



CLINICAL CHARACTERISTICS AND TREATMENT OPTIMIZATION OF CHRONIC APHTHOUS STOMATITIS IN WOMEN OF REPRODUCTIVE AGE

Navruzova Ugilkhon Orzijon Kizi

Bukhara State Medical Institute named after Abu Ali ibn Sina, Uzbekistan.

Email: navruzova.ogilxon@bsmi.uz

Xabibova Nazira Nasulloevna

Bukhara State Medical Institute named after Abu Ali ibn Sina, Uzbekistan.

Email: xabibova.nazira@bsmi.uz

Relevance

Chronic aphthous stomatitis (CAS) is a recurrent, painful ulcerative condition of the oral mucosa, significantly affecting the quality of life. In women of reproductive age, hormonal fluctuations, nutritional deficiencies, and immune modulation can influence the course and severity of the disease. Despite the widespread prevalence, the pathogenesis and optimal management of CAS in this demographic group remain under-researched. This study aims to elucidate the clinical peculiarities of CAS in reproductive-aged women and improve therapeutic approaches based on individualized patient factors.

Keywords: Chronic aphthous stomatitis; reproductive age; women's health; oral ulcers; treatment optimization; hormonal influence; immunomodulation

Material and Methods

This clinical observational study included 80 women aged 18–45 diagnosed with chronic aphthous stomatitis. Patients were divided into two groups: the main group received a comprehensive treatment protocol including topical corticosteroids, systemic vitamin therapy (B-complex, iron, folic acid), and hormonal balance assessment; the control group received standard symptomatic care.

Clinical data were collected via detailed anamnesis, gynecological and endocrinological consultation, hematologic testing, and immunological profiling.



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Ulcer characteristics (number, size, duration, recurrence interval) were documented. A 3-month follow-up assessed treatment effectiveness and recurrence rate.

Results and Discussion

Patients in the main group demonstrated a 60% reduction in recurrence frequency and a significant decrease in lesion severity compared to the control group ($p < 0.05$). Hormonal imbalances (especially estrogen-progesterone fluctuations) were observed in 42% of the participants, correlating with peak CAS activity during menstrual cycles. Iron and folate deficiencies were common and their correction led to notable symptom relief. Immunological analysis revealed a moderate T-cell imbalance in 36% of cases. The incorporation of immunomodulators and hormonal regulation strategies showed a promising synergistic effect in managing CAS. These findings support the hypothesis that CAS in reproductive-aged women is multifactorial, with systemic influences playing a key role in disease expression and recurrence.

Conclusion

Chronic aphthous stomatitis in women of reproductive age exhibits specific clinical and pathophysiological patterns influenced by hormonal and nutritional status. Comprehensive treatment strategies addressing systemic deficiencies and hormonal imbalance significantly improve clinical outcomes and reduce recurrence. Further research should focus on long-term hormonal modulation and immune response mechanisms to refine treatment protocols.

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