal tissue; in  $86.02 \pm 2.2\%$  of cases, CPGF of varying degrees is marked by currents; of which  $14.4 \pm 1.2\%$  gingival bleeding,  $35.3 \pm 1.8\%$  dental calculus,  $30.6 \pm 1.8\%$  cases 4-5 mm deep gingival pockets;  $7.4 \pm 2.1\%$  of cases of 6 mm and more depths of the gingival pocket are noted. In the group of 36-45 years old, in patients with a pathological pocket in the intact teeth of the EXHAUST OG  $78.3 \pm 3.2\%$ , in the KG  $22.6 \pm 1.1$  ; inflammatory processes in patients of the main groups  $30.2 \pm 2.0$ ; in the control groups amounted to  $3.2 \pm 3.2\%$ .

Among patients with no dermatosis aged 25-35 and 36-45 years in NG, the average gum size did not exceed 2-2.5 mm, and the frequency of inflammation averaged 22.5%.

In NG, among people who did not have dermatosis at the age of 25-35 and 36-45 years, the size of the gum pocket did not exceed an average of 2-2.5 mm, and cases of inflammation averaged 22.5%. In the main group, an analysis of patients showed that in case of damage to the periodontal pocket segments from 3.4 to 4.5, the difference between the minimum and maximum significance was 2.2-3.7 compared with the control group.

In patients of 46-60 years old with dermatosis and a periodontal pocket 4-5 mm deep and above 6 mm, equal results were observed in the sequence of  $44.1 \pm 2.2$  and  $12.5 \pm 1.2\%$ . In this group, segmental lesions in the tissue periodontal disease, bleeding and tartar were observed up to  $9.1 \pm 1.1$  and  $35.6 \pm 1.5\%$ . In patients with NG, inflammation of periodontal tissues and the depth of the gingival pocket were observed up to  $24.9 \pm 2.2$  and  $5.7 \pm 0.9\%$ , respectively, bleeding gums and, together with tartar, decreased to  $14.2 \pm 1$ , 1 and  $31.2 \pm 1.5\%$ .

The results of the study show that periodontal disease in people with skin and venereal pathologies; there is gingivitis, cases of deep tooth pocket and accumulation of stones, that is, compared with people who did not have dermatosis, it passes with negative clinical signs in NG, and there is also frequent treatment for preventive care.

Damage to periodontal tissues in the form of erythema of dermatosis, the most frequent periodontitis is observed in 96% of cases; severe periodontitis in structure (DST) -  $60.77 \pm 6.89\%$  (with NG  $5.0 \pm 3.45\%$ ), moderate periodontitis (UODTP) -  $18.44 \pm 3.5\%$  (with NG  $17$ ,  $0 \pm 3.85\%$ ) and periodontitis of mild severity (ECT) -  $18.39 \pm 2.0\%$  (with NG  $37.5 \pm 7.65\%$ ).

The results showed that the incidence of DST was statistically significantly higher than with NG, and was directly associated with a progressive increase in the duration of bladderwort; that is,  $44.72 \pm 2.06\%$  were observed with a disease duration of up to 1 year; within 1-3 years -  $64.0 \pm 3.8\%$  and with a duration of more than 3 years -  $84.4 \pm 3.12\%$ . The prevalence of degrees of UOTP and ESTP decreased, and their frequency with a disease duration of less than 1 year was  $23$ ,  $81 \pm 7.84\%$  -  $25.37 \pm 3.62\%$ , within 1-3 years -  $11.0 \pm 4.01\%$  -  $16.0 \pm 3.43\%$  and for more than 3 years -  $1.8 - 2.6 \pm 3.12\%$ .

The results of the study did not show that the prevalence of periodontitis depends on the localization of the symptoms of the injury; on the contrary, the level of DST for limited damage to the gums and alveolar tumor was  $68.63 \pm 9.92\%$ ; for joint injuries,  $62.45 \pm 5.11\%$  and with the limitation of  $49.0 \pm 0.95\%$ : the number of UODTP, respectively, was  $8.50 \pm 6.9\%$ ;  $23.58 \pm 9.55\%$  and  $19.0 \pm 4.68\%$ : and EDTP -  $13.22 \pm 6.6\%$ ;  $9.9 \pm 4.4\%$  and  $13.0 \pm 4.68\%$ .

#### **IV. Discussion**

In the index assessment of the periodontal hygiene status of the lesion duration, both anatomical and topographic variants of trauma signs were observed with the indicators given in the following table (table 1).

**Table № 1**

**Indicators of inflammation, destruction, hygiene and periodontal bleeding depending on the duration of dermatosis in the form of erythema**

Group duration of taking corticosteroids, years	PI, ball	PMA, %	OHI-S, ball	Bleeding bone, ball
Observation n=50	2,65±0,15	35,25±1,66	2,87±0,14	1,42±0,10
Erythema patients n=98				
Up to 1 year n=26	5,28±0,22°	50,24±2,32°	3,62±0,15°	2,65±0,11°
1-3 year n=34	6,44±0,31° <sup>Δ</sup>	66,31±3,11°	4,88±0,21°	3,00±0,14°
>3 year n=38	7,62±0,42° <sup>Δ, X</sup>	78,45±3,62° <sup>Δ, X</sup>	5,81±0,27° <sup>Δ, X</sup>	9,5±0,17° <sup>Δ, X</sup>
Total n=98	6,66±0,22°	67,65±23°	4,82±0,22°	3,08±0,11

*Note:* ° -  $P < 0.05$  - relative to observation; Δ -  $P < 0.01$  - with respect to results up to 1 year; X -  $P < 0,01$  - relative to the results for 1-3 years

The degree of destruction of the periodontium in patients with erythema (PI index) relative to NG 154.2% ( $P < 0.01$ ); index gingivitis (PMA) - 91.91% ( $P < 0.01$ ); oral hygiene (OHI-S) - 67.9% ( $P < 0.01$ ) gum bleeding index (Mullerzan index) - 116.9% ( $P < 0.01$ ). It was found that the degree of inflammatory and destructive lesions of the periodontium increases with increasing duration of erythema.

The PI index in patients with erythema with a disease duration of up to 1 year is 99.25% ( $P < 0.01$ ); 1-3 years 143.02% ( $P < 0.01$ ) and more than 3 years - 187.55% ( $P < 0.01$ ); similar dynamics was observed for the PMA index, while the following relevant indicators were identified, that is, 42.52% ( $P < 0.01$ ); 88.11% ( $P < 0.01$ ) and 122.55% ( $P < 0.01$ ); OSU-S index of oral hygiene - 26.13% ( $P < 0.01$ ); 70.03% ( $P < 0.01$ ) and 102.44% ( $P < 0.01$ ), as well as a gum bleeding index of 86.62% ( $P < 0.01$ ); 111.27% ( $P < 0.01$ ) and 147.89% ( $P < 0.01$ ) were high with NG values.

Consequently, with limited periodontal damage, the PI index was 165.66% higher than NG ( $P < 0.01$ ); with combined trauma 161.89% ( $P < 0.01$ ) and without alveolar gum injury -146.04% ( $P < 0.01$ ); PMA index, respectively - 90.77% ( $P < 0.01$ ); 86.21% ( $P < 0.01$ ) and 81.96% ( $P < 0.01$ ); OSU-S index - 69.69% ( $P < 0.01$ ); 70.38% ( $P < 0.01$ ) and 60.98 ( $P < 0.01$ ); gum bleeding index - 119.42% ( $P < 0.01$ ); 114.79% ( $P < 0.01$ ) and 109.86% ( $P < 0.01$ ) showed high results in comparison with NG.

Along with general factors in the genesis of periodontal lesions in patients with erythema, the presence of irritating and desquamative action of toothpastes with an abrasive component is confirmed; in the main group,  $83.27 \pm 5.32\%$  was observed, with NG  $11.11 \pm 6.0\%$  ( $P < 0.05$ ); gum damage due to restorations -  $53.06 \pm 7.12\%$  (with NG  $11, 11 \pm 6.0$ ) ( $P < 0.05$ ); gum injuries with orthopedic structures -  $42.29 \pm 7.06\%$  (NG- $14.81 \pm 6.9\%$ ) ( $P < 0.05$ ); induction under the influence of tobacco was observed at  $61.22 \pm 6.96\%$  (with NG  $22.22 \pm 8.06\%$ ) ( $P < 0.05$ ).

In patients with erythema, as a result of densitometric analysis of periodontal bone tissue by X-ray densitometry, it was noted that bone density on the horizontal surface changed uniformly, a decrease in porous matter, a decrease in the thickness of the cortical plate and its presence on the vestibular and oral surfaces of the alveolar bone process; a decrease was observed bones on the vestibular surface of the tooth root, thinning of the plate, reduction of alveolar bone tissue on the vestibular surface minimizing the thickness of the porous layer on the lingual side.

The mineral density of the bone tissue of the lower jaw in the area of the molar teeth in patients without erythema decreased by 16.16% ( $P < 0.05$ ); in patients with erythema, by 29.04% ( $P < 0.01$ ); in the premolar region, respectively, by 18.13% ( $P < 0.05$ ) and 27.52% ( $P < 0.01$ ); a similar situation was observed in the upper jaw, with: in the molar region - 16.17% ( $P < 0.05$ ) and 29.64% ( $P < 0.01$ ), premolar - 15.2% ( $P < 0.05$ ) and 28.9% ( $P < 0.01$ ) (table 2).

**Table № 2**  
**Mineral density of jaw alveolar tissue in patients with periodontitis depending on the presence of erythema (orthopantomograms relative to light absorption,%)**

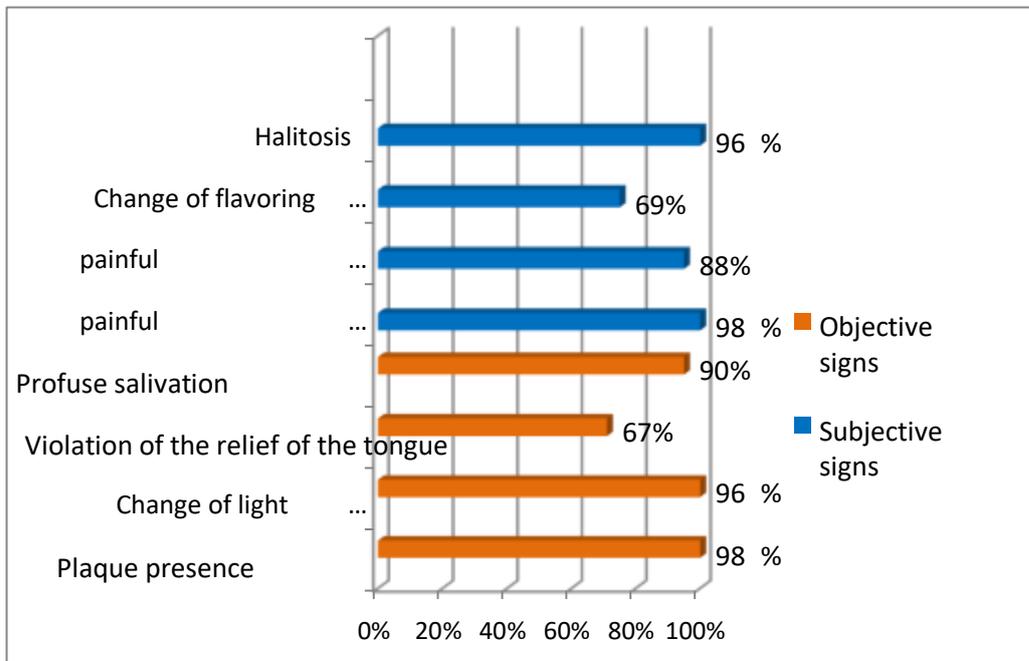
Observation	Lower jaw		Upper jaw	
	Molar	Premolar	Molar	Premolar
Periodontitis				
In the absence of erythema	73,62±3,21°	71,22±3,11°	73,82±2,81°	71,33±3,05°
In the presence of erythema	62,31±2,66°	60,82±2,81°	61,92±2,65°	59,81±2,45°

Note: ° - P <0.05 (relative to observation); ° - P <0.05 (relative to indicators of patients in whom erythema was observed)

According to the results of the examination of the dental status of MG, a pathological bite was revealed: deep in 32 patients (32.65%), direct in 12 patients (12.24%), cross bite in 15 patients (15.30) and other forms of malocclusion were observed in 11 patients (11.22%); on CG, these pathologies were detected in 13 (25%); 4 (8%); 3 (6%); 1 (2%), respectively, patients.

The prevalence of caries in the MG was 96.8 ± 2.44; KPI index 18.8 ± 4.46 with the predominance of the “D” component - 12.88 ± 4.24; prevalence on the CG was 89.8 ± 2.67, the KPI index was 14.2 ± 1.86, and “D” was 8.4 ± 2.24. 21 patients (21.42%) were identified in non-removable patients, and 63 (64.28%) patients needed orthopedic prosthetics for 48 (48.97%) of them in partially removable and 11 (11.22%) in fixed dentures; rational prosthetics in patients with pemphigus OC was constantly delayed due to relapse of the disease. 40 patients (37%) needed a tooth extraction, a partial adentia in 39 patients (29%); these indicators in patients with CG was 19 (38%); 15 (30%); 3 (6%); 17 (34%); 11 (22%); 9 (18%), respectively.

The results of a subjective and objective study of patients with MG showed frequent complaints of increased pain during the period of ingestion, food relapse - 96 people (97.95%); by tasting tastes - 66 people (67.34%).



**Figure 1** - The structure of objective and subjective symptoms of patients of the main group.

Analyzing the laboratory parameters of exhaust gas, we revealed changes in the number of leukocyte counts in 90 (91%) patients; leukocytes were increased in 76.1% (the highest indicator reached 22.7 g / l compared with CG), lymphocytes in 76.42% (the highest indicator reached 24.2 g / l), granulocytes in 26.2% (the highest indicator reached 23.7 g / l), monocytes 75.3% (the highest rate reached 22.7 g / l); all 90 patients with pemphigus received

negative

results:

Wasserman reaction, HIV response. A blood test in patients with MG revealed C-reactive protein in 19 patients (19.38%) of patients, which reached 15.3 units, in the general analysis of urine in 32 patients (32.65%) with pemphigus, including relative density in 28 patients (28.57%) exceeded the norm, and in a histomorphological study in 100% of patients acantholytic cells (Tzanka cells) were detected.

In the results of the immunological examination, the exhaust gas showed lower levels of IL-6 (1.8 pg / ml and lower) and IL-1 $\beta$  (85 pg / ml and lower) and higher concentrations of IL-4 (48 pg / ml and above) in the RJ.

**Table № 3.**

**The content of cytokines IL-4, IL-1, IL-6 in the pancreas in the examined patients**

group research	Cytokines	IL-4, pg/ml	IL-6, pg/ml	IL-1 $\beta$ , pg/ml
Pemphigus patients, n=98		46,1 $\pm$ 0,3	1,9 $\pm$ 0,10	87,20 $\pm$ 20,01
Healthy faces, n=501		40,1 $\pm$ 5,34	2,28 $\pm$ 0,14*	95,02 $\pm$ 14,34

Note: \* - the difference is statistically significant at  $p \leq 0.05$ .

As a result of the study, a questionnaire survey of all 300 examined including SH using the OHIP-14-UZ-questionnaire was completed by patients on their own. The obtained results for OG, KG and SG showed that such indicators as "Psychological disorders" amounted to 4.1; 3.3; 1.4 points, respectively; "Physical discomfort" 3.8; 1.8; 1.0 points, respectively; "Function Limit" - 4.1; 3.1; 2.2 points, respectively. This indicates that the functions of chewing food or restrictions, aesthetic dissatisfaction, defects in diction, and a feeling of soreness are more affected (Table 4).

According to the results of a questionnaire survey in patients with hypertrophy of VF, pemphigus OC noted problems with teeth, osteoarthritis, gums or dentures prevented proper rest, caused irritability, caused difficulty in normal work, and also made them awkward when communicating with relatives, friends and colleagues. They complained of a general condition disorder: weakness, lethargy, weight loss, nausea, constipation, intoxication symptoms. The constraints in communication and pronunciation of words, as well as did not interfere with proper rest due to problems associated with pathologies of periodontal tissue were not experienced by only 2 people. Our questionnaire also showed that endogenous and endogenous risk factors affect the QOL of patients from MG: stress (92.9%), poor oral hygiene (92.1%), frequency of dental visits (85.43% as needed), frequent use of drugs (47%) As a result of the analysis of OHIP-14-UZ QOL scales, the worst indications on the scales were revealed: FR - 4.1; PD - 3.8; PD - 3.8; PsD - 4.0; FC - 3.2, which was a confirmation that patients with pemphigus were often worried about teeth and inflammatory manifestations in MOP in terms of labor, communication, rest, and often in terms of nutrition and food intake. The following social factors exerted on QOL: age, working conditions, perception of one's own state of health (Table 4).

**Table 4**

**Indicators of life at the OHIP-14-RU scale in patients with pemphigus, M  $\pm$  m**

KJ in OHIP-14-RU scale.	OG n=98	KG n=50	SG n=96
OHIP-14-RU	27,4 $\pm$ 0,15	22,0 $\pm$ 0,26	12,0 $\pm$ 0,34
Function restriction (FR)	4,1 $\pm$ 0,19	3,4 $\pm$ 0,22	2,2 $\pm$ 0,22
Physical discomfort (PD-B)	3,8 $\pm$ 0,63	1,8 $\pm$ 0,43	1,0 $\pm$ 0,23
Psychological discomfort (PD)	3,8 $\pm$ 1,01	2,8 $\pm$ 1,01	1,1 $\pm$ 1,04
Physical disorder (PhD)	3,8 $\pm$ 1,03	3,0 $\pm$ 1,03	2,0 $\pm$ 1,08
Psychological disorder (PsD)	4,1 $\pm$ 0,87	3,3 $\pm$ 0,65	1,4 $\pm$ 0,44
Social constraints (SC)	2,8 $\pm$ 1,03	2,4 $\pm$ 1,06	0,8 $\pm$ 0,01
Damage (D)	2,8 $\pm$ 0,23	2,0 $\pm$ 0,42	1,4 $\pm$ 0,63
Financial constraints (FC)	3,2 $\pm$ 1,08	3,0 $\pm$ 1,11	1,4 $\pm$ 0,04
Self-desire (SD)	1,6 $\pm$ 0,42	1,0 $\pm$ 0,64	1,0 $\pm$ 0,44

**V. Conclusion**

Thus, according to the analysis, the results of a clinical study of pemphigus in the topographic zone of the body showed that, at the same time as CPGF, it is more common in parallel in 35.71% of cases of the "Rear half of the trunk"; 48.97% of cases are "Anogenital region" and 52.04% of cases are in "Face" ( $p < 0.001$ ). A. individually, all clinical forms of pemphigus vulgaris were affected by MMOC almost 80%, chest 45%, posterior half of the trunk 58%, abdomen and lips 44%, face and anogenital region 46%, scalp 19%; with EF, the chest and hind half of the

body were most affected 62%, face 38%; with a leaf-shaped, the chest and abdomen were affected; VigF of the anogenital region and neck 48%.

It is also noted that in patients with OG, the state of PsD is worse than on KG, as indicators of the prevalence and intensity of caries, in the orthopedic state, in terms of hygiene and subtonal indices, including during periodontal disease. In addition, this established an imbalance in the local humoral immunity of MMOC and recommended the possibility of predicting the nature of the course of autoimmune acantholytic pemphigus in patients with an isolated form of pemphigus OC based on the study of local humoral immunity, the content of IL-4, IL-6 and IL-1 $\beta$ .

As a result of the analysis of QOL OHIP-14-UZ scales, the worst indications on the scales were revealed: FR - 4.1; PD - 3.8; PD-B - 3.8; PsD - 4.0; FA - 3.2, which was a confirmation of the fact that patients with hypertension were often worried about teeth and inflammatory manifestations in MMOC in terms of labor, communication, rest, and often in terms of nutrition and food intake.

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