

## A18

### Changes in the oral mucosa in children with diabetes

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#### Introduction

The annual increase in the incidence of diabetes and frequency of its complications determine the urgency of this problem. The most characteristic signs of diabetes are vascular lesions of arterioles, venules, capillaries (microangiopathy). Changes in microcirculatory system at diabetes mellitus leads to other complications. The pathology of the marginal periodontium in patients with diabetes is, in fact, a local manifestation of diabetes-specific microangiopathy, which causes degenerative changes in periodontal tissues.

#### Materials and methods

37 children with diabetes were inspected as patients and 10 healthy children formed the group of control. Periodontal disease in children with severe diabetes occurs in 85% of cases, and is represented by inflammatory processes: both, chronic gingivitis and periodontitis of varying degrees. With increasing duration of diabetes as main disease, trophic disorders and stagnation progress. Clinical signs are as follows: cyanosis of the gums (but sometimes hyperemia is completely absent), edema, looseness of the papillae and the entire gingival margin, as well as granulations, purulent discharge from the pockets. One of the characteristic features of marginal periodontal lesions in children with diabetes is the presence of deeper periodontal pockets up to 5 mm, despite the fact that there are no clinical symptoms. In severe disease, mobility is pronounced and does not correspond to the degree of destruction of the periodontium.

#### Results and discussion. Conclusion.

Radiological symptoms in children with diabetes have characteristic features: in patients with clinically intact periodontium we found out initial signs of bone tissue damage. In addition to periodontal disease, children with diabetes have changes in the tongue. The most common changes of the tongue are manifested by hyperkeratosis of the filamentous papillae and hyperplasia of fungiform papillae. Clinically we observe coated tongue, hyperemia of fungiform papilla of the entire back of the tongue in the form of red spots. In some cases the tongue is folded and increase in size. Geographical tongue is more common in children with diabetes than in healthy persons. In addition, 74% of children with diabetes have changes in the red border of the lips. Lesions of the lips are accompanied by macerations of the corners of the mouth with the formation of cracks and scales.

Thus, diabetes mellitus in children more often has severe course with numerous pathological changes in oral cavity, while mild forms and remissions are less common.