

## CLINICAL CHARACTERISTICS OF PATIENTS WITH PEMPHIGUS

## PO‘RSILDOQ YARALI BEMORLARNING KLINIK XUSUSIYATLARI

## КЛИНИЧЕСКАЯ ХАРАКТЕРИСТИКА БОЛЬНЫХ ПУЗЫРЧАТКОЙ

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**Abstract:** *The etiology of the disease is not fully understood. One of the theories of the development of ulcerative colitis is observed in genetically predisposed individuals. The disease develops under the influence of various factors: taking drugs containing thiol groups; insolation; infectious agents; stress; eating certain foods; physical factors and others. However, it is often not possible to identify the causative factor. The article presents results and analyzes of clinical and laboratory data and topographical zones of patients with pemphigus.*

**Key words:** *ulcer, pemphigus, mucous membrane of the mouth, topographic zones, bladder.*

**Annotatsiya:** *Kasallikning etiologiyasi to‘liq o‘rganilmagan. Po‘rsildoq yara kasalligi rivojlanishining nazariyalaridan biri genetik jihatdan moyil shaxslarda kuzatiladi. Kasallik turli omillar ta‘sirida rivojlanadi: tiol guruhlarini o‘z ichiga olgan dori-darmonlarni qabul qilish; insolyatsiya; yuqumli agentlar; stress; ba‘zi oziq-ovqatlarni iste‘mol qilish; jismoniy omillar va boshqalar. biroq, ko‘pincha qo‘zg‘atuvchi omilni aniqlash imkoni bo‘lmaydi. Maqolada pemfigusli bemorlarning klinik va laboratoriya ma‘lumotlari va topografik zonalarining natijalari va tahlillari keltirilgan.*

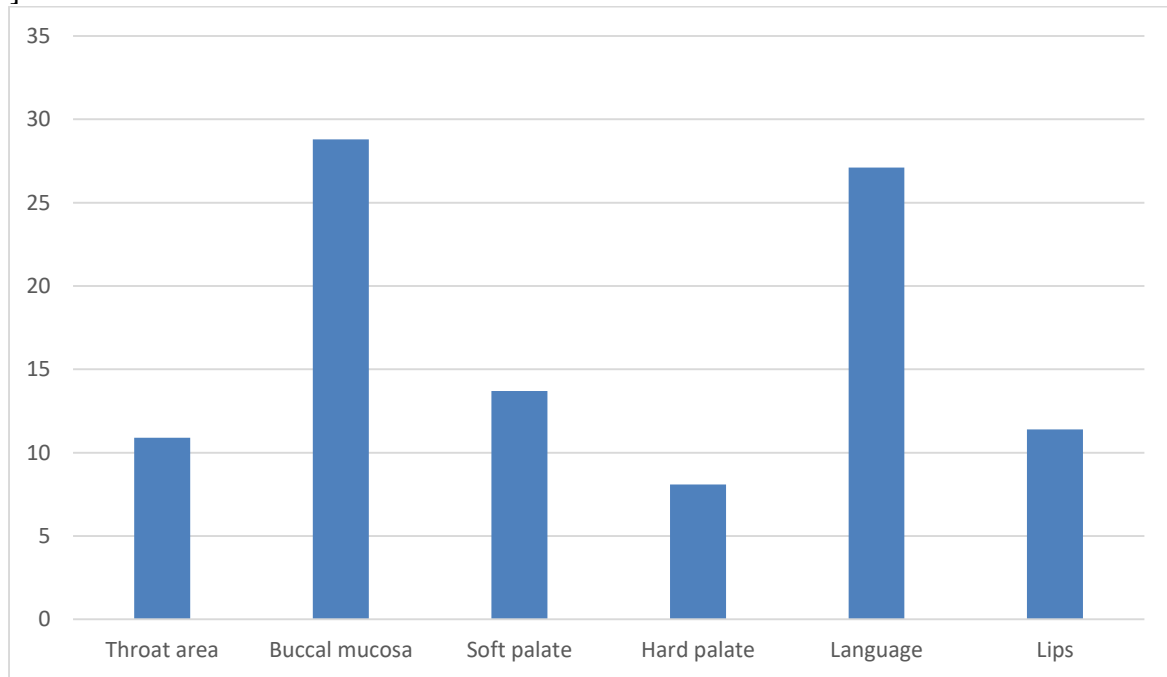
**Kalit so‘zlar:** *yara, po‘rsildoq yara, og‘iz bo‘shlig‘i shilliq qavati, topografik zonalar, siydik pufagi.*

**Аннотация:** *Этиология заболевания до конца не изучена. Одна из теорий развития пузырчатки наблюдается у генетически расположенных лиц. Заболевание развивается под действием различных факторов прием лекарственных препаратов, содержащих тиоловые группы; инсоляция; инфекционные агенты; стресс; употребление определенных пищевых продуктов; физические факторы и др, однако зачастую определить провоцирующий фактор не представляется возможным. В статье отражены результаты и анализ клинико-лабораторных данных и топографических зон поражения пациентов с пузырчаткой. Установлено, что в полости рта проявляется чаще всего вульгарная форма*

**Ключевые слова:** *язва, пузырчатка, слизистая оболочка рта, топографические зоны, мочевоy пузырь.*

**Introduction.** There is still no consensus regarding the etiology of pemphigus. Currently, the leading role of the pathological process of acantholysis, developing in response to various provoking factors, is recognized [1,14,15]. The literature describes examples of pemphigus caused by viruses. There is an opinion that the etiology of pemphigus is associated with the development of other concomitant autoimmune pathologies [2,3,8,9]. The etiological and pathological factors in the development of pemphigus have not been fully studied. A major role is currently given to autoimmune mechanisms of the development of the disease; this theory is based on the detection in the blood of patients with pemphigus of circulating antibodies of the IgG type, which are related to the intercellular substance of the spinous layer of the epidermis; the amount of antibodies depends on the severity of the disease [1,3,4,5]. Early diagnosis of pemphigus is crucial in the prognosis of this

disease [6,7,9,10,13]. This is especially important for dentists, since the primary manifestations of rashes in the oral cavity and the absence of typical blisters lead to numerous diagnostic errors [5,11,12].



*Figure 1. Localization of pemphigus in the mucous membrane mouth*

**Purpose of our research** — to study clinical laboratory parameters and topographic zones of damage in patients with pemphigus.

**Research Methodology.** An analysis of outpatient records of patients with pemphigus who applied to the Tashkent Dermatovenerological Dispensary for three years was carried out. The following research methods were used: clinical interview, clinical examination, determination of dental status, determination of Nikolsky's symptom, cytological examination smear impressions on acantholytic cells from the bottom of fresh erosions, a general blood test, a biochemical blood test, a clinical urine test, and the affected areas in patients with vulgar, erythematous, foliaceous and other forms of pemphigus were studied.

**Analysis and results.** All patients were divided into 3 groups depending on age and gender. As a result of the study, it was found that pemphigus cases in the group from 19 to 30 years old were 3 people women, in the group from 30 to 39 years old 5 people women, in the group from 32 to 48 years old 7 people, of which 3 were men and 4 women. The highest turnover was noted in the age group from 46 to 55 years old - 23 people, of which 9 men and 14 women, in the group from 56 to 69 years old there were 5 people, of which 2 men and 3 women. We found that the most common form was vulgar in 34.69% of patients, erythematous in 31.82, the smallest manifestations were noted in patients with the leaf-shaped form 9.01, other forms in 4.55. When analyzing general status indicators, 91% of patients with pemphigus showed changes in the leukocyte formula for indicators such as leukocytes, monocytes, granulocytes and lymphocytes. Leukocytes were increased in 69.8%, lymphocytes in 75.9, granulocytes in 26.7, monocytes in 64.3. When studying a biochemical blood test, C-reactive protein was detected in 27.3 patients with pemphigus, which reached 15.9 units. (normally, C-reactive protein is not detected), 31.8% had an increase in glucose from 5.84 units. norms up to 19.12. The examination also revealed changes in the general urine analysis in 35.9% of patients, including in 24.1% the relative density exceeded the norm, sugar was detected in 12.9%, and in one case an increase in the medium was determined. Tzanck cells were found in the venous blood of 49% of patients. When studying the clinical manifestations of pemphigus, depending on the location, we identified 11 topographic zones: chest, abdomen, posterior half of the body, anogenital area, upper limbs, lower limbs, face, scalp, lips, oral cavity, neck. All clinical forms of pemphigus

have varied manifestations in different areas. Pemphigus vulgaris is the most common form of the disease, characterized by the presence of blisters of various sizes with a thin flaccid lining, with serous contents, appearing on apparently unchanged skin or mucous membranes of the oral cavity, pharynx and red border of the lips. Seborrhic, or erythematous, pemphigus, unlike vulgar pemphigus, which often first affects the mucous membranes, begins on seborrhic areas of the skin of the face, back, chest, and scalp (fig 1.). Pemphigus foliaceus is characterized by erythematous-squamous rashes, thin-walled blisters that reappear in the same places, upon opening of which pink-red erosions are revealed with the subsequent formation of lamellar crusts. Damage to the mucous membranes is uncharacteristic. Pemphigus vegetans can proceed benignly for many years in the form of limited lesions if the patient's condition is satisfactory. As a result of an in-depth study of the localization of clinical manifestations, we determined that in various forms of the disease there are changes in topographic zones.

**Conclusion.** The predominance of women with pemphigus compared to men has been established. Analysis of the general status of patients with pemphigus showed that leukocytes were increased. When studying the biochemical analysis of the blood of patients with pemphigus, c-reactive protein was found in 28%, and an increase in glucose in 21.2%. As a result of a urine analysis study, the relative density exceeded the norm in 12.7 patients, and sugar was detected in 4.6. Cytological examination revealed that acantholytic Tzanck cells were found in 87% of patients.

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