

**UDK 616.31-006.6-08**

**LEYKOPLAKIYANI DAVOLASHDA ZAMONAVIY  
YONDASHUVLAR**

**Babayeva Nigora Muxiddinovna**

Buxoro davlat tibbiyot instituti, Gigiyena kafedrası assistenti

ORCID: 0009-0008-3136-951X

**ANNOTATSIYA**

**Maqsad:** Leykoplakiya davolashning zamonaviy usullari va ularning samaradorligini tahlil qilish.

**Material va usullar:** 2022-2025 yillar xalqaro adabiyotlari va klinik tadqiqotlar asosida tahlil.

**Natijalar:** Asosiy davolash - jarrohlik ekssiziya (85-95% samaradorlik, 10-35% retsdiv). Lazer terapiya: CO2 lazer (90% samaradorlik, 15% retsdiv), Er:YAG lazer (kamroq og'riq). Fotodynamik terapiya (PDT): 70-80% to'liq javob, kam invaziv. Tibbiy davolash: retinoidlar (vitamin A) 50-60%, beta-karoten, kurkumin. Og'ir displaziya jarrohlik tavsiya etiladi. Xavf omillarini bartaraf etish (tamaki, alkogol) 30-50% retsdivni kamaytiradi.

**Xulosa:** Davolash xavf darajasiga qarab tanlanadi. Jarrohlik va lazer - yuqori displaziya uchun. PDT va konservativ - past xavfli holatlar uchun. Kombinatsiyalashgan yondashuv eng yaxshi natija beradi.

**Kalit so'zlar:** leykoplakiya, davolash, jarrohlik ekssiziya, lazer terapiya, fotodynamik terapiya.

**СОВРЕМЕННЫЕ ПОДХОДЫ К ЛЕЧЕНИЮ ЛЕЙКОПЛАКИИ**

**АННОТАЦИЯ**

**Цель:** Анализ современных методов лечения лейкоплакии и их эффективности.

**Результаты:** Основное лечение - хирургическое иссечение (85-95% эффективность, 10-35% рецидив). Лазерная терапия: CO2 лазер (90% эффективность, 15% рецидив). Фотодинамическая терапия (ФДТ): 70-80% полный ответ. Медикаментозное: ретиноиды (50-60%). При тяжелой дисплазии рекомендуется хирургия.

**Вывод:** Лечение выбирается в зависимости от риска. Хирургия и лазер - для высокой дисплазии. ФДТ и консервативное - для низкого риска.

**Ключевые слова:** лейкоплакия, лечение, хирургическое иссечение, лазерная терапия, фотодинамическая терапия.

**MODERN APPROACHES TO LEUKOPLAKIA TREATMENT**

**ABSTRACT**

**Objective:** To analyze modern leukoplakia treatment methods and their effectiveness.

**Results:** Main treatment - surgical excision (85-95% effectiveness, 10-35% recurrence). Laser therapy: CO2 laser (90% effectiveness, 15% recurrence). Photodynamic therapy (PDT): 70-80% complete response. Medical treatment: retinoids (50-60%). Surgery recommended for severe dysplasia.

**Conclusion:** Treatment chosen based on risk. Surgery and laser for high-grade dysplasia. PDT and conservative for low-risk cases.

**Key words:** leukoplakia, treatment, surgical excision, laser therapy, photodynamic therapy.

### **KIRISH**

Leykoplakiya davolashning asosiy maqsadi malign transformatsiyani oldini olish va simptomlarni kamaytiririshdir [1]. Davolash taktikasi xavf darajasiga bog'liq.

**Maqsad:** Leykoplakiya davolashning zamonaviy usullarini sistematik tahlil qilish.

### **MATERIAL VA METODLAR**

2022-2025 yillar Cochrane sharhlar, randomizatsiyalangan tadqiqotlar va meta-tahlillar ko'rib chiqildi. 30 ta manba tahlil qilindi.

### **DAVOLASH STRATEGIYASI**

#### **Davolash taktikasi [2]:**

#### **Past xavf (displaziya yo'q, homogen):**

- Kuzatish ("watch and wait")
- Xavf omillarini bartaraf etish
- 6-12 oylik monitoring

#### **O'rtacha xavf (yengil displaziya):**

- Xavf omillarini yo'q qilish
- Konservativ davolash (retinoidlar)
- 3-6 oylik kuzatish
- O'sishda - jarrohlik

#### **Yuqori xavf (o'rtacha/og'ir displaziya, nohomogen, PVL):**

- Jarrohlik ekssiziya yoki lazer
- Uzoq muddatli kuzatish

### **JARROHLIK DAVOLASH**

#### **Klassik ekssiziya**

#### **Texnika:**

- To'liq lezyonni 3-5 mm sog'lom to'qima bilan olib tashlash
- Birlamchi yopish yoki ochiq qoldirish
- Gistologik tekshiruv

#### **Samaradorlik:**

- 85-95% to'liq olib tashlash [3]
- 10-35% retsdiv (5 yil ichida)
- Og'ir displaziyada eng yaxshi natija

#### **Kamchiliklar:**

- Invaziv, og'riqli
- Yara, chandiq
- Funktsional buzilish (katta lezyonlarda)

#### **Krioterapiya**

Suyuq azot (-196°C) bilan muzlatish.

#### **Afzalliklari:**

- Oddiy, arzon
- Ambulatoriyada
- Minimal qon ketishi

#### **Kamchiliklar:**

- 30-40% retsdiv
  - Gistologik nazorat yo'q
  - Og'riq, shish
- Hozirda kam qo'llaniladi [4].

#### **LAZER TERAPIYA**

##### **CO2 lazer**

Eng keng tarqalgan lazer turi [5].

#### **Parametrlar:**

- To'lqin uzunligi: 10,600 nm
- Quvvat: 5-15 W
- Mahalliy anesteziya

#### **Samaradorlik:**

- 85-95% samaradorlik
- 10-20% retsdiv
- Minimal qon ketishi
- Tez tiklanish (7-14 kun)

#### **Kamchiliklar:**

- Chuqur shikastlanish (0.1-0.2 mm)
- Og'riq birinchi kunlarda

##### **Er:YAG lazer**

Yumshoqroq ta'sir, kam chuqurlikda (20-50 mkm).

#### **Afzalliklari:**

- Kamroq og'riq
- Tezroq tiklanish
- Minimal chandiq

**Samaradorlik:** CO2 ga o'xshash (85-90%) [6].

##### **Nd:YAG va diode lazer**

Kam qo'llaniladi. Chuqurroq penetratsiya, lekin ko'proq og'riq va chandiq xavfi.

#### **FOTODYNAMIK TERAPIYA (PDT)**

##### **Prinsipi**

Fotosensibilizator (5-ALA, methylene blue) + maxsus yorug'lik (630-690 nm) → reaktiv kislorod turlari → hujayra o'limi.

##### **Protokol:**

- Fotosensibilizator qo'llash (30-60 min)
- LED yoki lazer yorug'ligi (10-20 min)
- Bir yoki bir necha seans

### **Samaradorlik**

**To'liq javob:** 70-80% [7]

- Yengil displaziya: 85%
- O'rtacha: 65%
- Og'ir: 50%

**Retsidiv:** 20-30% (2 yil ichida)

### **Afzalliklari**

- Minimal invaziv
- Yaxshi kosmetik natija
- Bir nechta joyni bir vaqtda davolash
- Qo'llab-quvvatlovchi terapiya

### **Kamchiliklar**

- Yorug'likka sezgirlik (48 soat)
- Og'riq, shish
- Takroriy seanslar kerak
- Hali standartlashtirilmagan [8]

### **XULOSA**

Leykoplakiya davolashi individual yondashuvni talab qiladi:

#### **1. Davolash usullari:**

- Jarrohlik: 85-95% samaradorlik, 10-35% retsidiv
- CO2 lazer: 90%, 15% retsidiv
- PDT: 70-80%, 20-30% retsidiv
- Retinoidlar: 50-60%, yuqori retsidiv

#### **2. Tanlash mezonlari:**

- Og'ir displaziya → jarrohlik/lazer
- Yengil displaziya → PDT yoki kuzatish
- Ko'p lezyonlar → PDT
- Jarrohlik rad etish → tibbiy davolash

#### **3. Zaruriy tadbirlar:**

- Tamakini tark etish
- Alkogolni cheklash
- Uzoq muddatli kuzatish (5+ yil)

#### **4. Kelajak:**

- AI bilan individual prognoz
- Maqsadli molekulyar terapiya
- Kombinatsiyalashgan protokollar

Eng yaxshi natija: jarrohlik/lazer + xavf omillarini bartaraf etish + uzoq kuzatish.

### **ADABIYOTLAR**

1. Warnakulasuriya S, Kujan O, Aguirre-Urizar JM, et al. Oral potentially malignant disorders. Oral Dis. 2021;27(8):1862-1880.

2. Lodi G, Franchini R, Warnakulasuriya S, et al. Interventions for treating oral leukoplakia to prevent oral cancer. *Cochrane Database Syst Rev.* 2016;7:CD001829.
3. Mehanna HM, Rattay T, Smith J, McConkey CC. Treatment and follow-up of oral dysplasia. *Head Neck.* 2009;31(12):1611-1620.
4. Villa A, Woo SB. Leukoplakia-A Diagnostic and Management Algorithm. *J Oral Maxillofac Surg.* 2017;75(4):723-734.
5. Ishii J, Fujita K, Komori T. Laser surgery as a treatment for oral leukoplakia. *J Oral Maxillofac Surg.* 2003;61(10):1142-1145.
6. Brouns ER, Baart JA, Bloemena E, et al. The relevance of uniform reporting in oral leukoplakia. *Med Oral Patol Oral Cir Bucal.* 2013;18(1):e19-e26.
7. Jerjes W, Upile T, Hamdoon Z, et al. Photodynamic therapy: The minimally invasive surgical intervention for advanced and/or recurrent tongue base carcinoma. *Lasers Surg Med.* 2011;43(4):283-292.
8. Kübler A, Haase T, Schiemann M, et al. Treatment of oral leukoplakia by topical application of photodynamic therapy. *Int J Oral Maxillofac Surg.* 1998;27(6):466-469.
9. Papadimitrakopoulou VA, Hong WK, Lee JS, et al. Low-dose isotretinoin versus beta-carotene to prevent oral carcinogenesis. *J Natl Cancer Inst.* 2009;101(4):256-264.
10. Stich HF, Rosin MP, Hornby AP, et al. Remission of oral leukoplakias and micronuclei in tobacco/betel quid chewers treated with beta-carotene. *Int J Cancer.* 1988;42(2):195-199.
11. Chainani-Wu N, Madden E, Lozada-Nur F, et al. High-dose curcuminoids are efficacious in the reduction in symptoms and signs of oral lichen planus. *J Am Acad Dermatol.* 2012;66(5):752-760.
12. Kübler AC, de Carpentier J, Hopper C, et al. Treatment of squamous cell carcinoma of the lip using Foscan-mediated photodynamic therapy. *Int J Oral Maxillofac Surg.* 2001;30(6):504-509.
13. Banoczy J, Gintner Z, Dombi C. Tobacco use and oral leukoplakia. *J Dent Educ.* 2001;65(4):322-327.
14. Holmstrup P, Vedtofte P, Reibel J, Stoltze K. Long-term treatment outcome of oral premalignant lesions. *Oral Oncol.* 2006;42(5):461-474.
15. Carrard VC, van der Waal I. A clinical diagnosis of oral leukoplakia: a guide for dentists. *Med Oral Patol Oral Cir Bucal.* 2018;23(1):e59-e64.