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EFFICIENCY OF THE METHOD OF URANOPLASTY IN CHILDREN WITH CONGENITAL UNILATERAL COMPLETE CLEFT LIP AND PALATE

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Relevance of the topic. The presence of a congenital cleft lip and palate in a child causes a number of serious aesthetic and functional disorders. In most cases, congenital pathology of the maxillofacial region leads to disability in children, which emphasizes the relevance of solving the medical and social problem of treating children at an early age. The effectiveness of the rehabilitation of children with congenital cleft lip and palate is assessed based on the results of complex surgical, orthodontic and speech therapy treatment. However, until now there is no unified approach to the choice of age and method of cleft palate repair.

Purpose of the study. Improving the efficiency of rehabilitation of children with congenital unilateral cleft lip and palate due to a reasonable approach to choosing a palate defect plasty method.

Materials and research methods. The object of the study was 203 children aged 6 months to 6 years with congenital cleft lip and palate, registered in the dispensary at the Department of Pediatric Maxillofacial Surgery of the clinic of the Tashkent state dental Institute, in 2016-2019. and 30 children without pathology in the palatopharyngeal region.

The groups depending on the methods of treatment were divided as follows: I (n=78) the main group consisted of children who underwent stages of early orthodontic treatment with the proposed modification of the nasopalveolar molding with a nasal stent and layered layering of elastic plastic in the region of the palatine processes, operated by the proposed method of uranoplasty according to Amanullaev R.A., Pulatova B.Zh. (2019).

II (n=83) comparison group, in which traditional treatment was performed: pre- surgical orthodontic treatment with a preforming plate before primary cheiloplasty, cheiloplasty at the age of 8 to 12 months, veloplasty at 1.5-3 years and at 4-6 years of age uranoplasty.

Results and its discussion. Evaluation of the effectiveness of surgical and early orthodontic treatment of children with CCLP was carried out using magnetic resonance imaging (MRI) tomograms.

In the observation group, where children with CCLP were operated according to our proposed method with the formation of a muscular isthmus from m.LVP with longitudinal suturing of the wound (Patent for utility model No. FAP 01377 dated May 31, 2019), the parameters of the length of the soft palate were 28.8 ± 0.5 mm; travel angle m.LVP right and left 59.4 ± 1.6 degrees; the total length of m.LVP on the right and on the left, the length of the muscle, on average, varied 30.4 ± 1.5 mm; m.LVP width on the right and left sides 2.2 ± 0.2 mm; width in the center m.LVP is 2.9 ± 0.2 mm. At the age of 4-6 years, the length of the soft palate was 29.5 ± 1.5 mm; travel angle m.LVP on the right and left 57.7 ± 1.6 degrees; the total length of m.LVP on the right and left, the length of the muscle, on average, fluctuated 35.1 ± 1.2 mm; m.LVP width on the right and left sides 2.9 ± 0.2 mm; m.LVP center width is 3.1 ± 0.2 mm.

The results of the studies of the m.LVP length of the m.LVP length restoration values in group I after uranoplasty according to the proposed method, m.LVP length restoration is achieved up to 92.4%, while after uranoplasty in the traditional way used in the clinic by 81.5%

Conclusions: The MRI data obtained with our proposed method of surgical treatment of congenital cleft palate provide an objective assessment of the state of the palatopharyngeal region and palatopharyngeal insufficiency in children with cleft palate in the recovery period after uranoplasty.

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THE USE OF FRACTIONAL CO₂ LASER FOR SCARS AFTER CHEILOPLASTY IN CHILDREN WITH CLEFT LIP

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Relevance: The scar is the biggest complication of surgical intervention. To date, there are many methods of scar prevention, especially on the face. Laser correction methods, in particular Co₂ laser with a wavelength of 10600 nm, can deeply affect the scarring process and prevent its formation and also treat chronic scars. The purpose of this study is to evaluate the effectiveness of CO₂ laser in the treatment of hypertrophic scars after cleft lip repair.

Materials and Methods: The study group included 120 patients with various scars after surgery to correct cleft lip. All patients were divided into 2 groups. The main group started using FCO₂ 3 weeks after surgery, and the control group received topical treatment. The FSO₂ laser was used in multiples of 5 to 7 sessions. Scars were assessed using the Vancouver Scale, which measures vascularity, pigmentation, compliance, and height. A visual analog scale was rated by clinicians and non-medical staff from 0 to 10. In addition, scar width was assessed by examining final images using Photoshop CS5 Advanced at two fixed points.

Results. Patients undergoing PCO₂ laser treatment showed significant improvement in scarring in terms of reduced pigmentation, density, vascularization and cosmetic appearance. on the lips. The Vancouver Scar Scale scores had significant differences between the study groups at baseline before the use of either FCO₂, compared with topical treatment, respectively, in group 1 (1.92 ± 0.88) compared with control group 3 (4.05 ± 1.29). When assessing the width of the scar, it was significantly lower in the 1st group (2.51 ± 0.64) compared with the control (3.27 ± 0.48) group. A visual analogue scale performed by participating medical staff showed that PCO₂- induced improvement in lip scar appearance was greater in group 1 than in group 2, with mean scores of 44.17 ± 3.45 , 30.40 ± 5.22 , respectively. The same assessment by participating non-medical personnel was significantly higher in the 1st group (43.52 ± 4.20) and the 3rd (33.55 ± 4.85) groups.