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SURGICAL CORRECTION OF CONGENITAL CLEFT MOUTH IN CHILDREN.

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The **aim** of this study was to study the surgical correction of macrostomy in children.

Material. In 4 years, 2,375 children with various pathologies were admitted to the Department of Plastic Surgery of the clinic of the Tashkent Pediatric Medical Institute, for make plastic surgery operation. Among them, 6 children were operated with a diagnosis of macrostomy. Two were boys and four were girls. The average age of the patients was 5 years. The patients differed depending on the diagnosis: rightsided congenital lateral cleft mouth (67%) and bilateral congenital lateral cleft mouth (33%). Comorbidities included right-sided cleft lip and palate (33%), right-sided anotia (33%), hearing loss (33%), mental retardation (50%), strabismus (50%), skin outgrowths (50%), asymmetry face (67%), syndactyly of the fingers and toes (33%) and congenital alopecia (33%).

Research methods. All operations were performed under general anesthesia. Preoperatively, all patients were made design from the healthy side and proportions of the face. Subsequently, these geometrical dimensions are drawn from the side of the crevice. An incision was made and the muscles of the mouth were exposed. The mouth muscle was sutured up to the planned point. Further, the restoration of the skin and mucous membranes by applying cosmetic sutures to the wound. At the same time, the location of the wound on the mucous membrane of the corner of the mouth was avoided. An aseptic bandage was applied to the face. The postoperative recovery was uneventful. Postoperative care for patients - dressing of a postoperative wound and rinsing with antiseptic solutions and antibacterial drugs. The sutures were removed for 6-7 days. Patients got physiotherapeutic treatment and postoperative wound treatment with “Kelo-cote” cream.

Results. Re-examination was performed 1, 3 and 6 months after the operation. The postoperative area was examined and compared with preoperative photographs. Complete closure of the lateral cleft mouth was observed. The asymmetry of the corners of the mouth completely disappeared after the operation. Restriction of mouth movement was not observed. The Cupid's line, which separates the skin of the lip from the red border, has acquired a clear shape. The growth of hypertrophic scar and keloid tissue at the incision sites was not observed. Violation of the chewing and swallowing movements was not identified. It is necessary to note the positive aesthetic and psychological state of the parents after the operation in comparison with the state before the operation.

Conclusions. The results obtained show what a congenital pathology is with other concomitant congenital diseases. Long-term results after 1, 3 and 6 months show the effectiveness of surgical treatment of this disease in childhood. During surgery, it is necessary: the geometric proportions of the healthy side of the face, the presence or absence of a hidden cleft of the circular muscle of the mouth, restoration of the anatomical integrity of the muscles of the mouth and not finding a wound in the corner of the oral mucosa.

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