No surgical interventions are recommended for the cavernous sinuses themselves. However, some patients might require sphenoidectomy, ethmoidectomy, maxillary antrostomy, mastoidectomy, abscess drainage, craniotomy (subdural empyema), orbital decompression, or ventricular shunt placement.

Bibliography:

1. Маннанов Z., Пулатова B., Назаров Z., Хасанов S., & Хомидов M. (2020). An integrated approach to dental implantation in patients who underwent Cavid-19. *in Library*, *20*(1), 687–697. извлечено от https://inlibrary.uz/index.php/archive/article/view/14283

2. Сувонов K. (2020). Оценка высеваемости микроорганизмов при транслокации бактерий в динамике эксперимента у лабораторных животных. *in Library*, *20*(2), 140–145. извлечено от https://inlibrary.uz/index.php/archive/article/view/13976

3. Эшонкулов, Ш., Дадамухамедова, Н., & Эшмаматов, И. (2022). Антибактериальная фотодинамическая терапия в лечении периимплантита. *in Library*, *22*(1), 1–2. извлечено от https://inlibrary.uz/index.php/archive/article/view/13988

4. Курбонов S., Солиджонова S., & Бекмуров B. (2022). Prevention of atrophy of the alveolar process of the jaw by filling the hole with a demineralized allograft using mechanically activated calcium gluconate in the postoperative period. in Library, 22(1), 12–13. извлечено от https://inlibrary.uz/index.php/archive/article/view/14921

5. Маннонов, Ж., Пулатова, Б., Мун, Т., Ширынбек, И., & Ачилова, Н. (2022). КОМПЛЕКСНЫЙ ПОДХОД ПРИ ДЕНТАЛЬНОЙ ИМПЛАНТАЦИИ ПАЦИЕНТОВ С ХРОНИЧЕСКИМИ ЗАБОЛЕВАНИЯМИ, ПЕРЕНЕСШИХ КОВИД-19 . Медицина и инновации, 1(3), 258–264. https://doi.org/10.34920/min.2021-3.035

USEFULLNESS OF LASER IN ORAL AND MAXILLOFACIAL SURGERY

Azimov I.M.

Tashkent state dental institute

Abstract

Lasers have revolutionized dental treatment since three and a half decades of the twentieth century. Theodore Maiman in 1960 invented the ruby laser, since then laser is one of the most captivating technologies in dental practice. Lasers have been used in initial periodontal therapy, oral surgical procedures, and also in implant treatment. Further research is necessary so that laser can become a part of the dental armamentarium. This paper gives an insight towards the uses of laser in Oral and Maxillofacial Surgery.

Keywords

Laser; Oral; Maxillofacial Surgery

Introduction

Laser systems and their application in dentistry and especially oral surgery are rapidly improving today. The specific advantages of lasers are incision of tissues, coagulation during operation and postoperative benefits. Semiconductor diode lasers (Gallium arsenide (GaAs), gallium-aluminum-arsenide (GaAlAs)) are portable compact surgical units with efficient and reliable benefits. They are assigned according to economic and ergonomic consideration and offer reduced costs in comparison to other modern hard laser devices[(1)]. This laser can be used in a continuous or pulsed mode of operation through contact or noncontact application on tissues according to the clinical approach and treatment method. The noncontact delivery is utilized to focus the emitted photons on tissue in order to create larger spot diameter, lower fluency, lower energy and gain for coagulation of superficial lesions, for example in removing the vascular tissues. Diode laser with wavelengths ranging from 810 to 980 nm in a continuous or pulsed mode was used as a possible modality for soft tissue surgery in the oral cavity. Based on the photo thermal effect of the diode laser, the lesions of the oral mucosa are removed with an excision technique, or by ablation/vaporization procedures [(1, 2 and 3)].

Conclusion

Lasers have shown rapid strides in technological advances since its inception in 1960's. The emergence of lasers with variable wavelengths and its wide application in the management of oral lesions may influence the outcome of treatment and treatment planning of patients. The exponential progress in laser technology has enabled oral & maxillofacial surgeons to treat lesions that were previously deemed untreatableand produced poor results. Thousands of patients including children have been benefitted with laser technology. In the future, it is likely that continued improvements in laser technology will bring about revolutionary change in the approach towards managing oral lesions.

Bibliography:

1. Шонкулов, Ш., Фозилов, М., & Жилонова, З. (2022). Изменение гемостатических показателей при гнойно- воспалительных заболеваниях челюстно-лицевой области у детей раннего возраста. *in Library*, *22*(1), 63–68. извлечено от https://inlibrary.uz/index.php/archive/article/view/13979

2. Икрамов, Г., Халманов, Б., Абдурахмонова, Л., & Олимжонова, Г. (2020). Пробиотики в комплексном лечении фурункулов челюстно-лицевой области. *in Library*, *20*(4), 24–77. извлечено от https://inlibrary.uz/index.php/archive/article/view/14185

3. Садикова, Х., Кудратов, Ш., & Мирзамухамедова, М. (2015). Методы диагностики и лечения радикулярных кист челюстей. *Stomatologiya*, *1*(1-2(59-60), 110–114. извлечено от https://inlibrary.uz/index.php/stomatologiya/article/view/2940

4. Рахматуллаева О., Шомуродов К. ., Фозилов М., Эшмаматов І. ., & Икрамов S. (2022). Evaluation of the homeostasis system before and after tooth extraction in patients with viral hepatitis. in Library, 22(1), 702–708. извлечено от https://inlibrary.uz/index.php/archive/article/view/13986

5. Дусмухамедов, М., Сапарбаев, М., Икрамов, Ш., & Худойберганова, Н. (2022). Анализ морфофункционального состояния височно-нижнечелюстного сустава у пациентов 12-15 лет с дистальной окклюзией зубных рядов и нарушениями осанки. in Library, 22(1), 35–38. извлечено от https://inlibrary.uz/index.php/archive/article/view/14872

6. Эшонкулов, Ш., & Маннонов, Ж. (2021). Эффективность дуплексной ультразвуковой исследование для определение дальнейшей тактики хирурга при воспалительных заболеваниях мягких тканей лицевой области у детей раннего возраста. in Library, 21(1), 114–115. извлечено от https://inlibrary.uz/index.php/archive/article/view/14277

YUZ SKELET SUYAKLARINI QO'SHMA JAROHATLARIDA GEMOSTAZ TIZIMINING MIKROTIRKULYATOR VA KOAGULYATSION BO'G'INLARINING HOLATI.

Boymurodov Sh. A., Narmurotov B.Q.
Tashkent tibbiyot akademiyasi
bahtiyor.normuradovl968@gmail.com

Yuz-jag’ jarohati bo'lgan bemorlarni davolashni tashkil e’tish yanada rivojlantirishni talab qiladi, chunki mavjud yondashuvlar qo'shma jarohat patogenezining barcha jihatlarini to'liq qamrab olmaydi va natijada bunday bemorlarni reabilitatsiya qilishning yuqori samaradorligini ta'minlaydi. Birgalikda yuz-jag’ sohasi jarohati bilan og'rigan bemorga yordam ko'rsatish vaqti va joyini aniqlashda aniq strategik yo'nalish bo'lmasa, bitta mutaxassisning bir nechta shikastlangan anatomik tuzilmalarni bartaraf etishda ishtirok etishini to'liq va etarli darajada samarali deb hisoblash mumkin emas.

Materiallar va usullar. Biz 120 nafar yuz-jag’ sohasi qo’shma jarohatlari bo’lgan bemorda trombotsitlar agregatsiyasi faolligi va qon tomir devorining antiaggregatsiya qobiliyatini o'rganib chiqdik.

Olingan natijalar. Davolash boshlanishidan oldin mandibulaning sinishi bo'lgan bemorlarda nazorat guruhiga nisbatan trombotsitlarning yuqori funktsional faolligi kuzatiladi, bu trombotsitlar agregatsiyasining maksimal tezligini 56,5±9,2 ga (p1=0,01) statistik jihatdan sezilarli darajada oshirishda namoyon bo'ladi, ularning yig'ilishning maksimal darajasi 50,7±10,1% gacha (p=0,01), maksimal yig'ish tezligiga erishish vaqti bir vaqtning o'zida 684,3±125,2 soniyagacha (p1=0,01) va maksimal darajaga erishish vaqti. agregatsiya darajasi 55,3 ± 4,2 soniyagacha (p1 = 0,03) tashkil e’tdi.

Davolash boshlanganidan 3-5-kunida trombotsitlarning funktsional faolligining yanada oshishi davom etadi, bu agregatsiyaning maksimal tezligini 75,1±12,6 (p1=0,01; p2=0,02)ga oshirish bilan birga keladi, ularning yig'ilishning maksimal darajasi 74,7±11,4% (p1=0,01; p2=0,01), maksimal yig'ish tezligiga erishish vaqtini 932,1±158,4 soniyagacha (p1=0,01; p2 = 0,01), maksimal yig'ish darajasiga erishish vaqti e’sa 110,2±13,4 soniyagacha (p2=0,01; p2=0,01) tashkil e’tdi. Davolashning 10- 12-kunida trombotsitlarning funktsional xususiyatlarining faqat qisman tiklanishi sodir bo'ladi, bu trombotsitlar agregatsiyasining maksimal