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Clinical Diagnosis and Treatment of Infants with Angular Cheilitis

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Abstract: As a cross-disciplinary discipline, medicine culture can reflect the characteristics of its cultural system. The purpose of this article is to study the clinical diagnosis and treatment of infants and young children after suffering from angular cheilitis, and to analyze more effective rehabilitation methods. This article compares the diagnosis of infants and young children with the corresponding antibiotics, combined vitamin B combined with erythromycin eye ointment, and tacrolimus ointment after treatment. In the corresponding antibiotic treatment, the total effective rate of the patients in the experimental group (98.22%) was higher than the total effective rate of the conventional group (83.14%). The total effective rate of the combined vitamin B combined with erythromycin eye ointment was 38 cases (95%) is significantly higher than the total effective 28 cases (70%) of the control group. The clinical cure rate of tacrolimus ointment over time is 92.3% after 2 weeks of treatment. From these results, it can be concluded that with targeted diagnosis and treatment, infants and young children's angular cheilitis disease can be fully and effectively recovered, and the healing time is greatly shortened. It is more conducive to the healthy growth and development of infants and young children.

1. Introduction

Angular cheilitis is a common disease of infants and young children in clinical medicine. It often occurs in the spring and autumn, and patients are prone to symptoms such as erosion, scabs, red tide, and dander. Keratitis has a serious impact on the health and daily life of sick infants and young children, so it is highly concerned by parents and hospitals. Melanotetracycline eye ointment is commonly used to treat children's keratitis. This is one of the solutions to children's keratitis.

Infants and young children have a high incidence of angular cheilitis. Sick children often lick their lips with their tongues to moisten the corners of their mouths. However, saliva is easily evaporated. Not only can the drying problem not be solved, but also microbes can easily invade the

cracks to cause infection, thereby increasing the degree of infection, seriously affecting the normal diet and quality of life, and timely and effective clinical diagnosis and treatment is very important.

The purpose of the Nirima Oza study was to examine the clinical type and microbial flora isolated from keratitis. The samples he studied included 40 patients with unilateral or bilateral keratitis and 20 healthy individuals without any lip lesions. His result: The microorganisms isolated from the lesions were 33 (82.5%) in pure culture or mixed culture. Examples were Staphylococcus aureus, Candida or Streptococcus. Among these 33 patients, he found 25 cases of Staphylococcus aureus (75.5%), 16 cases of Candida (48.4%) and 5 cases of Streptococcus (13.5%) [1]. Tarun Kumar believes that the oral cavity is an open ecosystem. He conducted a longitudinal study of 50 patients. He used ozonated olive oil twice a day until the lesion subsided for up to 6 months. He did not observe toxicity or side effects in any patients. Although ozone therapy requires a gaseous form to be more effective, it does not produce any toxicity or side effects. Therefore, it can be considered as a minimally invasive therapy for oral infections and immune diseases [2]. The purpose of Shivani Bansal's research is a large population-based screening study that has identified lip lesions as the most common oral mucosal lesions. His materials and methods selected lip lesions from 3,009 patients who were treated within 3 years. Of the 3,099 patients, 495 (16.5%) had lip lesions ranging from 4 to 85 years old, with an average age of 39.7 years. Male 309 (62.4%) and female 185 (31.9%). The lower lip is the most affected area (54.1%), followed by the corner of the mouth (30.9%) and the upper lip (11.7%). In 3.2% of cases, both lips are affected. Of the 495 lip lesions, the most common are latent malignant diseases (PMD) (37.4%), cold sores (33.7%), mucous cysts (6.7%), angular cheilitis (6.1%) and allergic and immune Sex lesions (5.7%). He concluded that lip lesions may be an indicator of potential systemic disease. PMD and infection are the most common lip lesions in this study [3].

Based on modern medicine, this article discusses the clinical diagnosis and treatment of infants and young children with angular cheilitis and analyzes the effect of rehabilitation on their condition. This article first describes four different types of stomatitis caused by different causes of stomatitis, and details the clinical response and corresponding symptoms of stomatitis in infants and young children, to help better treatment and prevention. In the experimental part of this article, the infants and young children were treated with the corresponding antibiotics, combined vitamin B combined with erythromycin eye ointment, and tacrolimus ointment for the three clinical treatments. Through the experimental results, it effectively reflects the effectiveness and rapidity of the three methods in this article for the treatment of angular cheilitis.

2. Information and Measures

2.1. Angular Cheilitis

Angular cheilitis is a common disease in children. As the old saying goes, the corners of the mouth in spring and winter are mainly rotten. The main symptoms of angular cheilitis are cracks in the mouth, foam, redness, milky white erosion, scabs, etc., which can easily cause burns, pain, and bleeding in the mouth. This is angular cheilitis[4].

(1) Classification of angular cheilitis

According to different causes of stomatitis, stomatitis can be divided into four types: malnutrition, coccidiosis, fungus and contact.

1) Malnutrition angular cheilitis

Malnourished angular cheilitis often occurs in patients with malnutrition and lack of B vitamins. The patient presented with bilateral fairness, wet whiteness, erosion, or ulceration, and even extended from the corner of the mouth to the mucosa or skin around the mouth, with deep and shallow grooves, varying lengths, and obvious pain. Frequently accompanied by chapped lips,

smooth tongue back, edema and hyperplasia of fungal-like nipples, the tongue edge is often dentated, often accompanied by cheilitis [5].

Insufficient nutrition of green leafy vegetables absorbed by infants and young children can easily cause vitamin B deficiency, keratitis, cheilitis and dry mucous membrane skin.

2) Coccidia angular cheilitis

Coccus cheilitis is mainly caused by Streptococcus and Staphylococcus infections. Cocci infections often occur when the body's resistance is low. The clinical symptoms are wet white, erosions or ulcers on both sides of the corner, suppuration, bleeding, and scabs. Wash the affected area during treatment and wipe with antibiotics.

Keratitis is mainly caused by cold and dry climate, reduced secretion of human sebaceous glands, and dry and cracked skin. Promotes bacteria hidden in the corners of the mouth, causing stomatitis. In autumn and winter, when the weather is relatively dry, the baby will feel dry and itchy when the water is insufficient, and they will lick it with their tongues unconsciously. After peeling, they like to use their small hands to tear it. Causes serious bacterial infections [6-7].

3) Fungal angular cheilitis

Keratitis caused by fungal infections has clinical signs of cheilitis and erosion of the lips. After treatment, wash and dry the affected area with nystatin solution, and then apply nystatin, clotrimazole, and miconazole to the affected area.

Fungal infections angular cheilitis can easily occur in infants and children with bad habits. Some children usually like to suck their fingers, bite pens, etc. These bad habits will stimulate the salivary glands to secrete saliva. The corners of the mouth are mild and moist, and it is very good to reproduce fungi such as Candida albicans in such an environment, resulting in fungal keratitis. The corners of the mouth are wet and white, and the white is more obvious, there is erosion and horizontal cracks, there may be suppuration, encrustation, accompanied by cheilitis and lip erosion are the common features of fungal keratitis [8].

4) Contact angular cheilitis

Refers to lips swollen and rotten due to contact with allergic things, and it is obviously a bit painful, and the incidence rate is usually faster than contact angle cheilitis.

(2) Angular cheilitis in Chinese medicine

Chinese medicine believes that the disease is closely related to visceral function, which is usually caused by excessive spicy food, endogenous dampness and heat, and adverse stimuli such as wind and sun, tobacco and alcohol, invasion of wind and fire toxic factors, tropical fire steaming, and lip knot And the onset or fever caused by chronic disease, burning yin and blood, blood heat and dry wind,smoked and burned the myocardium and caused disease. For better treatment of stomatitis, the medication should be adjusted according to the specific physical syndrome, and do not blindly specialize in purgatory of its fire and poison, or blindly replenish blood, so as not to delay the condition. Stomach meridian wind-heat type patients have a rapid onset, itchy lips at first, red and swollen pain, and water after rupture, if there is no skin shape, bad breath and thirst, such as cold drinks, stool secretions, yellow tongue coating, slippery pulse. During the treatment, heat and fire should be cleared, blood and wind should be cleared, and Shuangjiantongshengsan or Xihuanghuangsan should be used for clearing and diarrhea. After the spleen is dry, patients often have slow symptoms, swollen lips, dryness such as fire, chapped, yellow urine, dry tongue, pulse count and so on. Appropriate treatment of cooling blood and moisturizing, dispelling wind and clearing heat. Siwu decoction can be used to add flavor or consistent decoction to soften liver and cooling blood to moisturize and dry, so that there is enough blood and heat, dryness can be moisturized, and lips can be extracted and removed . Patients with Qi deficiency can see long lip wind, swollen lips, water breakage, eating less bloating, loose stools, shortness of breath, fatigue, white tongue coating, weak pulse, can be treated with Shenlingbaizhusan or Conggancao decoction

and honeysuckle.

2.2. Nursing

In general, the concept of nursing is composed of general nursing concepts and professional nursing concepts. The former can be traced back to the origin of human basic daily life activities, spontaneous nursing activities, and social phenomena. The beginning of the concept of care is to record "nutrients" from Latin, which means to give nutrition and make it stronger. And the word is used when women take care of children. Later, after the emergence of nursing activities, it was extended to "serving patients". Since nursing began to become-kind of occupation, workplace concentration! At the time of nursing training in the hospital, human understanding of nursing changed, thinking that nursing is the supporting role of medicine, nursing staff under the guidance of doctors to take care of patients, complete Nursing program, as a doctor assistant and a task.

At present, the nursing model centered on human health has attracted great attention from the domestic nursing management, but to truly play its value in practice, it is necessary to consider national policies, economy, management system, the value consciousness of nursing staff, human These factors are needed to compare with the American model of transformation and work together through medical experts and scholars to explore a medical method that corresponds to China's national conditions.

2.3. Clinical Manifestations

(1) White or off-white coagulated small pieces are found in the oral mucosa, which are small dots or small flakes, and they form a large piece at a time; about above the mucosal surface is the main manifestation of thrush. The mucosa is washed and rough, and there is a chance of bleeding.

(2) Herpes stomatitis can be clinically caused by fever, red and swollen gums, and bleeding. After 1 to 2 days, there are individual or clusters of small herpes on the gums, lips, tongue, and buccal mucosa. About 2 mm, there is a red halo next to it, which quickly ruptures to form a superficial ulcer, covering the yellow-white film-like precipitate.

(3) Ulcerative stomatitis may occur in children's oral cavity. Ulcerative stomatitis mostly occurs on the tongue, lips, and buccal mucosa, and can continue to the pharynx and larynx. At first, there was blood swelling, and then it looked like erosion, scattered or merged into a piece, with a thick fibrous inflammatory exudate pseudo-membrane, which was grayish white, the boundary was clearly distinguished, and it was easy to wipe off and leave a wound. The film is covered. The affected area is a bit painful, refuses to eat, is irritable, and often has a fever [9].

2.4. Stomatology Nursing

(1) For fungal stomatitis, first wash with 0.9% sodium chloride injection, then wash with 2% sodium bicarbonate once, then slowly apply clotrimazole tablets on it, and roll the medicine over with cotton swabs The surface of the ulcer must not be rubbed. Quick and light movements can prevent the child from vomiting and oral pain, which may cause fear of care and affect care and treatment. After 30 minutes of eating and drinking, twice a day, the mild can be cured in 2 to 3 days. Older children can use gargles to remove secretions and spoilage tissues, thereby reducing reinfection and conducive to the healing of ulcers. If the patient salivates, it should be cleared in time, and the skin should not be moistened to avoid skin eczema.

(2) Herpes stomatitis was washed once with 0.9% sodium chloride injection, and then coated with 2% lidocaine and montmorillonite into a paste. After 30 minutes, eat and drink water twice a day. Try not to use antibiotics, antipyretics can be given to treat the disease. It is very important to

take good care of the oral cavity during illness. It is important to maintain a clean mouth, drinking water, irritating, sour or hot food, drinking and medicine [10].

(3) In addition to the use of chlortetracycline cod liver oil, Chinese medicine Yangyinshengjisan powder and 2% lidocaine for analgesia in patients with bacterial stomatitis, penicillin and erythromycin are injected intravenously or intramuscularly in children with open mouth For antibiotics, children can use an appropriate amount of balm; if there is bleeding on the lips, flush with warm water, and then apply erythromycin ointment when the skin is dry. When the skin condition gets better and crusts begin to form, please be careful not to tear it off, you should let it go naturally.

2.5. Basic Life Care

(1) Food and nursing do not need to be fed. It provides cool foods with high energy, high protein and rich in vitamins. Food is rich in vitamins B and C. If the oral mucosa rots and ulcers are very painful and affects normal meals, apply 2% lidocaine to the affected area before meals; if you are unable to eat, you can add veins to ensure continuous energy. Caregivers should take care to avoid feeding people with keratitis with indigestible things and provide high-protein, nutrient-rich foods such as pork, boiled eggs, fresh milk, green vegetables and fruits. Children who have been making troubles, and then apply lidocaine after washing their skin before eating, will not be so painful [11-12].

Many parents see their children sucking their mouths and think that they eat the wrong things, so they keep drinking water for them. In fact, mung beans are not only delicious, but also have high medicinal value. Mung bean is sweet, cool, heart, and stomach. Chinese medicine calls it "the best valley in the world". It can clear heat and relieve heat, diuretic and analgesic, detoxification and swelling. The treatment of keratitis is more than a word. Place half a bowl of mung beans in cold water and cook for 5 minutes, then turn off the fire. Then take an egg, mix it with mung bean water, make mung bean egg blossoms, once a day in the morning and evening, 3 to 4 days as a course of treatment, about a week or so can recover and get better.

(2) Taking care of a fever requires close observation of the temperature change of the sick child. When the body temperature is higher than 38.5℃, cooling methods such as undressing and cold compress should be taken, and drugs should be given to cool down if necessary.

(3) Family education and family members are important methods for exploring children's diseases, diet and growth. Medical staff can not only improve the knowledge of infants and young children with cheilitis by conducting health education classes for the children's families, but also cooperate with them to complete the correction and prevention of the children's bad behavior habits. Medical staff should specify the cause, pathogenesis, treatment and care of infants and young children suffering from angular cheilitis. At the same time, they should guide the strengthening of children's nutritional supplements to ensure a comprehensive nutritional balance and improve children's resistance.

2.6. Preventive Measures

(1) Add more water. In the dry season, it is easy to lose the body's water through sweating and aerobic breathing, causing the face and mouth to be dry, dry and peeling. Therefore, drink plenty of water, green tea, milk and other beverages, eat more pears, water chestnuts, lotus root and other foods that have the effect of rejuvenating, quenching thirst, and nourishing yin to nourish yin and dryness.

(2) Strengthen nutrition and maintain ecological balance. In the daily diet, you should eat more types of food. You can’t eat it like this. You should eat more foods rich in B vitamins, such as liver,

lean meat, milk, millet Brown rice, carrots; fresh green leafy vegetables, etc. are also acceptable. B vitamins are very soluble in water. Take care to prevent vitamins from running away while cooking. Vegetables should be washed first and removed from the pot as soon as possible after cutting.

(3) Keep your lips clean and hygienic. After eating, wipe your lips with a tissue or towel. When your lips are dry, you may apply a little oil, lip balm or cooking oil. The saliva will quickly dry out, and the sodium, chlorine, salivary amylase, lysozyme, etc. in the saliva will remain in the corner of the mouth, forming a hypertonic environment, making the lesions more dry and dry, and making the tiny creatures in the saliva unbroken. Thereby aggravating the condition of the mouth.

3. Experimental Setup and Result Analysis

3.1. Corresponding Antibiotic Treatment Experiment

(1) General information

The study subjects were 70 children aged 2-8 years, 35 men and 35 women, with an average age (5.26±0.53). According to the random number method, 70 children are divided into an experimental group and a comparative group, and each group is 35 examples. There is no significant difference in the basic data of the two child groups in terms of age, gender, etc., there is no statistical significance ($P>0.05$), and they have comparable performance.

(2) Method

The control group was treated with traditional antibiotic ointment, and the children were chapped with 0.1% chlorhexidine wet compress. According to the results of oral infection secretion bacterial culture, the corresponding antibiotics were given to the experimental group. Qingdai, talc, sesame oil wet compress combined with antibiotics for treatment, such as bacterial angular cheilitis, penicillin V potassium tablets, sulfonamides, etc. The two groups of patients were treated together for a week, and the clinical symptoms of the two groups were checked.

(3) Standard judgment

Compare the treatment effect of the two groups of patients. Significant effect: No redness and swelling of the skin in the pinching area, the erosion subsided, and no difference in color from the surrounding skin; Invalid: No cracking, scaling and crusting of the skin in the corner area, a little rosy, slight pain in touch; Invalid: No skin on the corner area improved and more serious.

(4) Statistical analysis

All data differences were statistically analyzed using SPSS19.0 statistical software. Measurement data is expressed as mean ± standard deviation, and t test is used; count data is tested. $P<0.05$ indicates that the difference is statistically significant.

3.2. Treatment Experiment of Compound Vitamin B Combined with Erythromycin Eye Ointment

(1) General information

Randomly selected 160 infants and young children with angular cheilitis who were hospitalized in the hospital from August 2017 to August 2018. The average age is (4±0.45) years old, including 90 males and 70 females from 2 to 7 years old. The period of illness is 3-30 days, and the average period is (12.5±0.25) days. According to different treatment methods, patients were divided into control group and observation group, 80 cases in each group.

(2) Treatment

Compared with infants and young children, take 1 oral vitamin B tablet three times a day; Observation Group provides oral vitamin B tablets 1 time per day, three times a day, combined with red eye and red eye red eye cream. Rescue, and before using the Alice lomycin eyedrops, heal

during the convalescence process, please use a cotton swab moistened with normal saline, usually twice, for a period of seven days to treat the affected area.

(3) Criteria for diagnosis of treatment effect

The results of the two groups of infants and young children were tested after emergency treatment. It is very useful: the skin of the affected part is idiotized and shedding, new tissue grows, the broken part does not itch and heals slowly; the effect is: more than 70% of the damaged skin of the affected part falls off, it is new tissue, but still Relatively fragile, the gap is gradually narrowing, and the itching is not at all, just a little. No effect: In the affected area, the area of the affected part of the skin peeling is less than 20%. The condition before and after treatment is not greatly improved, and the itching is not reduced. Among them, total efficiency = obvious efficiency + efficiency.

3.3. Analysis of Experimental Treatment of Tacrolimus Ointment on Angular Cheilitis

(1) General information

Selected 43 cases of infants and young children with angular cheilitis admitted from August 2019 to December 2019 in the outpatient department of the Department of Stomatology of the hospital. The case data met the clinical diagnostic criteria for angular cheilitis. No other drugs were used for rescue. 26 finalists, including 11 males For example, 15 females, aged 3 to 8 years, with an average of (4±0.18) years, with a course of 0.5 to 1 month, with an average of half a month.

(2) Method

Apply 0.1% tacrolimus ointment (national medicine standard 20123430, specifications: 10 g: 10 mg) to infants and young children with angular cheilitis every morning, and stop the medicine for 2 weeks after continuous use. Follow up once every day, 1 week, 2 weeks and 1 month before stopping the medication, record the rescue situation and calculate the rescue score and adverse reactions.

(3) Observation indicators and judgment standards

The detection situation includes skin damage and disease (erythema, scales) and itching, and the scoring criteria: each criterion is calculated according to the four-level scoring method: if it is not, it will be represented by 0 points, and if it is minor, it will be represented by 1 point, which is moderate to moderate It is indicated by 2 points, and very serious conditions by 3 points. Rule of cure: Evaluation according to the condition index, condition parameter = (score before rescue – score after rescue) / product before rescue × 100%. Rehabilitation: The skin damage and diseased parts are gone, the rescue index is 100%; Obviously useful: Most of the skin injuries are missing, the condition is obviously improved, the rescue score is 60% to 99%; Better: the skin damage and condition are reduced, the rescue score 20% ~ 59%; no effect: skin injury and condition did not improve, rescue score <20%.

3.4. Corresponding Antibiotic Treatment Experiment Analysis

Figure 1 is a picture of infants with angular cheilitis.

(a) (b)

Figure 1. Symptoms of infantile angular cheilitis

As shown in Figure 1, it is a picture of a diseased angular cheilitis. The oral mucosa in infants is very soft, the blood vessels are full, the saliva secretes a little, and the oral mucosa is particularly dry and dry. It is suitable for the growth and development of microorganisms. And when the body's resistance drops, it will cause illness.

After two groups of patients undergoing different treatments, the total effective rate of treatment in the experimental group (98.22%) was higher than that in the control group (83.14%). The data were significantly different and had statistical significance (P<0.05).Details is showed in Table1.

Table 1. Comparison of efficacy between two groups of patients (%)

Group	Number of cases	Marked effect	Effective	Invalid	Total efficiency
Test group	35	12	22	1	98.22%
Control group	35	7	21	7	83.14%
P value	-	-	-	-	<0.05

The results show that the corresponding antibiotic treatment is obviously effective, and the data is obvious, as shown in Figure 2, which is a statistical chart of the specific treatment effect data of the two groups.

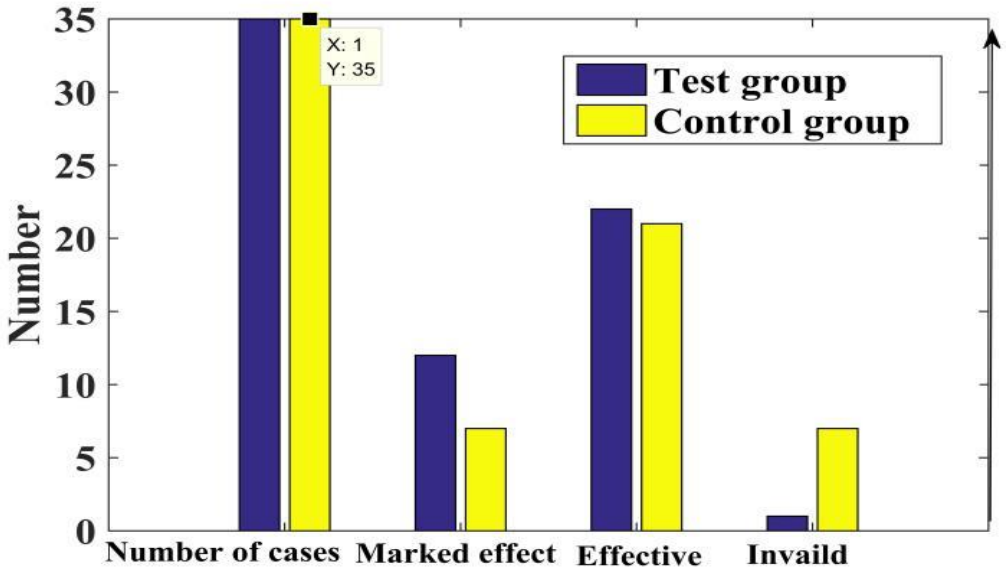

Figure 2. The condition of the two groups of patients after treatment

Figure 2 shows the effect of ordinary antibiotics and corresponding antibiotics in the two groups of patients. After different treatments in the two groups, the total effective rate of the experimental group (98.22%) is higher than that of the conventional group (83.14%). This result fully shows that the use of Qingdai, talc, and sesame oil wet compress combined with antibiotics has a significant effect in the treatment of children with angular cheilitis.

In addition, angular cheilitis often occurs in autumn, and children should pay special attention to the angular performance of children in the autumn. If flushing is found, early treatment is required. Prevent children from sucking fingers, licking lips, eating snacks and other unhealthy behaviors, strengthen the children's diet of yin and yang balance, take more foods with vitamin B and C content, pay attention to the reasonable combination of meat protein, and eat green vegetarian dishes. Children's bad habits are very likely to cause angular cheilitis, prevent licking of angular mouth, give multi-vitamin B food, do a good face clean, for children who have developed angular cheilitis, antibiotics are needed for treatment.

3.5. Experimental Analysis of the Treatment Plan of Compound Vitamin B Combined with Erythromycin Eye Ointment

The eye ointment has a certain effect on the treatment of infantile stomatitis disease, and the contrast is obvious. The specific values are shown in Figure 3.

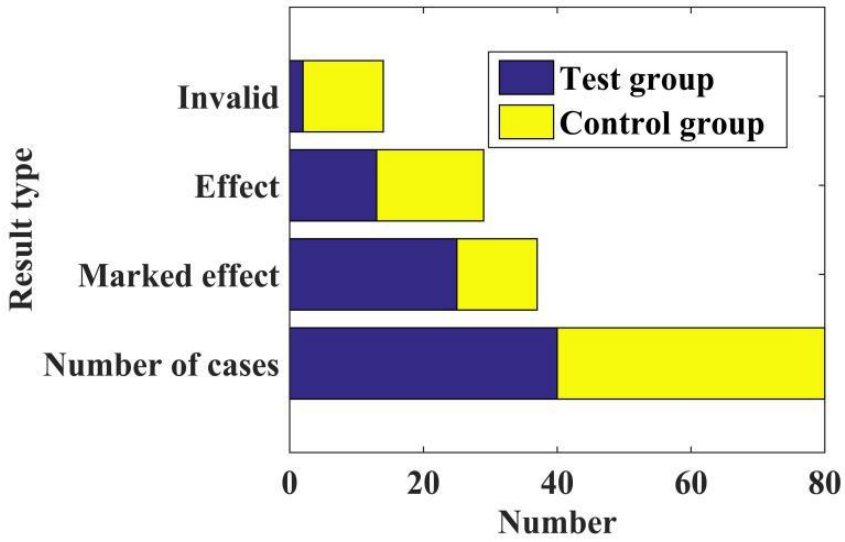

Figure 3. Comparative analysis of two groups of patients

As shown in Figure 3, among the 80 infants and young children in the experimental group, 50 cases (62.5%) had a good effect, 26 cases (32.5%) had an effect, and 4 cases (5%) had no effect on the condition. 76 cases (95%) were effective; 80 patients in the control group had better results than the control group. After treatment, there were no infants and young children who relapsed in the control group and 4 patients in the control group had re-infection. The probability of recurrence was 5%. The relapse rate of the observation group was significantly lower than that of the control group so the experiment responded well that this ointment is effective for this condition.

3.6. Experimental Analysis of Tacrolimus Ointment in the Treatment of Angular Cheilitis

According to the statistics of measurement data, the results of 0.1% tacrolimus ointment in the treatment of angular cheilitis are shown in Table 2.

Table 2. Time effectiveness of 0.1% tacrolimus ointment in the treatment of angular cheilitis [cases (%)]

Time	Number of cases	Be cured	Marked effect	Effective	Invalid
Three days	26	15 (57.69%)	5 (19.24%)	6 (23.07%)	0
One week	26	20 (76.94%)	4 (15.38%)	2 (7.68%)	0
Two weeks	26	24 (92.30%)	1 (3.85%)	1 (3.85%)	0
Stop the medicine for one month	26	19 (73.08%)	2 (7.68%)	5 (19.24%)	0

The 26 patients with angular cheilitis in Table 2 all used 0.1% tacrolimus ointment 10 g produced by Sichuan Mingxin Pharmaceutical Co., Ltd. After 3 days of using the drug, 15 patients (57.7%) had complete injuries to the affected area Healed; 24 cases (92.3%) of infants and young children achieved clinical rehabilitation after the course of treatment; after 1 month of children without medication, 19 cases (73.1%) achieved clinical rehabilitation. In order to better understand the recovery of infants and young children, Table 3 reflects the ups and downs of the changes in skin damage scores at different times after rescue.

Table 3. 26 patients with angular cheilitis before treatment and 0.1% tacrolimus ointment after treatment at different time points ($x \pm s$)

Time	Erythema	Itching	Dry	Desquamation
Before treatment	2.7±0.2	2.6±0.3	1.9±0.3	1.5±0.4
After 3 days	0.6±0.2**(t=22.1)	0.9±0.2**(t=20.3)	.8±0.3**(t =1.4)	1.4±0.3** (t =1.2)
One week of treatment	0.5±0.2**(t=26.8)	0.7±0.3**(t=19.3)	1.7±0.2**(t=2.9)	1.2±0.3** (t =2.1)
Two weeks of treatment	0.3±0.2**(t=30.1)	0.6±0.2**(t=24.4)	0.9±0.3**(t=3.7)	1.1±0.3** (t =6.1)
Stop the medicine for one month	1.1±0.2**(t=19.4)	0.7±0.3**(t=16.4)	1.7±0.2**(t=12.4)	1.1±0.2** (t =9.8)

As shown in Table 3, the 26 patients with stomatitis were treated with 0.1% tacrolimus ointment before treatment and 0.1% tacrolimus ointment changed with time. Through testing, it is understood that the score of skin damage after treatment has decreased a lot. Among them, erythema, itching and desquamation were relieved on the third day of treatment ($P < 0.01$), and the condition became better after 1 week ($P < 0.05$), 2 the cure effect was obvious after the week ($P < 0.01$). Seven cases relapsed after 1 month of drug withdrawal, but the skin damage score was reduced by 30% compared with before the rescue ($P < 0.05$).

The treatment of tacrolimus ointment for angular cheilitis will produce different therapeutic effects with the time after use. In order to explore the most suitable drug use cycle, as shown in Figure 4 below, a patient from three days to one month after discontinuation A line chart of a situation restored.

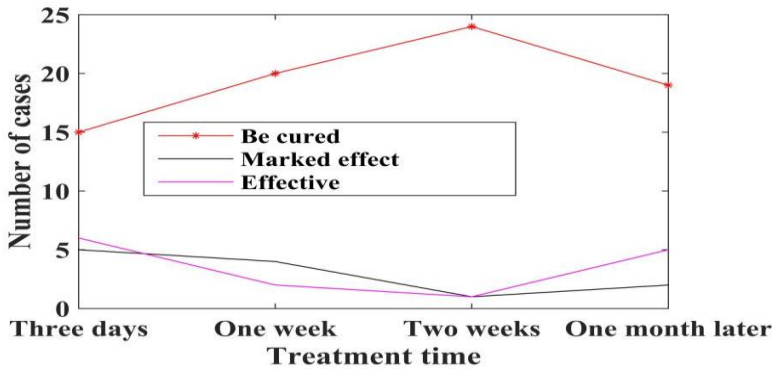

Figure 4. Efficacy of tacrolimus ointment in treating angular cheilitis over time

Figure 4 shows the efficacy of tacrolimus ointment in the treatment of angular cheilitis over time. This treatment used 0.1% tacrolimus ointment produced by Sichuan Mingxin Pharmaceutical Co., Ltd., and 15 cases (57.7%) of patients applied for 3 days The erythema resolved most significantly, the score decreased from (2.7±0.2) to (0.6±0.3); the itching was significantly alleviated, from (2.6±0.2) to (0.9±0.1), the clinical cure rate after 2 weeks of treatment was 92%, discontinued There were 7 cases of recurrence after 1 month of drug observation, and the cure rate was 73.1%. Among them, the score of 2 patients has changed, and the score of 5 patients has increased, but it has decreased by 30% compared with that before treatment. It can be seen from this: 0.1% tacrolimus ointment is used for the treatment of angular cheilitis. It is safe and reliable, has little side effects, local skin heals quickly, and the symptoms improve significantly.

3.7. Comprehensive Analysis of Angular Cheilitis

Pediatric angular cheilitis occupies a certain proportion of children in pediatric outpatient clinics, especially in winter with a high incidence rate, and some children have a longer course of disease and are prone to relapse. There are many causes of stomatitis in children. While treating the cause, in order to more effectively alleviate the pain of children, promote wound healing, shorten the course of disease, and integrate the information of stomatitis in order to be more intuitive and effective. The details are shown in Figure 5.

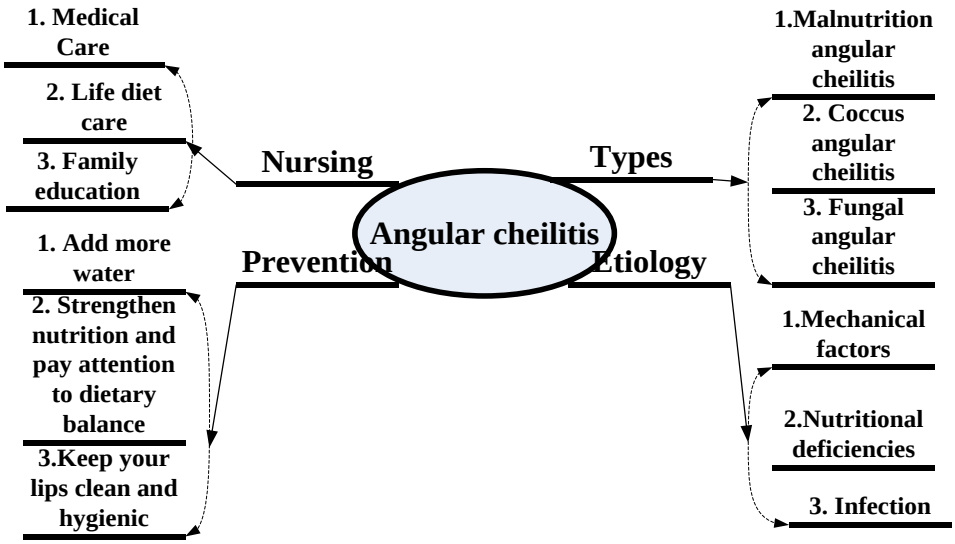

Figure 5. Comprehensive information on angular cheilitis

Figure 5 shows a comprehensive analysis of stomatitis disease, introducing the four types of stomatitis, etiology, clinical care and reasonable prevention. Overall, this figure intuitively and concisely describes the relevant information of stomatitis. Because the compliance rate of children receiving drug treatment is relatively poor, pediatric stomatitis is mainly biased and prevented in clinical medicine. The application of effective and easily accepted treatment and prevention methods has significant clinical value for children with stomatitis.

4. Conclusion

In the continuous development and progress of modern medicine, the methods and means of treating general diseases are becoming more and more diverse and effective, showing the

phenomenon of rapid development. Tacrolimus ointment is an inhibitor of macrolide lipid immunity, the main component is tacrolimus, and the mechanism of action is to bind to the cytoplasmic protein of T lymphocytes, which hinders the phosphatase activity of carboxy phosphatase.

The independence of nursing disciplines, on the one hand, can no longer be restricted by clinical medicine and has more room for development. On the other hand, independence is also a challenge. Nursing must have a solid theoretical and practical system to withstand all kinds of difficulties. In the development of a stable, otherwise, its value is difficult to highlight. The new model has its advanced nature. With the expansion of the scope of nursing work, only the guidance of the medical model idea may not meet the society's growing demand for the nursing industry. The development of the nursing model should not only absorb the new medical model. Thoughts should establish their own characteristics and extend them. Innovation is the internal driving force of a discipline. No method will have its absolute advantage. The medical program has been continuously developed according to the development of clinical medicine for a long time. It changes with the change of the medical model, and it is not fully reflected. Its own characteristics, and to become a unique existence, it must adhere to innovative ideas. When applying the nursing model to solve problems, it must have dialectical thinking and innovative consciousness, not limited by the fixed model. The long-term development of nursing science requires the foundation of science. Only by standing on the arm of science can it become stronger.

In addition to the need for a self-contained system, the nursing model also needs to develop in a diversified direction. At present, a lot of nursing knowledge is borrowed from theories of foreign countries or related disciplines, and the independence of nursing requires that it must have a unique set of theoretical knowledge system, and the nursing model needs to develop by itself. Because of different human needs, cultural differences in different regions, and different values, the improvement of the nursing model must incorporate diversified thinking. Material basis, national policy, value consciousness, economic system, management system, and human needs are the fundamental factors for the development of the nursing model.

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Data Availability

Data sharing is not applicable to this article as no new data were created or analysed in this study.

Conflict of Interest

The author states that this article has no conflict of interest.

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