

IMPROVING THE QUALITY OF THE LIFE STATUS OF INFANTS WITH UNILATERAL CONGENITAL CLEFT LIP AND PALATE

Gulnora Sadriddinovna Yadgarova

PhD of the Department of Surgical Dentistry, Bukhara State Medical Institute
farhodik2010@mail.ru

Firuz Avazovna Mirzaeva

Assistant of the Department of Surgical Dentistry, Bukhara State Medical Institute
feruzamirzaeva05@gmail.com

ABSTRACT

In the Republic of Uzbekistan today, the birth rate of children with congenital cleft lip and palate is higher than the national average. Violations of such vital functions as breathing, nutrition and speech, aesthetic defects associated with congenital cleft lip and palate, adversely affect the overall physical and intellectual development of the child. The feeling of inferiority, the reaction of others to speech cause such a child severe experiences, which, of course, is reflected in the formation of his psyche. These psychological layers, in turn, further exacerbate speech disorders. Speech defects not eliminated in childhood subsequently hinder the choice of profession; interfere with work and everyday life.

Keywords: life quality, improve, infants, lip, palate.

INTRODUCTION

The system of complex treatment of children with UCCLP provides for a multi-stage interdisciplinary interaction of specialists.

In this regard, the improvement of medical rehabilitation of children with congenital cleft lip and palate is still relevant and in demand. To provide qualified assistance to this group of complex patients, multi-stage surgical interventions and constant monitoring by an orthodontist, pediatrician, speech therapist and other specialists are required. Complete medical, psychological and social adaptation of the child depends on the anatomical, functional and cosmetic disorders, as well as the timeliness of the rehabilitation measures.

Purpose of the study: To assess the clinical characteristics and the need for additional rehabilitation measures during treatment in children with congenital cleft lip and palate.

Materials and methods: We use the frequency of occurrence of clinical cases and the characteristics of the upper and lower clefts of the Bukhara region in the multidisciplinary medical center of the kindergarten on the basis of the Bukhara State Institute. A comparative assessment of various forms of congenital cleft lip and palate was carried out. The recovery process occurs throughout the entire middle age, and in a number of individuals even at an older age, however, its rationality is distributed in accordance with the periods allocated in pediatrics for 7 periods.

1. prenatal period
2. neonatal period - from 0 to 1 month:
3. infancy - 1 month - 1 year
4. toddler age - 1 year - 3 years:
5. preschool period - 3 - 6 years:
6. the period of primary school age - 7-11 years:
7. the period of senior school age - 11 - 18 years:

After the birth of a child with CCLP, an accurate clinical and anatomical diagnosis is established, a plan for surgical and conservative treatment is determined. An in-depth examination is carried out by related specialists, congenital malformations of other organs and systems are detected, concomitant somatic and neurological diseases are diagnosed. Individual work is carried out with parents on teaching the peculiarities of nursing a sick child to ensure optimal development, rational feeding, and prevention of infectious diseases.

With a complete unilateral and bilateral cleft of the upper lip, alveolar process, soft and hard palate, an early preoperative orthopedic preparation of the patient is performed. In the presence of concomitant malformations, severe somatic diseases, diseases of the central nervous system, the terms of surgical treatment are delayed, but no later than 5-6 years, surgical rehabilitation should be completed so that the child goes to study at a regular school. The period of infancy - this period of rehabilitation is aimed at preparing and performing a cheilorhinoplasty operation, which is usually performed in children at 2.5 - 3 months of age.

With bilateral complete cleft of the upper lip, alveolar process, soft and hard palate, early preoperative orthopedic preparation of the patient continues in this age period. The goal of early preoperative orthopedic treatment is to eliminate the displacement of the maxillary fragments, protrusion of the median fragment, and prevent secondary displacement in the postoperative period.

Nursery period (from 1 year to 3 years).

The child is usually transferred from breastfeeding to regular feeding. This period of rehabilitation is aimed at preparing

and performing an uranoplasty operation, which is usually performed in children at the age of 2.5-3 years. Senior school age (from 11 to 18 years) During this period of hormonal changes in the body, a child who has undergone surgery in connection with CCLP must be physically and psychologically adapted to the social environment. Various concomitant diseases, disorders in various organs and systems, cicatricial changes in the soft tissues of the upper lip, nose, soft and hard palate during the period of rapid development of the body can manifest themselves. Children are additionally observed by the school doctor, are engaged in health groups, during the holidays they undergo rehabilitation activities in rehabilitation centers. Each child requires an individual approach to his problem throughout the entire period of rehabilitation. Full social adaptation of the patient can be ensured only if continuity and stages of treatment are observed. At the same time, each specialist should remember that the healthy and quality of life of patients with congenital cleft lip and palate directly depends on the timeliness and effectiveness of treatment.

RESULTS AND DISCUSSIONS

The study showed that group 1, after using the SN, were calmer and gained sufficient weight, in addition, during antrometric measurements of the parameters of the upper jaw, the indicators corresponded to those of healthy children.

In children of the 2nd group, the above changes were not detected. There is also a lag in the morphometric parameters of the teeth and dental arch. The study of the position of the mandible shows that in children of the 1st group, improvement was noted in 10% of cases, and in a short time it was possible to carry out surgical interventions, depending on the type of UCCLP. Based on a set of studies, for the first time, comparative analyzes of the condition and improvement of the life status in infants with congenital cleft lip and palate with the help of temporary silicone nipples and plates were carried out.

For the first time, a comparative analysis of the parameters of the upper dentoalveolar arch in newborns in the period before and after the use of the proposed obturator, its effect on the growth and development of the alveolar process was carried out.

As for the clinical forms of congenital clefts, it was revealed: congenital cleft palate (39.6+1.1%) and combined cleft of the upper lip of the alveolar process, hard and soft palate (34.27+1.15%), in total - 73 .87+1.06%. Congenital cleft lip was 26.13+1.06%. More often, congenital cleft lip and palate was in boys 54.30%. Concomitant diseases in children with congenital cleft lip and palate were characterized by a high incidence of ENT

diseases - 79.09%, acute respiratory infections, acute respiratory viral infections - 74.22%, respiratory system diseases - 40.22%, CNS pathology - 29.02%, diseases cardiovascular system (17.12%) and gastrointestinal tract - 11.7%.

CONCLUSION

The problem of rehabilitation of children with congenital cleft palate is multifaceted and complex. The ultimate goal of rehabilitation measures is to restore the function of the articulatory apparatus and the formation of correct speech in children. The main method of treating such children is the surgical elimination of the defect of the upper lip and palate - cheil and uranoplasty. However, in most cases, surgical treatment, restoring the integrity of the palatopharyngeal ring, does not always ensure its sufficient functioning, which causes difficulty in normal nutrition and various speech defects. The severity of this pathology in children, the unsatisfactory quality of life, the impossibility of full rehabilitation of patients with congenital cleft palate substantiates the high urgency of the problem of rehabilitation of children with congenital cleft lip and palate. It is obligatory to carry out individual work with parents on teaching the peculiarities of nursing a sick child to ensure optimal development, rational feeding, and prevention of infectious diseases. With complete unilateral and bilateral cleft of the upper lip, alveolar process, soft and hard palate, an early preoperative orthopedic preparation of the patient is performed

REFERENCES

1. Мамедов Ад.А. Алгоритм реабилитации детей с врожденной расщелиной верхней губы и неба / Ад.А.Мамедов // Врожденная и наследственная патология головы, лица и шеи у детей: актуальные вопросы комплексного лечения.-М.: МГМСУ, 2012. С. 151-155
2. Медведев М.В. Перинатальные исходы при врожденных пороках развития. // Ультразвуковая диагностика в акушерстве, гинекологии и педиатрии, - 2001. № 4. - С. 260-267.
3. Baskaran M, Packiaraj I, Arularasan SG, Divakar TK. Cleft rhinoplasty. - J Pharm Bioallied Sci. 2015 Aug;7(Suppl 2):S691-4.
4. Козин И.А. Эстетическая хирургия врожденных расщелин лица. – М., 1996.
5. Rahmatilloevna K. F. et al. Prevention of Major Dental Diseases in Preschool Children //Eurasian Medical Research Periodical. – 2022. – Т. 6. – С. 172-174.
6. Rahmatilloevna K. F. et al. Improving the Methods of Treatment and Prevention of Complications of Odontogenic

Diseases of the Jaws in Children //Eurasian Medical Research Periodical. – 2022. – Т. 6. – С. 168-171.

7. Rahmatilloeyvna K. F. et al. Comparative Characteristics of Surgical Methods for Fixing Bone Fragments of the Zygomatic Bone and Arch //Eurasian Journal of Humanities and Social Sciences. – 2022. – Т. 6. – С. 46-48.

8. Kamalova F. R., Xamitova F. A., Safarova M. S. APPLICATION OF AUTHEMOTOMBOCYTE MASS IN SURGICAL DENTISTRY //湖南大学学报 (自然科学版). – 2021. – Т. 48. – №. 7.

9. Kamalova F. R., Safarova M. S. ARTIFICIAL FEEDING AND DENTAL HEALTH //湖南大学学报 (自然科学版). – 2021. – Т. 48. – №. 7.

10. Rahmatillaevna K. F., Umarovich S. S. Consequences Of Early Extraction of Deciduous Teeth in Children //Eurasian Medical Research Periodical. – 2021. – Т. 1. – №. 1. – С. 51-54.

11. Камалова Ф. Р. ПЕРВИЧНАЯ ПРОФИЛАКТИКА СТОМАТОЛОГИЧЕСКИХ ЗАБОЛЕВАНИЙ У ДЕТЕЙ СТРАДАЮЩИХ С САХАРНЫМ ДИАБЕТОМ //Новый день в медицине. – 2020. – №. 2. – С. 383-386.

12. Rajabov A. A. INDICATIONS FOR THE DISEASE OF INFLAMMATORY DISEASES OF THE DENTAL SYSTEM IN CHILDREN WITH EXAMINED CEREBRAL PALSY //EUROPEAN JOURNAL OF MODERN MEDICINE AND PRACTICE. – 2022. – Т. 2. – №. 3. – С. 56-60.

13. Axtamovich R. A. Improvement of Treatment and Prevention of Fluorosis in Children of School Age //Middle European Scientific Bulletin. – 2022. – Т. 22. – С. 170-172.

14. Axtamovich R. A. Evaluation of the Results of Primary Cheiloplasty in Children with Congenital Bilateral Cleft Lip and Palate //Middle European Scientific Bulletin. – 2022. – Т. 22. – С. 173-177.

15. Раджабов А.А., Раджабов А.Б., Темирова Н.Р., Камалова Ш.М. Оценка результатов первичной хейлопластики у детей с врожденной двусторонней расщелиной верхней губы и нёба// Электронный научный журнал «Биология и интегративная медицина». - 2017. - № 5. - С. 36-46.

16. Yunusov A.S., Mamedov Ad.A., Gubeev R.I. The problem of reconstructive surgery of the external nose and intranasal structures in children who have previously undergone cheilouranoplasty // ENT practice. - 2014. - No. S. - S. 62.

17. KAMBAROVA S. A. Effect of Surgical Manipulation in Morphometric Growth of Maxillofacial Area at Children with Congenital Lip and Palate Splits At I and II Period of Childhood // Annals of the Romanian Society for Cell Biology. – 2021. - Vol. 25. - Issue 4. – P. 1853 – 1858.

18. Kambarova Sh.A. IDENTIFICATION OF THE MORPHOMETRIC PARAMETERS OF THE CRANIO-FASCIAL REGION OF CHILDREN WITH CONGENITAL CLEFT AND PALATE REFLECTIONS USING A DEVELOPED RESEARCH MAP // CENTRAL ASIAN JOURNAL OF MEDICAL AND. – 2021. - Vol. 2. - Issue 3. – P. 286 – 290.

19. Kambarova Sh.A., Pulatova Sh.K. Revitalization of nonspecific immunity factors in patients with diffuse phlegmoine of the maxillo facial area using Bakteriofags // New day in medicine. - 2020. - P. 128 - 130.