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IDENTIFICATION OF CONCOMITANT PATHOLOGY AND ANALYSIS OF TREATMENT IN CHILDREN WITH CLEFT LIP AND PALATE

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Abstrakt

Solving the problems of treating children with congenital cleft lip and palate is the most urgent task of maxillofacial surgery. Along with the high birth rate of children with this pathology, it also causes severe morphological and functional disorders in the body of newborns. Early transition to artificial nutrition due to the impossibility of breastfeeding reduces the body's resistance, which leads to a delay in the growth and development of the child. Children with this pathology from the first months are significantly different from their peers. According to the literature data, it is known that congenital cleft lip and palate are often combined with anomalies in the development of other organs, which ranges from 4 to 9.8%. But according to the results of a study in our republic, these figures can be doubled.[.Yoshiev A.M., Davydova A.K. 2013].

Keyword

congenital cleft lip and palate, congenital anomalies, lifestyle, risk factors, medical care.

Children with congenital facial clefts require intensive multidisciplinary treatment from birth. The system of comprehensive treatment of children with congenital clefts of the upper lip and palate provides for multi-stage interdisciplinary interaction of specialists: dental surgeons, pediatricians, neuropathologists, internists, orthodontists, speech therapists, otorhinolaryngologists and other specialists.[4;7] A study of the state of somatic health of children showed that concomitant diseases were detected in 78 (17.5%), iron deficiency anemia, chronic bronchitis – 45 (10.1%), chronic tonsillitis – 70 (15.7%), otitis media – 26 (5.8%), congenital malformations in 15 (3.4%) children, and 15 (3.4%) of the examined children had physical and mental retardation. From the point of view of aesthetic and functional aspects, we have every opportunity to achieve significantly more favorable overall results and thereby create the necessary conditions for our young patients to develop normally and integrate into their family, school, and later into their profession. Successful surgical treatment of congenital clefts of the upper lip and palate and their further rehabilitation largely depends on the age of the patient.[1;2]

The purpose of the study: to analyze the development of concomitant pathologies and combined deformities in patients with congenital clefts of the upper lip and palate.Materials and methods of research: According to the archival data of maxillofacial surgery of Bukhara Inter-regional United Clinical Hospitals for 3 years (2019-2021), a study was conducted on medical histories with various types of congenital clefts of the upper lip and palate at the age of 6 months to 20 years or more. An analysis was carried out based on national characteristics, place of residence, presence of concomitant diseases and combined deformities [3;2].

The results of the study and their discussion: The case histories of congenital cleft lip and palate treated for 2 years were analyzed on the basis of the maxillofacial department. The types of congenital clefts of the upper lip and palate are presented in Table 1.[1;4]

Table 1

Distribution of patients with different types of clefts of the upper lip and palate:

	Number of patients.	%

Isolated cleft of the upper lip (one-sided)	106	23,8
Isolated cleft of the upper lip (bilateral)	34	7,6
Isolated cleft of the hard and soft palate	65	14,6
Isolated cleft of the soft palate	37	8,3
Continuous cleft of the upper lip, hard and soft palate (unilateral)	115	26,0
Continuous cleft of the upper lip, hard and soft palate (bilateral)	16	3,6
Congenital deformity of the nose wing	30	6,7
Postoperative defect of the vestibule of the mouth, hard palate	41	9,2
total	444	100

Based on Table 1, the percentage of isolated upper lip clefts was 106 (23.8%) patients with unilateral and 34 (7.6%) patients with bilateral clefts. The total number of isolated upper lip clefts was 140 (31.5%) patients. Isolated cleft palate and soft palate – 65 (14.6%) patients, soft palate – 37 (8.3%). A continuous cleft of the upper lip and palate occurs in 26% of cases. The congenital deformity of the nose wing is 6.7%. [1;5]

Conclusions. Thus, the study showed that patients with cleft lip and palate need closer monitoring by a pediatrician for their somatic state of health, constant preventive and restorative measures aimed at recovery, proper development and growth, as well as mandatory medical and genetic support for a family with a child with this pathology. The duration of the first stage of treatment should be the period of the newborn up to 6 months. At the stage of early treatment and rehabilitation of children with cleft lip and palate, the main task of the surgeon is the anatomical restoration of split lip fragments and the elimination of deformity.

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