









The dependence of the value of the ratio of serum/oral fluid for magnesium upon the factor "group identity"  $\eta^2=62\%$ ,  $F=59$ ,  $p<<0.0001$  (figure 4): the maximum average value of PC ( $0.94 \pm 0.16$ ) was detected in the control group. The value is almost twice that for all forms of LP OM. And also is well marked the statistically significant tendency to the increase in the average level of the ratio from "typical" forms of LP OM to the "exudative-hyperemic" and then to "erosive-ulcerative" form ( $0.47 \pm 0.08$ ,  $0.52 \pm 0.14$  and  $0.56 \pm 0.14$ , respectively). The average ratio for "atypical" and "bullous" forms were

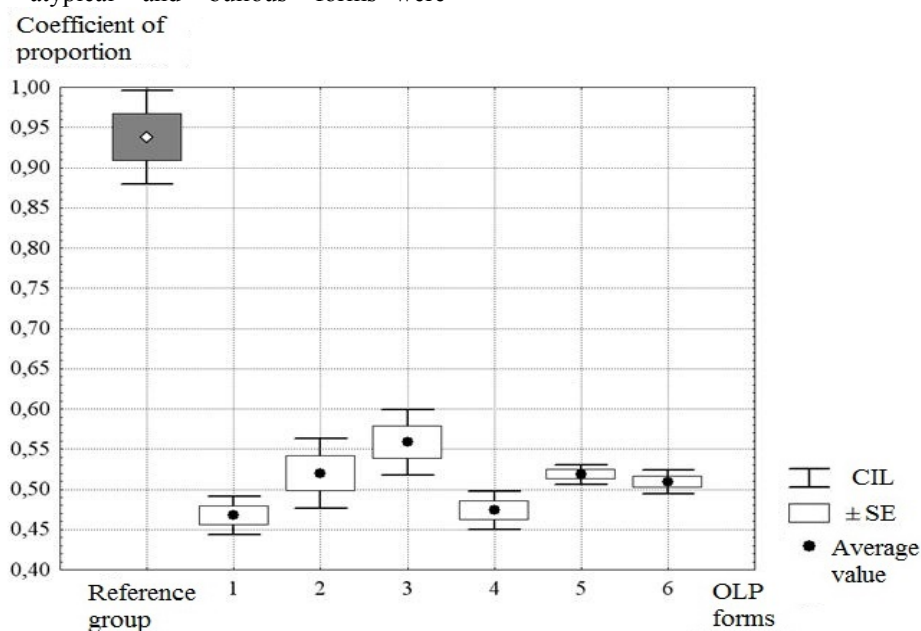


Figure 4 - Coefficients of correlation of serum / oral fluid for magnesium in groups of patients with different forms of LP OM before the treatment.

Y-axis - values of the ratio. The abscissa shows control group (reference group), forms of LP OM (OLP forms): 1 – a typical form, 2 - exudative-hyperemic, 3 - erosive-ulcerative, 4 - hyperkeratotic, 5 - atypical, 6 - bullous form. CIL – confidence limits for the average values (CIL - confidence interval limit), SE - standard error of the mean (SE - standard error of average value).

#### CONCLUSION.

In patients with LP OM was found a violation in condition of permeability of the blood-tissue barriers for some mineral elements (zinc, copper, iron, magnesium), which is of importance in the pathogenesis of the disease. This manifests itself in multidirectional changes in mineral composition of blood serum and oral fluid, which correlate to the severity of the clinical course of the disease.

Thus, the definition of pathogenetic importance of the detected changes will allow solving the issue of a possible correction of the mineral content, resulting in a deficit, by assigning mineral supplements. And the expected effect can be a relief of the clinical course of the process, the more rapid healing of erosions and ulcers in the mouth, the improvement of the general condition and the quality of life of patients.

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