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CANDIDIASIS MANIFESTATIONS ON THE ORAL SLIMY

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Annotation: Candidiasis is an infectious disease caused by fungi of the genus Candida. According to the World Health Organization, up to 20% of the world's population experience various forms of candidiasis infection at least once during their lifetime. The number of patients is constantly growing. The inclusion of antibiotics in the complex therapy of bacterial infections without accompanying antimycotic therapy leads to the development of the disease.Acute forms of infection are more common in young people, and chronic forms in older people. The success of treatment depends on the professional selection of the optimal antifungal agent, an individual approach to each clinical case and the patient's compliance with all recommendations prescribed by the doctor.
Key words:candidiasis, oral cavity.

Candidiasis is an infectious disease of the mucous membranes, skin and internal organs caused by fungi of the genus Candida. According to WHO, up to 20% of the world's population have suffered various forms of candidiasis infection at least once during their lifetime. The number of patients is constantly growing. This is mainly due to the introduction of new medical technologies, the creation of new antibacterial drugs, and a significant increase in the number of patients with immunodeficiency. The genus Candida includes about 150 species of fungi, which are classified as deuteromycetes due to the complete absence of a sexual stage of development. Some (seven) of these species: C. albicans, C. tropicalis, C. krnsei, C. kefyr, C. (Tornlopsis) globrata, C. guilliermondii, C. parapsilosis - are recognized from a medical point of view as the most important pathogens. The gastrointestinal tract is the main reservoir of infection, and C. albicans is capable of colonizing almost any part of the gastrointestinal tract: from the oral cavity to the perianal tissues. When carried in the oral cavity, the first place is occupied by C^lMcans - 47-75%, the second - by C. tropicalis and C. globrata - 7%. Factors that increase the percentage of Candida carriage include: decreased salivation, low salivary pH, increased glucose concentration in saliva, smoking. It has not yet been conclusively proven: permanent or diverse strains can be present in people with continuous and long-term carriage. Constant discharge of Candid from the mouth is not proof of infection. The causative agent of oral candidiasis is most often opportunistic ClMcans (up to 62% of cases). In immunocompromised hosts, candidal infections are maintained by resident strains. Epidemiological analysis using DNA fingerprints of biotypes showed that most of the strains pathogens responsible for infection are genetically similar. C. alitcan is isolated from the external environment less frequently than other Candida species, and this may be a consequence of its greater pathogenicity (adaptation to parasitism) for humans.

Predisposing factors for the occurrence of oral candidiasis and the pathology associated with it are [8]: age (neonatal and elderly); food deficiency; tumors; HIV infection; chemotherapy; corticosteroids (hormone therapy); wearing dentures [11, 12]. The most common cause is taking antibiotics. A wide range of antibacterial drugs in the 21st century and the lack of accompanying adequate preventive antimycotic therapy lead to the development of the disease.

With candidiasis, patients complain of dryness and burning of the oral mucosa. Upon examination, a white coating is detected. In young people, a large amount of "curdled" masses is usually found on the tongue. This is explained by the special structure - the presence of receptor

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papillae on the back, which mechanically complicate the removal of plaque. In patients using removable dentures, plaque is determined primarily in the areas of the prosthetic bed. In older people, the chronic form of the disease is more common. Often in patients aged 65 years and older with a reduced bite, angular candidiasis is determined (jam), the prevalence of which reaches 19%. With the usual course of candidal lesions, it is not difficult to make a diagnosis. It is based on typical symptoms and is confirmed by laboratory tests:

1) if the analysis for candidiasis detects vegetative forms, that is, budding cells, this is already considered a criterion for a positive result of microscopic diagnosis. Considering the possibility of the presence of thrush fungi on the oral mucosa in healthy people, an important factor in determining oral candidiasis is determining the number of colonies;

2) to determine oral candidiasis, the presence of colonies must be more than 1000 CFU;

3) if necessary, intradermal allergy tests are performed to diagnose oral candidiasis;

4) one of the types of immunological diagnosis of thrush - serological studies that detect the presence of specific antibodies to the components of the causative agent of the cell in the blood serum for the treatment of thrush (a fairly operational method for thrush, but difficult to interpret the results, since these antibodies to the causative agents of thrush are found in a third of the population);

5) LPA method - latex agglutination;

6) enzyme immunoassay and radioimmunoassay methods are effective;

7) molecular diagnostics: polymerase chain reaction and thrush chromatography.

Treatment of candidiasis is carried out with antifungal drugs. Currently, antimycotics represent one of the most numerous groups of drugs - over 100 items and more than 20 dosage forms. Until the mid-twentieth century, medical practice had only external antimycotics for the treatment of fungal diseases. The appearance of the first systemic antimycotic, griseofulvin, in the mid-twentieth century significantly increased the effectiveness of treatment. In this regard, the emphasis in the treatment of mycoses gradually began to shift towards systemic chemotherapy. At the same time, external treatment remained the main basic method of therapy for all types of fungal pathology. The second half of the last century was marked by the creation of new classes of systemic and local antifungal agents, which significantly expanded the choice of antimycotics and their dosage forms in the form of aerosols and gels. Systemic antimycotics of the 2nd generation - imidazole derivatives have made a significant contribution to the therapy of candidiasis. However, a variety of side effects, severe hepatotoxicity, and poor compatibility with a number of pharmacological drugs have led to the rapid cooling of doctors and patients to the systemic use of these antimycotics, while local forms of imidazoles are successfully used to this day. A true revolution in the systemic therapy of mycoses was the introduction into widespread practice of 3rd generation antifungal agents - triazoles (itraconazole, flucaconazole) and terbinafine. These drugs made it possible to effectively and safely cure mycoses, including candidiasis, as well as prevent their development. The development of progressive treatment regimens has contributed to a significant reduction in the duration of therapy. Only thanks to the introduction of these drugs, systemic therapy, which is actively combined and supplemented with local drugs, has now become the basis for the treatment of oral candidiasis. The number of antifungal agents used in modern medical practice is constantly growing. Now it includes 10 systemic and dozens of local drugs. The pharmaceutical market is constantly updating the range of antifungal agents, mainly due to the emergence of new analogues of existing antifungals and new dosage forms. Drugs with a new active principle appear much less frequently. At the same time, old drugs, in particular griseofulvin and undecylenic acid, are leaving clinical practice due to the cessation of their production

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In each specific clinical situation, the doctor must choose an antimycotic depending on the clinical symptoms, duration of the disease, the presence of concomitant pathology, and age. The choice of drug depends on the type of fungus and its sensitivity. It must be remembered that candida has a great ability to adapt and develop resistance to drugs. Along with antimycotics, sorbents are used to treat candidiasis to remove destroyed fungal particles that have a toxic effect from the body; as well as pro- and prebiotics - in order to normalize the microflora. The effect of therapy is determined primarily by the doctor's professionalism in the optimal choice of an antimycotic and the method of its use in a particular patient, as well as the creation and maintenance of the necessary motivation in him to comply with full and regular treatment. The active desire of the patient himself for a cure, careful implementation of all recommendations prescribed by the doctor are the most important prerequisites for a successful course of treatment.

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