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IMPROVING THE PREVENTION OF INFLAMMATORY COMPLICATIONS AFTER URANOPLASTY IN CHILDREN

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The problem of rehabilitation of children with congenital cleft lip and palate continues to be relevant and complex. The very birth of a child with visible developmental disorders is a severe social and psychological trauma for parents and the child himself. This is especially evident in cases where rehabilitation measures end at a later date with the development of secondary deformities.

Complete medical, psychological and social adaptation of the child, the formation of a full-fledged personality are directly dependent on anatomical, functional and cosmetic disorders, as well as the timeliness of the rehabilitation measures taken.

To provide qualified assistance to this group of complex patients, multi-stage surgical interventions and constant monitoring by an orthodontist, pediatrician, speech therapist and other specialists are required.

The most urgent issue in solving the problem of rehabilitation of this contingent of patients today is the creation of a concept of assistance to these patients, because this assistance includes a number of specific organizational, medical, technical and social aspects.

The most common complication after surgery is the divergence of the edges of the wound at the border of the hard and soft palate. This is the result of technical errors during the operation (poor removal of the vascular bundles, incorrect, rough interlaminar osteotomy). In isolated cases, marginal or partial necrosis of the mucoperiosteal flaps is observed due to extensive tissue trauma or severe compression after the surgical bandage. A short, inactive palate is a leading sign of palatopharyngeal insufficiency. For a clear pronunciation of speech sounds, the soft palate must be mobile, long, and when speaking, it must ensure a sufficiently complete closure of the palatopharyngeal closure. Proper planning of the operation, taking into account the width and length of the cleft palate, reduces the percentage of postoperative complications.

This requires further in-depth study of the features of regeneration of the oral mucosa with congenital cleft palate in order to increase the clinical effectiveness of soft tissue plasty and improve the course after the surgical period. Healing after a surgical wound in conditions of deficiency of the surrounding tissue is also an unsatisfactory result, since complications such as dehiscence of the wound edges due to edema and hematoma or marginal necrosis due to excessive tension are possible. In the future, there is a change in the architectonics of the oral cavity, aesthetic and functional disorders due to the formation of deforming scar tissue, which aggravates the further possibility of orthopedic treatment and disrupts the implementation of such functions as chewing and swallowing. The effectiveness of uranoplasty largely depends on the functional and metabolic activity of the tissues of the oral cavity.

There is a need to improve existing and develop new methods of treatment that would be highly effective and at the same time economically acceptable.

In connection with the above, complications are relevant for the practice of pediatric surgical dentistry, and we were very interested in the data on the use of Hexoral aerosol, which would allow isolating postoperative defects in the oral cavity with congenital cleft palate, protecting the wound surface and optimizing wound healing processes.

Hexoral aerosol (produced by the international pharmaceutical company Johnson & Johnson, LLC, Russia produced by: Famar Orleans).

The antimicrobial effect of the drug "Hexoral" is associated with the suppression of oxidative reactions of bacterial metabolism (thiamine antagonist). The drug has a wide spectrum of antibacterial and antifungal activity, in particular against grampositive bacteria and fungi of the genus *Candida*, but the drug "Hexoral" may also have an effect in the treatment of infections caused, for example, by *Pseudomonas aeruginosa* or *Proteus* spp.

At a concentration of 100 mg / ml, the drug suppresses most strains of bacteria. The development of resistance was not observed. Hexetidine has a weak anesthetic effect on the mucous membrane.

The foregoing circumstance served as the basis for the present clinical study.

Purpose of the study: To study the state of local factors of protection of the oral cavity and microflora in children with congenital cleft palate before and after uranoplasty and to improve the prevention of inflammatory complications of uranoplasty.

Research objectives: To study the effectiveness of Hexoral aerosol in children with congenital cleft palate after uranoplasty.

Materials and methods of research: 30 children 18 boys and 12 girls with CCLP at the age of 3-10 years were hospitalized and followed up in the Department of Pediatric Surgical Dentistry of the Tashkent state dental Institute. All children with CCLP underwent uranoplasty. Cheiloplasty was performed by him at the age of 6 months. up to 1.5 years. In each patient, the extent of the palate defect, the condition of the muscles of the soft palate and pharynx, the size of the palatopharyngeal passage were determined, the features of speech disorders (twang and articulation changes) and hearing, and the intellectual development of the child were specified. Depending on the characteristics of postoperative local treatment, all patients were divided into groups. The first group included 20 children who received only basic therapy: after the completion of uranoplasty, an iodoform-gauze swab was applied to the bare surface of the hard palate. On the fifth day, the protective plate was removed, the iodoform tampon was removed from the surface of the mucoperiosteal flap. Daily oral cavity and wound were irrigated with antiseptic solutions. The second group included 20 children. After completion of uranoplasty, we apply Hexoral aerosol on the bare surface of the hard palate, held by a protective plate. On the second day it was removed, and the wound surface remained open. The rest of the days we treat with Hexoral aerosol.

The study of local signs shows that children with CCLP on the first day after uranoplasty had pain in the soft palate and pharynx during swallowing and eating, swelling of the soft tissues and bruising and hematoma of the mucous membrane of the palate and pharynx. Particular attention was paid to the condition of the sutures and edges of the postoperative wound, since the type and nature of healing depends on it. As a result of the operation in the soft tissues and muscles of the palate and pharynx, capillaries are crushed and the tissues are flooded with blood, after which bruises, hematomas are formed, swelling of the soft tissues of the palate and pharynx occurs, which decreases only on the sixth-seventh day of treatment. Bruising and hematoma of the mucous membrane of the palate and pharynx increase in the first 3 days after the operation, significantly decreasing by the sixth day.

In patients who received traditional treatment, bruising and hematoma of the mucous membrane of the palate and pharynx, pain in the soft palate and pharynx during swallowing and eating persist up to the fifth day, swelling of the soft tissues of the palate and pharynx and bad breath remain until the sixth day of treatment.

The state of the seams and edges after the surgical wound depends not only on the type, quality and technique of suturing, but also on the development of inflammation in the soft tissues, which leads to suppuration of the wound. In 10 (50%) of 20 children who received traditional therapy, the wound became infected and on the fourth or fifth day, 50% of the sutures (along the line "A" and in the oropharynx, where the tension of the wound edge was greater than in other places) were in unsatisfactory condition. As a result, in 5 children by the eighth-ninth day of treatment there was a partial divergence of the sutures. In 5 children,

secondary healing was observed after the surgical wound, which led to palatopharyngeal insufficiency. The use of Hexoral significantly influenced the dynamics of local signs of the wound process after uranoplasty. In these children, pain in the soft palate and pharynx disappeared earlier than in the first two groups, hematomas resolved earlier. In 2 out of 20 children who received traditional therapy, the wound became infected on the fifth day. As a result, secondary healing of the postoperative wound occurred in 1 child by the ninth day of treatment.

Thus, the high efficiency of Hexoral aerosol application in children with congenital cleft palate after uranoplasty in the early postoperative period was noted. As can be seen from the data obtained, the drug maintains a moist environment that promotes the fastest healing of wounds.

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