

VARIOUS PATHOLOGY ANALYSIS IN CHILDREN WITH CLEFT LIP AND PALATE

Mirzaeva Firuza Avazovna

Bukhara State Medical Institute Assistant of the Department of Surgical Dentistry

Resume: 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.

Keywords: cleft, children, lip, palate, pathology.

Introduction. Children with congenital facial clefts require intensive multidisciplinary treatment from birth. The system of complex treatment of children with congenital cleft lip and palate provides for a multi-stage interdisciplinary interaction of specialists: dental surgeons, pediatricians, neuropathologists, therapists, orthodontists, speech therapists, otorhinolaryngologists and other specialists. [4] The study of the 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, also 15 (3.4%) of the examined children had a lag in physical and mental development. From the point of view of aesthetic and functional aspects, we have every opportunity to achieve significantly more favorable overall results and thus create the necessary conditions for our little patients for their normal development and peaceful integration into the family, school, and later into the profession. Successful surgical treatment of congenital cleft lip and palate and their further rehabilitation largely depends on the age of the patient. [1]

Purpose of the study: to analyze the development of concomitant pathologies and combined deformities in patients with congenital cleft lip and palate.

	Number of patients	%
Isolated cleft lip (unilateral)	106	23,8
Isolated cleft lip (bilateral)	34	7,6
Isolated cleft hard and soft palate	65	14,6
Isolated cleft palate	37	8,3

Through cleft lip, hard and soft palate (unilateral)	115	26,0
Through cleft lip, hard and soft palate (bilateral)	16	3,6
Congenital deformity of the nose	30	6,7
Postoperative defect of the vestibule of the mouth, hard palate	41	9,2
TOTAL	444	100

Based on the table. 1, the percentage of isolated clefts of the upper lip unilateral - 106 (23.8%) patients, bilateral - 34 (7.6%). Total isolated clefts of the upper lip - 140 (31.5%) patients. Isolated clefts of the hard palate and soft palate - 65 (14.6%) patients, soft palate - 37 (8.3%). Through cleft lip and palate occur in 26% of cases. Congenital deformity of the ala of the nose is 6.7%.[1]

Conclusion. Thus, the study showed that patients with cleft lip and palate need closer monitoring by a pediatrician of their somatic state of health, constant preventive and restorative measures aimed at recovery, proper development and growth, as well as mandatory medical genetic support. families where there is a child with this pathology. The duration of the first stage of treatment should be the neonatal period 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 cleft lip fragments, elimination of deformity.

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