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SUPPORTIVE THERAPY OF PATIENTS WITH ATOPIC CHEILITIS

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Currently, it is relevant to substantiate and implement methods of maintenance therapy for patients with atopic cheilitis using various groups of moisturizing agents that have a softening effect, stimulate epithelization processes, and eliminate the negative consequences of the disease. The purpose of the study was to substantiate the maintenance therapy in patients with atopic cheilitis using emollients. The study was based on the results of examination and treatment of 19 patients with atopic cheilitis, 12 (63 %) women and 7 (37 %) men, aged 20–36 years. To conduct a clinical study, patients were divided into two groups: 11 people (58 %) with a mild course of the disease, 8 people (42 %) with an average course of atopic cheilitis. Supportive therapy is a necessary step in the complex treatment of patients with atopic cheilitis. Differentiated use of emollients allows 79 % of patients to obtain positive treatment results on the 10th day. The proposed scheme of maintenance therapy can be recommended for use in therapeutic dentistry. Adherence to the principle of participation in the development of an individual course of treatment for atopic cheilitis helps to increase the patient's compliance and, ultimately, his satisfaction with the treatment. Only such a comprehensive approach will help maintain a relatively high quality of life for patients and improve the prognosis for atopic cheilitis.

Key words: atopy, red rim of the lips, emollients.

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ПІДТРИМУВАЛЬНА ТЕРАПІЯ ПАЦІЄНТІВ З АТОПІЧНИМ ХЕЙЛІТОМ

На даний час актуальним є обгрунтування та впровадження методів підтримувальної терапії пацієнтів з атопічним хейлітом із застосуванням різних груп зволожуючих засобів, які мають пом'якшувальну дію, стимулюють процеси епітелізації, усувають негативні наслідки захворювання. Метою дослідження було обгрунтування підтримувальної терапії у пацієнтів з атопічним хейлітом із застосуванням емолентів. У основу дослідження були покладені результати обстеження та лікування 19 пацієнтів з атопічним хейлітом, 12 (63 %) жінок та 7 (37 %) чоловіків, віком 20–36 років. Для проведення клінічного дослідження пацієнти були розподілені на дві групи: з легким ступенем перебігу хвороби 11 осіб (58 %), з перебігом середнього ступеня важкості атопічного хейліту 8 осіб (42 %). Підтримувальна терапія є необхідним етапом комплексного лікування хворих з атопічним хейлітом. Диференційоване застосування емолентів дозволяє на 10 день у 79 % пацієнтів отримати позитивні результати лікування. Запропонована схема підтримувальної терапії може бути рекомендована до використання у терапевтичній стоматології. Дотримання принципу партисипативності при розробці індивідуального курсу лікування атопічного хейліту сприяє підвищенню комплаєнтності пацієнта і, в кінцевому підсумку, його задоволеності лікуванням. Лише такий комплексний підхід допоможе зберегти відносно високу якість життя хворих і поліпшити прогноз щодо атопічного хейліту.

Ключові слова: атопія, червона кайма губ, емоленти.

The study is a fragment of the research project "Development of pathogenetic prevention of pathological changes in the oral cavity of people with internal diseases", state registration No. 0121U108263.

Supportive therapy is medicinal and non-medicinal types of treatment aimed at reducing the signs and manifestations of the disease in order to relieve well-being and improve the condition of patients; it is used to provide long-term control over the symptoms of the disease and prevent complications.

In patients with atopic dermatitis, atopic cheilitis occurs as a symptomatic (secondary) chronic inflammation of the red border of the lips, which is accompanied by a chronic relapsing course with a characteristic change of phases of remission and exacerbation [5, 8].

Modern ideas about the etiology and pathogenetic mechanisms of atopic development cheilitis are multifactorial, which is caused by a heavy polygenic heredity to atopy. Genetic factors determine the initial violations of the barrier function of the epidermis, which causes its high permeability to irritants and allergens that cause the formation of atopene antibodies [1, 7]. Risk factors for the development of atopic cheilitis is a

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polyvalent allergy, a disease of the nervous and endocrine systems, foci of chronic infection [2, 10]. Hypovitaminosis, psychoemotional stress, physical fatigue and other conditions can provoke a relapse of the disease [3]. Violation of the barrier function of the multilayered flat epithelium of the mucous membrane of the oral cavity and skin leads to dehydration of the surface layers of flat cells and water imbalance of the internal hydrated layers, which allows the penetration of foreign proteins and allergens [1, 8, 9].

The main directions of etiological and pathogenetic therapy of patients with atopic cheilitis consists of the need to exclude possible allergens, elimination of biologically active substances, regulation of digestion and absorption processes, liver and pancreas function, correction of vegetative-vascular disorders. Remediation of chronic foci of infection is a mandatory stage in the treatment, because infectious allergens can cause the development of the disease or provoke its exacerbation. Deworming of the body plays a certain role in complex therapy. Determination of individual trigger factors is crucial for controlling the symptoms of the disease, their avoidance allows prolonging the remission phase of the disease [4, 6].

The priority task of atopic therapy cheilitis patients are prescribed diet therapy: exclusion from the diet of food products containing histamine liberators [13].

The problem of assessing the quality of life of people suffering from atopic cheilitis remains relevant: the clinical symptoms of the disease significantly disrupt the usual way of life and can cause serious disturbances in the psycho-emotional and social sphere. With atopic dermatitis cheilitis develops a characteristic psychological profile: a tendency to a pronounced manifestation of depressive, neurotic or hypochondriacal states. The development of such psychological disorders is facilitated by constant severe itching and sleep disturbances. External local treatment should be carried out taking into account the form, degree and stage of the disease [6].

It is of essential importance in the complex treatment of atopic cheilitis has supportive therapy, which is based on emollients and moisturizing agents. Moisturizing the skin is usually done at least twice a day by applying hydrophilic moisturizers. Such means are emollients, which reduce the degree of inflammation and severity of atopic cheilite. Their use contributes to the hydration of the stratum corneum of the epidermis due to a moisturizer (urea or glycerin) and an occlusive substance that reduces the evaporation of moisture from the surface of the skin. Therefore, such moisturizing agents should be included in all treatment regimens. Patients are also recommended to use protective ointments, bath oils, shower gels, emulsions or micellar solutions that strengthen the barrier effect of the skin [4, 13].

The purpose of the study was to substantiate the maintenance therapy in patients with atopic cheilitis using emollients.

Materials and methods. Our study was based on the results of the examination and treatment of 19 patients with atopic cheilitis, 12 (63 %) women and 7 (37 %) men, aged 20–36 years. To conduct a clinical study, patients were divided into two groups: 11 people (58 %) with a mild course of the disease, 8 people (42 %) with an average course of atopic cheilitis. Duration of the course of atopic cheilitis: up to 5 years in 7 (37 %) patients; 5–10 years 11 (58 %) patients; 4 (21 %) women were observed with a disease history of more than 12 years. From the anamnestic data, it was found that the patients did not undergo courses of maintenance therapy at the dentist with the involvement of emollients. The number of relapses of lip disease was noted: in 3 (16 %) people 1–2 times during the entire period; in 7 (37 %) – 2–5 times; 5 (26 %) had 5 to 10 relapses; 4 (21 %) patients noted more than 10 periods of exacerbations.

The study of the dental status of patients with atopic cheilitis included: general and dental examination (interview, examination, palpation of the lips), determination of the level of oral hygiene according to the Green-Vermillion index (1964), the condition of periodontal tissues according to the Schiller-Pysarev test, the diagnosis was established according to the classification of cheilitis according to P.T. Maksymenko (1998) [8].

All patients of the observation group were examined by a dermatologist and underwent, according to the protocols, a course of basic therapy of atopic dermatitis using 1 % cream with the active ingredient pimecrolimus. Repeated dermatological examination was carried out on the 3rd, 10th and 21st days. Research evaluation, which was carried out in conjunction with a dermatologist, included an objective examination of the patient for erythema, swelling, peeling in the areas of skin rashes.

In order to implement the proposed scheme of maintenance therapy for atopic cheilitis, patients were prescribed emollients for use in the perioral area: applications on the skin and red border of the lips. The dose of the drug was measured using the finger phalanx rule (FTU) – a strip of ointment squeezed out of a tube with a tip diameter of 5 mm, from the distal skin fold to the end of the index finger (approximately 0.3 g); this amount is sufficient for application to the orofacial area of an adult [11].

Maintenance therapy of atopic cheilitis was carried out as follows: professional oral hygiene was carried out, applications to the skin of the corners of the mouth and the red border of the lips of one of the emollients, mainly from the group of synthetic emollients, were carried out daily, for 10–21 days, until the symptoms completely disappeared.

When choosing a medicinal product, the authors adhered to the principle of participation (patient participation in medical decision-making). After completing the course of therapy, all patients were registered with a dentist.

Results of the study and their discussion. In the observation group, atopic cheilitis was characterized by a long course, with periods of exacerbation and remission. The vast majority of patients complained about cracks in the corners of the mouth, redness and peeling of the skin around the oral area, an aesthetic defect that caused discomfort and prompted constant lubrication of the affected areas with various cosmetic products. 9 (47 %) patients complained of a feeling of itching in the affected area of the skin of the lips. It should be noted that the itching was not of a constant nature, but arose spontaneously, mostly associated with the use of protective masks. 6 (32 %) patients noted damage to the skin of the eyelids, behind the ear, upper limbs, and tibiometatarsal joints.

A detailed history of life and illness showed that 6 (32 %) patients considered acute emotional stress to be the main provoking factor of lip disease. 8 (42 %) patients attributed the deterioration of their condition to exacerbations of diseases of the gastrointestinal tract due to eating disorders. In 5 (26 %) people, periods of significant reduction of symptoms and remission of atopic cheilitis occurred in the spring-summer period, and exacerbations and relapses of the disease occurred more often in the cold season (Fig. 1).

In addition, 6 (32 %) patients indicated a severe allergic history, and 4 (21 %) noted a similar condition in close relatives.

Local changes in atopic cheilitis in patients of the first group with a mild degree were mainly manifested by small-scale peeling in the corners of the mouth against the background of dryness and erythema. In the patients of the second group, who had a course of the disease of moderate degree of severity, during the objective examination, changes in the red border of the lips in the form of stagnant hyperemia, the presence of small scales, cracks and crusts were noted. Such patients had foci of lichenization and infiltration of the skin of the corners of the mouth.

All patients of the two observation groups were given recommendations on rational eating behavior: the number of meals at least 5–6 times a day, in small portions; vegetables and fruits should prevail in the diet; the use of sugar should be minimized, especially in the case of cakes, cupcakes, cookies; it is necessary to control the use of salt; completely exclude coffee and alcoholic beverages from the diet; you should reduce the intake of gluten protein (mainly contained in wheat flour products) to the body.

Maintenance therapy of atopic cheilitis was carried out by including one of the emollients, mainly synthetic emollients, in the treatment regimen of pathological lesions of the lips. All emollients are divided into three large groups depending on the composition. Each of them is represented by a large assortment of hygiene products: shampoos, lotions, creams, ointments. The first group is represented by natural emollients, which are produced on the basis of natural components: lanolin, jojoba oil, squalene. The second group includes chemical emollients - these are neutral and safe preparations obtained as a result of oil refining: paraffin, petroleum jelly, silicone and mineral oils. The third group is artificially synthesized emollients: fatty acids, oils such as dimethicone, cyclomethicone. The advantage of the latter is that they last well on the skin, do not irritate, do not leave an unpleasant greasy effect, and have a minimal risk of developing allergies (Fig. 2).

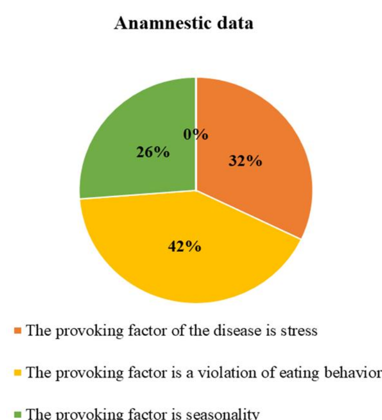

Fig. 1. The structure of the distribution of patients taking into account the main provoking factor that causes an exacerbation of the disease.

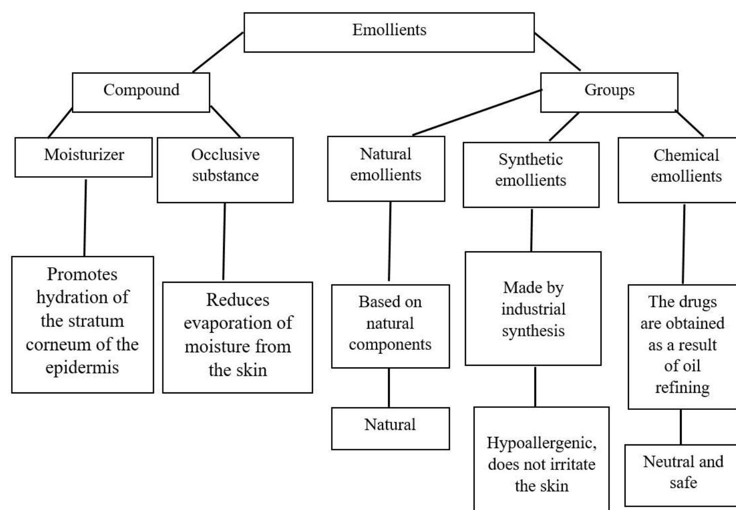

Fig. 2. Composition and groups of emollients

The use of emollients in the first and second clinical groups showed that the objective manifestations of atopic cheilitis had a tendency to decrease already from the third day. In 15 (79 %) patients, when examined on the 10th day, the skin of the upper extremities was clean, the red border and the skin of the lips were free of peeling and cracks. 4 (21 %) patients had areas of dryness and flaking of

the skin in the corners of the mouth. On the 21st day of observation, all patients had no clinical symptoms. Dispensary follow-up for 12 months confirmed the stability of clinical remission.

Therefore, in view of the numerous methods of treatment of atopic cheilitis and the diversity of individual reactions, clear and understandable instructions are needed that will satisfy the patient's personal needs in therapy and at the same time provide him with the comfort of self-management of the chronic disease. Patients should be educated to understand and use the best available treatment options immediately after a diagnosis of atopy is made. A multidisciplinary approach, including dermatological and psychological support, is necessary to relieve pain, itching, prevent stigmatization of manifestations and reduce their impact on quality of life [1, 2].

Emollients of different groups should be used in adults, in our opinion, freely and often, prescribed in adequate amounts (at least 250 grams per week). There is no conclusive evidence to support the benefits of using one type of moisturizer over another, and no research has determined the optimal amount or frequency of application [12, 14]. The choice of drugs with a mitigating effect should be made based on the patient's preferences and the doctor's instructions.

Thus, we found that atopic cheilitis in patients of two clinical observation groups had certain features of the anamnesis of the disease, objective manifestations that require an individual approach to diagnosis and treatment taking into account the stage, the severity of the skin lesion, the presence of respiratory symptoms of atopy, internal diseases, age of patients, state of their immune system. Adherence to the principle of participation in the development of an individual course of treatment for atopic cheilitis helps to increase the patient's compliance and, ultimately, his satisfaction with the treatment. Only such a comprehensive approach will help maintain a relatively high quality of life for patients and improve the prognosis for atopic cheilitis.

Conclusions

1. Supportive therapy is a necessary stage of complex treatment of patients with atopic cheilitis.
2. Differentiated use of emollients allows 79 % of patients to obtain positive treatment results on the 10th day.
3. The proposed scheme of maintenance therapy can be recommended for use in therapeutic dentistry.

Prospects for further research. *It is planned to further search for effective methods of treatment and supportive therapy for patients with atopic cheilitis, with the involvement of internists, and the implementation of additional research methods.*

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