

## SPECIALIZED TREATMENT AND REHABILITATION OF CHILDREN WITH CONGENITAL CLEFT LIP AND PALATE, BASED ON VARIOUS STATISTICAL DATA

*Yadgarova Gulnora Sadritdinovna, Ph.D*

*Associate Professor of the Department of Surgical Dentistry, Bukhara State Medical Institute*

**Annotation:** The most common congenital malformations include congenital cleft lip and palate. The frequency of births of children with this defect is up to 38% of all developmental defects in children [1]. In the etiological aspect, congenital clefts of the upper lip and palate belong to a multifactorial pathology, in which various endogenous, exogenous, and also genetically determined factors may be important. [3;4;9].

**Keywords:** cleft, children, lip, palate, treatment, rehabilitation.

Congenital cleft lip and palate (VGN) is the most difficult problem of modern medicine, caused not only by a violation of anatomy and multiple functional changes, but also by pronounced early and delayed aesthetic problems. In newborns with VGN, the functions of breathing, sucking, swallowing are changed, and facial aesthetics are impaired [1,3]. All children with congenital pathology of the maxillofacial region are disabled in childhood and need long-term comprehensive specialized treatment, special care and upbringing. At the age of three or more, when a child begins to realize himself in society, aesthetic defects and impaired or incomplete functional and neuromuscular changes adversely affect overall physical and intellectual development. The feeling of inferiority and often the negative reaction of others, especially peers, cause severe experiences in a child and worsen his mental state [4]. Problems that remain unresolved in childhood subsequently interfere with professional activities and daily life

**The purpose of the study:** To study and improve the tasks of early comprehensive treatment, as well as comprehensive rehabilitation of children with congenital cleft lip and palate in the preoperative and postoperative periods.

**Research materials and methods:** According to archival data of maxillofacial surgery of Bukhara Interregional 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. The analysis was carried out based on genetic and national characteristics, place of residence, the presence of concomitant diseases and combined deformities. About 30 children with cleft upper lip, alveolar process and palate are hospitalized per year. Those in need of comprehensive treatment preparation make up 98% of the total number of applicants. During the period 2019-2021, the Department of Maxillofacial Surgery drew up plans for early comprehensive treatment and individual rehabilitation for 121 children with this pathology, all children received examination and treatment in hospital by a physiotherapist, were under the supervision of a pediatrician, consulted by a medical geneticist, an otolaryngologist and a speech therapist.

**Results and discussion:** In the course of work, taking into account current trends in treatment and rehabilitation, analyzing problems in the treatment of children with pathology of infantile, early school and school age, analyzing the experience of rehabilitation centers, the relationship of specialists ensuring the optimal outcome of rehabilitation is determined.

The lack of interaction and continuity of doctors and speech therapists in outpatient and inpatient units contributes to the migration of patients among various institutions. One of the main tasks of early complex treatment of children with congenital cleft lip, alveolar process and palate is the implementation of orthopedic correction of the child. Timely provision of pediatric and otolaryngological treatment should be carried out at the appropriate level and at the time specified in the individual and early treatment plan. An otolaryngologist-surgeon is included in the comprehensive treatment of children with cleft upper lip, alveolar process and palate. Its role is to prevent the occurrence of pathology, diagnosis and treatment at an early stage of the pathology of otitis media with effusion, the exclusion of diseases of the ENT organs and any other forms of hearing loss in children with complete clefts of the upper lip, alveolar process and palate and cleft palate. In order to understand the causes of permanent and temporary hearing loss, it is necessary to understand the key points in the child's development. At the stage of early orthopedic correction, it is necessary to restore the anatomical shape of the upper jaw by reducing the diastasis of the alveolar processes, recreate the correct shape of the dome and normalize the correct ratio of the jaws. It is imperative to restore function and neuromuscular balance in the work of muscles. At the moment of getting used to orthopedic treatment and individual structures (isolating-forming apparatus), natural conditions for feeding, sucking, swallowing and breathing are recreated, but the changed anatomical shapes and functions do not send the correct neuromuscular signal to the central nervous system, as a result of which the functional reactions of the body slow down and do not recover. The realization of the goals and objectives of each specialist involved in rehabilitation requires coherence and close interaction at each stage of rehabilitation.

**Conclusion.** The lack of early comprehensive treatment and rehabilitation leads to complex deformities. Aesthetic external deformation is progressing, requiring multiple corrections. The function of anatomically restored muscles, which is not fully recreated, aggravates the pathology of the bite. Speech pathology adversely affects the overall physical and intellectual development of the child. The patient should receive medical care that would fill the gap in health and contribute to the formation of socially significant personality traits. An integrated approach has become the only possible one, and only it brings optimal results.

#### Literature:

1. Kasimovskaya N. A., Shatova E. A. Congenital cleft lip and palate in children: prevalence in Russia and in the world, groups of risk factors. Questions of the Standing Committee. 2020; 19 (2): 142-145. doi: 10.15690/vsp.v19i2.2107)
2. 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
3. Yagarova G.S. "PRE-DENTAL TRAINING IN CHILDREN with UNILATERAL HEALED LIP AND PALATE" December - 2022.
4. Mirzayeva F.A. "IN case OF unfavorable POSTOPERATIVE outcomes" COMPREHENSIVE REHABILITATION OF CHILDREN WITH VGN December – 2022.
5. Preoperative orthodontic preparation of children with unilateral cleft lip and palate  
Yadgarova G.S., Candidate of Medical Sciences Mirzayeva F.A.

European Journal of Innovation in Non-Formal Education (EJINE) Volume 2 | Issue 12 | December - 2022 ISSN: 2795-8612

6. STRUCTURAL DIVISIONS OF THE MAXILLARY SYSTEM IN PEOPLE WITH A SPLIT LIP AND NECK . "Mirzayeva.A. "December - 2022 ISSN: 2181-2608 .
7. Mirzayeva F.A. Professional comprehensive rehabilitation of children with congenital cleft lip and palate Volume 2 | Issue 12 | December - 2022 ISSN: 2795-8612  
Idievna S.G. Discussion of the results of personal research on the use of mil therapy in the treatment of injuries of the oral mucosa //The European Journal of Molecular Medicine in issue. – Vol. 2.
8. Idievna S.G. THE EFFECTIVENESS OF MAGNETIC INFRARED LASER THERAPY IN TRAUMATIC INJURIES OF ORAL TISSUES IN PRESCHOOL CHILDREN //Scientific guidance. ISSN. – vol. 15337812.
9. Sharipova G. I. Light and laser radiation in medicine //The European Journal of Modern Medicine and Practice. – 2022. – Vol. 2. – No. 1. – PP. 36-41.
10. Idievna S.G. THE INFLUENCE OF DENTAL THERAPEUTIC AND PREVENTIVE DENTISTRY ON THE CONDITION OF THE ORAL CAVITY ORGANS IN CHILDREN WITH TRAUMATIC STOMATITIS //Scientific-abstract and cultural-educational journal "Tibbiot Dayangikun".- Bukhara. – 2022. – vol. 5. – no. 43. – pp. 103-106.
11. Idievna S.G. CHANGES IN THE CONTENT OF TRACE ELEMENTS IN THE SALIVA OF PATIENTS IN THE TREATMENT OF PATIENTS WITH TRAUMATIC STOMATITIS WITH FLAVONOID–BASED DRUGS //Journal of research in health science. - Vol. 6. – P. 23