

ETIOLOGICAL, CLINICAL AND DIAGNOSTIC FEATURES OF FACIAL MALFORMATIONS

Yadgarova Gulnora Sadritdinovna - Associate Professor of the Department of Surgical Dentistry at the Abu Ali ibn Sino Bukhara State Medical Institute, Bukhara, Uzbekistan.

<https://orcid.org/0009-0006-2638-5158>

ABSTRACT. The results obtained make it possible to assess the severity of anatomical zones and facial anomalies, which have a characteristic effect on the facial structure, configuration, and aesthetic orientation, which, in turn, improves early diagnosis of the pathological process and underlying disease. The results of this study contain the complete results of clinical dental examinations in children with lip and palate defects, or rather, the anomalies that they may have, and measures for their early detection, diagnosis, and prevention. 135 infants born with HCV were involved, of which 83 were male infants and 52 were female infants. The infants were divided into 2 groups. Group 1 is the main group of 68 infants (of which 42 are male and 26 are female) and group 2 is the control group of 66 infants (of which 41 are male and 26 are female).

The studied changes and their systematization led to a decrease in maxillofacial pathologies, as well as growth and development, which contributes to the non-hormonal development of the child. As a result, the days of hospital stay are shortened, complications of the disease are prevented and the quality of life of patients is improved, as well as the results after passing the rehabilitation stages are improved. The implementation of the obtained data in practical healthcare will reduce the proportion of maxillofacial anomalies. For the first time, the method of using early orthodontic treatment of children with HCV, performed using a dental obturator for the orthodontic treatment of children with HCV, has been scientifically substantiated.

Keywords: cleft, children, lip, palate, silicone, obturator.

ЭТИОЛОГИЧЕСКИЕ, КЛИНИЧЕСКИЕ И ДИАГНОСТИЧЕСКИЕ ОСОБЕННОСТИ ПОРОКОВ РАЗВИТИЯ ЛИЦА

Ядгарова Гульнора Садритдиновна - Доцент кафедры Хирургической стоматологии, Бухарский государственный медицинский Институт имени Абу Али ибн Сина
Узбекистан.

<https://orcid.org/0009-0006-2638-5158>

АННОТАЦИЯ. Полученные результаты позволяют оценить степень выраженности анатомических зон и аномалий лица, которые оказывают характерное влияние на структуру лица, конфигурацию, а также эстетическую направленность, что, в свою очередь, улучшает раннюю диагностику патологического процесса и основного заболевания. Результаты этого исследования содержат полные результаты клинических стоматологических исследований у детей с дефектами губ и неба, или, скорее, аномалиями, которые могут у них присутствовать, и меры по их

раннему выявлению, диагностике и профилактике. Были привлечены 135 младенцев родившиеся с ВРГН из них 83 младенцы мужского пола и 52 младенцы женского пола. Младенцы были распределены на 2 группы. 1- группа основная группа 68 младенцев (из них 42 мужского пола и 26 женского пола) и 2- группа контрольная группа 66 младенцев (из них 41 мужского пола и 26 женского пола).

Изученные изменения и их систематизация приводит к снижению челюстно-лицевых патологий, а также росту и развитию определению что способствует к не гармоническому развитию ребенка. В результате сокращаются дни пребывания пациентов в стационаре, предотвращаются осложнения заболевания и улучшается качество жизни пациентов, а также улучшаются результаты после прохождения этапов реабилитации. Внедрение полученных данных в практическое здравоохранение снизит долю челюстно-лицевых аномалий. Впервые научно обоснована методика использования раннего ортодонтического лечения детей с ВРГН, проводимого с помощью «Обтуратора стоматологического для ортодонтического лечения детей с ВРГН».

Ключевые слова: расщелина, дети, губа, нёба, силикон, obturator.

Introduction: The severity of facial malformation is caused not only by external disfigurement, pronounced functional disorders, social inferiority of the child in preschool and school groups, conflict tension and a negative psychological background in the family, but also by the fact that the deformity causes somatic disorders leading to growth retardation and underdevelopment of the child's body as a whole. The etiology of facial malformations includes genetic and hereditary factors, as well as external influences on the fetus during intrauterine development, such as infections, medication or exposure to harmful substances, the harmony and development of several areas are disrupted, and so-called combined secondary deformities occur. Clinical manifestations range from minor to severe, including structural changes in the jaws, facial asymmetry, and cleft (e.g., lip and palate). Modern dentists specialize in pathology of lips, alveolar defects and oral cavity defects. This is due to the high incidence of malformations, the severity of anatomical abnormalities, the variety of approaches to surgical interventions, the complexity of treatment, and the ever-growing demand for functional and aesthetic results of surgical and orthodontic interventions. (Bezrukov V.M., 1981; Zernov A.B., 1997; Davydov B.N., 2000; Khoroshilkina F.Ya., 2002; Weilena.etal., 2015). The features of the neuropsychiatric state of children differ sharply from the norm, because organic changes lead to unpredictable neurotic reactions associated with asthenic syndrome and vegetative-vascular dystonia of the body as a whole. Unfavorable conditions of upbringing and mental traumatization of children at an early school age also play an important role in the occurrence of psychogenic disorders. After the birth of a child with maxillofacial pathology, a comprehensive examination by specialists (surgeon, pediatrician, orthopedist, otolaryngologist, neuropsychiatrist) is necessary to identify somatic abnormalities and concomitant malformations and to carry out the necessary correction of abnormalities in the

preoperative period. After examining the child, a plan of immediate and prospective therapeutic measures is drawn up, depending on the degree of deformity. The violation of a child's social adaptation at an early age due to a defect cannot always be corrected at an older age.: not only a physically deformed person enters adulthood, but also a psychologically deformed one.

The urgency of this problem is determined not only by the high birth rate of children with this pathology, but also by the difficulties in choosing a surgical treatment method. Imperfection of traditional treatment methods, unjustified choice of surgical correction methods and age-related approaches to its implementation are the main reasons for unacceptable functional and cosmetic results. Another important reason for the unsuccessful results obtained after surgical interventions will be an insufficiently clear and incomplete understanding of the problems inherent in this group of patients and the failure to perform complex procedures (I.A. Kozin, 1996; B.N. Davydov, 2006; Saj. and others, 2015). Primary palate surgery in children with congenital pathologies is one of the main stages of rehabilitation of patients with malformations of the lips and palate. The outcome of the primary surgery largely determines the further course of rehabilitation, therefore, the final functional result. Currently, for most specialists, this operation presents significant difficulties, leading to negative functional results and requiring surgical intervention to improve speech, which, in turn, is the least mastered by surgeons in this field. All these factors significantly reduce the quality of necessary rehabilitation in patients with the most common defect of the maxillary region.

The purpose of the study. Etiological, clinical and diagnostic features of facial malformations. Detailed analyses and evaluation of the results were carried out during the study.

Research materials and methods. These studies provide clinical and dental data in children with lip and palate defects, or rather, complete results on possible abnormalities and measures for their early detection, diagnosis and prevention. The results obtained make it possible to assess the structure, configuration of the face, as well as the degree of anatomical zones and facial anomalies that are aesthetically important, which, in turn, improves the early diagnosis of the pathological process and the underlying disease. As a result, the number of days of hospital stay is reduced, complications of the disease are prevented and the quality of life of patients is improved, and the results after the rehabilitation stages are improved. 135 infants born with HCV were involved, of which 83 were male infants and 52 were female infants. The infants were divided into 2 groups. Group 1 is the main group of 68 infants (of which 42 are male and 26 are female) and group 2 is the control group of 66 infants (of which 41 are male and 26 are female). The main group of infants received temporary silicone nipples and plates, which facilitated sucking and swallowing acts and improved speech defects, while the 2nd group of infants received traditional treatment methods. In carrying out this thesis, plaster models of infants were used, clinical and anthropometric methods were used to obtain parameters with congenital cleft lip and palate,

followed by statistical data processing. In the course of the study, our task was to improve the life status of children with congenital cleft lip and palate using temporary silicone nipples and plates, as well as to determine the condition of bite in children with congenital cleft lip and palate, depending on age; in addition, to identify the features of changes in the parameters of the maxillary system during tooth replacement in children with congenital cleft lips and palate before urano- and cheilorinoplasty in a comparative aspect. At the same time, to determine the early dates of surgical intervention in children with cleft lip and palate, to improve the life status of children with congenital cleft lip and palate using temporary silicone plates (obturators) of replenishing elements that facilitate sucking and swallowing acts, and to improve speech defects in children with congenital cleft lip and palate using temporary silicone plates (obturators), in the end, to develop and implement in clinical practice a "Method of early orthodontic treatment of children with VGN" using orthodontic devices of their own design.

The results and their discussion. The results of the study showed that, based on a set of studies, comparative analyses of the condition and improvement of the life status of infants with congenital cleft lip and palate using temporary silicone nipples and plates were conducted for the first time. For the first time, a comparative analysis of the parameters of the upper dentoalveolar arch in newborns was carried out in the period before and after using the proposed obturator, its effect on the growth and development of the alveolar process.

Conclusion. The results of a retrospective study of etiological factors in children born with defects of the upper lip and palate showed that inbreeding in a couple – 22 cases (10.8%); anemia in the mother during pregnancy - 32 cases (15%); severe toxicosis - 23 cases (10.6%); flu, stress and other diseases – 38 (18%); alcohol consumption by the father-19 (8.4%), the presence in the offspring was detected in 78 (33%) cases. The variety of clinical manifestations of the defect in children born with defects of the upper lip and palate was as follows: unilateral limited lip defect – 14%, unilateral limited palate defect-8%, unilateral crossed complete lip and palate defect-19%.

REFERENCES

1. A.S. Artyushkevich and coauthors. "Age-related morphology of the breast bone." 2013 Minsk.
2. M.A. Pogrel, K.E. Kahnberg, L. Andersson "Essentials of Oral and Maxillofacial Surgery " 2014. Cothenburg.
3. M.E. Zorich, O.S. Yatskevich, A.I. Karanevich, 2013; N.A. Peleshenko, "The choice of methods of surgical treatment of patients with congenital cleft palate" 2013. Tadjikistan.
4. Yunusov A.S., Mammadov A.A., Gubeev R.I. The problem of reconstructive surgery of the external nose and nasal structures in children who had previously undergone cheilouranoplasty // ENT- praktika. - 2014. - No. S. - pp. 62-63.
5. Eshiev A.M., Davydova A.K. ANALYSIS OF THE DETECTION OF CONCOMITANT AND COMBINED PATHOLOGY IN CHILDREN WITH

CLEFT LIP AND PALATE // Fundamental research. – 2013. – No. 9-1. – pp. 42-45;

URL: <https://fundamental-research.ru/ru/article/view?id=32174> (date of application: 01/24/2023).

6. M.E. Zorich, O.S. Yatskevich, A.I. Karanevich, 2013; N.A. Peleshenko, "The choice of methods of surgical treatment of patients with congenital cleft palate" 2013. Tadjikistan

7. Yadgarova G.S. "PRE-SURGICAL ORTHODONTIC TRAINING IN CHILDREN WITH UNILATERAL CLEFT LIP AND PALATE" Dec - 2022.

8. Mirzayeva F.A. "COMPREHENSIVE REHABILITATION OF CHILDREN WITH VGN IN ADVERSE POSTOPERATIVE OUTCOMES" Dec – 2022.

9. Mirzayeva F.A. "Dec - 2022 ISSN: 2181-2608 www.sciencebox.uz STRUCTURAL FEATURES OF THE DENTAL-MAXILLARY SYSTEM IN PATIENTS WITH CLEFT LIP AND PALATE".

10. Mirzaeva F.A. Professional Comprehensive Rehabilitation of Children with Genital Cleft Lip and Palate Volume 2 | Issue 12 | December - 2022 ISSN: 2795-8612

ИСПОЛЬЗОВАННАЯ ЛИТЕРАТУРА:

1. 1. A.S. Artyushkevich and coauthors. "Age-related morphology of the breast bone." 2013 Minsk.

2. M.A. Pogrel, K.E. Kahnberg, L. Andersson "Essentials of Oral and Maxillofacial Surgery " 2014. Cothenburg.

3. M.E. Zorich, O.S. Yatskevich, A.I. Karanevich, 2013; N.A. Peleshenko, "The choice of methods of surgical treatment of patients with congenital cleft palate" 2013. Tadjikistan.

4. Yunusov A.S., Mammadov A.A., Gubeev R.I. The problem of reconstructive surgery of the external nose and nasal structures in children who had previously undergone cheilouranoplasty // ENT- praktika. - 2014. - No. S. - pp. 62-63.

5. Eshiev A.M., Davydova A.K. ANALYSIS OF THE DETECTION OF CONCOMITANT AND COMBINED PATHOLOGY IN CHILDREN WITH CLEFT LIP AND PALATE // Fundamental research. – 2013. – No. 9-1. – pp. 42-45;

URL: <https://fundamental-research.ru/ru/article/view?id=32174> (date of application: 01/24/2023).

6. M.E. Zorich, O.S. Yatskevich, A.I. Karanevich, 2013; N.A. Peleshenko, "The choice of methods of surgical treatment of patients with congenital cleft palate" 2013. Tadjikistan

7. Yadgarova G.S. "PRE-SURGICAL ORTHODONTIC TRAINING IN CHILDREN WITH UNILATERAL CLEFT LIP AND PALATE" Dec - 2022.

8. Mirzayeva F.A. "COMPREHENSIVE REHABILITATION OF CHILDREN WITH VGN IN ADVERSE POSTOPERATIVE OUTCOMES" Dec – 2022.

9. Mirzayeva F.A. "Dec - 2022 ISSN: 2181-2608 [www.sciencebox .uz](http://www.sciencebox.uz)
STRUCTURAL FEATURES OF THE DENTAL-MAXILLARY SYSTEM IN
PATIENTS WITH CLEFT LIP AND PALATE".

10. Mirzaeva F.A. Professional Comprehensive Rehabilitation of Children
with Genital Cleft Lip and Palate Volume 2 | Issue 12 | December - 2022 ISSN:
2795-8612