

SEVORAN USAGE IN THE MANAGEMENT OF PAPULOSQUAMOUS DERMATOSES

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***Annotation:** The problem of treating lichen planus is still relevant today. An important task of topical application of medicinal compositions is to create an effective concentration in the focus of inflammation and maintain such a concentration for a long period of time. This study describes a method of treating patients with lichen planus with the inclusion of sesoran ointment in standard therapy. A clinical study showed that when using the above drug, the regeneration of lichen planus was*

observed by the beginning of 2 weeks. The inclusion of sesoran ointment in the treatment regimen makes it possible to accelerate epithelialization and tissue repair, stabilize the inflammatory process.

Keywords: *Lichen planus, treatment, sevoran.*

Introduction: in recent years, the prevalence of lichen planus (CPL) in practice has somewhat expanded. Among diseases of the oral mucosa, lichen planus occurs in 75-80% of cases, affecting only the mucous membrane in isolation. It is characterized by a recurrent persistent course with the manifestation of a variety of clinical forms. Despite numerous studies, the etiology and pathogenesis of this disease, characterized by resistance to therapy, remain unclear. There are three most common concepts that provide for the role of functional and organic disorders of the nervous system, toxic and allergic effects, as well as the effects of microbial factors. Speaking about functional disorders of the nervous system, a number of authors point to stress as a factor that plays a decisive role in the occurrence of red lichen planus of the oral mucosa. A positive correlation was revealed between stressful situations and the appearance of rashes in the oral cavity, while exudative hyperemic forms of the disease are most often recorded. The problem of treating patients with lichen planus remains relevant. There are many reasons for this. First of all, lichen planus, like no other dermatosis, depends on a neurogenic factor. Very often, the first manifestations of the disease appear after stressful situations. In the conditions of a modern industrial city, overstrain and nervous overload are so common that the prevalence of lichen planus is steadily increasing. Unexplained issues of etiopathogenesis of lichen planus cause the use of numerous medications for its treatment, but modern therapy does not always provide a good result. Treatment, as a rule, is delayed for a long period, it is rarely possible to achieve stable and positive remission.

Aim: to study the efficacy and preparation of sizaron in the treatment of lichen planus.

Materials and methods of the study: 23 patients aged 18 to 56 years with a disease duration of at least 5 months to 4 years with various forms of lichen planus were examined, who made up two groups: the main (11 patients) and the control (12 patients). Patients in the control group underwent traditional treatment, without the use of the drug "sesoran". This drug is a combination drug for topical use. Complex treatment was carried out according to generally accepted schemes, including general and local therapy. All patients were necessarily referred for consultations by a therapist, endocrinologist, allergist and other specialists in order to diagnose and treat somatic diseases. Pharmacotherapy included the appointment of sedative therapy (novopassit; motherwort tincture); vitamins. All irritating factors in the oral cavity, sharp edges of teeth were eliminated, dentures, fillings made of different metals were replaced, thorough sanitation of the oral cavity was carried out. The affected areas of the oral mucosa were treated with non-irritating antiseptics. Local treatment was aimed at eliminating pain and inflammation, normalizing microcirculation and stimulating epithelialization. For this purpose, applications of the drug "serazan" were used.

Results: in group 1, clinical recovery was observed for (on average) 21-25 days in group 2, clinical recovery was observed for (on average 12-14 days). Minor symptoms of skin irritation on the use of sizarone ointment 0.025% were observed in 2 out of 3 patients at the beginning of use, but this did not require the drug to be discontinued.

After the treatment, the patients were monitored for relapses for 6 months. There was no relapse in the group of patients receiving cesaran, in 1 group of patients, a relapse of the disease developed in 1 patient out of 3 =x. As a result of the therapy performed at the site of application of sesaran ointment, skin atrophy was not observed.

Conclusions: Given the lack of a unified concept regarding the etiology and pathogenesis of lichen planus, treatment should be comprehensive with the use of modern medicines. The consistent use of Cesar's ointment in the treatment of manifestations of lichen planus has shown high effectiveness in relieving symptoms in

most patients, long-term remission was achieved, good tolerability was noted, and there were no complications.

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