

**Conclusion.** The analysis of computed tomography data allows: 1. to state the presence of a voluminous formation, 2. to determine its prevalence, 3. to characterize the boundaries and shadows, 4. to control postoperative changes. There are characteristics that make it possible to obtain information about the stage of development of pathology, its prevalence and to choose an adequate treatment strategy, including surgical one. Moreover, contrast-enhanced MSCT makes it possible to visualize focal mural nodes better accumulating contrast: it also makes it possible to assess the relative location of bone and tumor.

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## **POST COVID-19 OSTEOMYELITIS ON UPPER JAW: DIAGNOSIS AND TREATMENT**

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Many patients with mild or severe COVID-19 do not make a full recovery and have a wide range of chronic symptoms for weeks or months after infection, often of a neurological, cognitive or psychiatric nature. The epidemiological evidence, diagnostic criteria and pathogenesis of post-COVID-19 syndrome are reviewed.

Post covid osteomyelitis on upper jaw is a rare, life-threatening disorder that can complicate facial infection, sinusitis, orbital cellulitis, pharyngitis, or otitis or following traumatic injury or surgery, especially in the setting of a thrombophilic disorder. Early recognition of cavernous sinus thrombosis which, often presents with fever, headache, eye findings such as periorbital swelling, and ophthalmoplegia, is critical for a good outcome. Despite modern treatment with antibiotics and anticoagulation, the risk of long-term sequelae, such as vision, diplopia, and stroke, remains significant. This activity examines when cavernous sinus thrombosis should be considered, how to properly evaluate this condition and the role of the interprofessional team in caring for patients with this condition.

The optimal diagnostic test is neuroimaging with either contrast-enhanced computed tomography (CT) or magnetic resonance imaging (MRI). CT venogram (CTV) and contrast-enhanced MR venogram (MRV) are highly sensitive, whereas non-contrast CT and time-of-flight MRV may miss the diagnosis. Non-contrast CT of the head, although not ideal for a cavernous sinus thrombosis diagnosis, may reveal several subtle abnormalities such as engorgement or dilation of the superior and/or inferior ophthalmic veins, bulging of the lateral margins of the cavernous sinus, exophthalmos, and possibly the presence of sphenoid or ethmoid sinusitis, or mass lesions near the sphenoid or pituitary gland. Contrast-enhanced MRI brain shows bulging of the cavernous sinus, increased dural enhancement, and absent flow void is seen

Screening for thrombophilia may give false results during anticoagulation therapy and should be delayed until after treatment is completed.

Because of the rarity of diagnosis, no randomized controlled trials are available, and expert opinion guides treatment. In general, antimicrobial and antithrombotic therapies are primary considerations.

Corticosteroids are often given but without demonstrated efficacy. The potential benefit would be decreased inflammation and vasogenic edema surrounding cranial nerves and orbital structures. Steroids are necessary, however, for cases of hypopituitarism. The International Study on Cerebral Veins and Dural Sinus Thrombosis (ISCVT) reported steroid use in 24% of cerebral thrombosis with no evidence of improvement.

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.

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## IMPROVING THE COMPLEX TREATMENT OF CHILDREN WITH ODONTOGENIC PHLEGMON OF THE MAXILLOFACIAL REGION

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For many years in our country, the most common form of purulent-inflammatory disease of the maxillofacial region is odontogenic phlegmon. The proportion of patients with acute odontogenic inflammatory diseases is 10-20% of all patients who applied to dental clinics, and in the structure of hospitalization in maxillofacial hospitals – more than 50% of all patients.

Against this background, many methods and means of treating inflammatory processes that have been successfully used in recent years become ineffective or ineffective. It seems that the reason for the dissonance between the success of studies and the clinical effects of their results is the lack of fundamental knowledge on the topic under study. Surgical intervention is an important step in the complex treatment of odontogenic phlegmon of the maxillary fossa. In recent years, great interest in medicine has been given to antiseptics. Yoks-Teva is a broad-spectrum antiseptic.

In the treatment of phlegmon of the maxillofacial region in childhood, the antiseptic Yoks-Teva was not used, therefore, the study of the effectiveness of the drug in the complex therapy of children with odontogenic phlegmon of the maxillary fossa seems to be relevant and modern.

**Purpose of the study.** To substantiate the effectiveness of the use of Yoks-Teva preparations in complex treatment in children with odontogenic phlegmon of the maxillofacial region.

**Research objectives.** Based on the results of clinical and microbiological studies, to substantiate the expediency of using Yoks-Teva antiseptic in children with odontogenic phlegmon of the maxillofacial region.

**Materials and methods of research.** We examined 30 children aged 9 to 18 years after the opening of phlegmon in the clinic of the TSSI at the Department of Pediatric Maxillofacial Surgery:

**I group.** Traditional method of treatment (n-15); II – group with the use of Yoks-Teva antiseptic (n-15 children).

It was carried out clinical and microbiological (generally accepted bacteriological method with the study of cultural and biological properties of isolated microorganisms).