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**DISEASES OF MAXILLOFACIAL SURGERY IN YOUNG
CHILDREN**

Annotation: Pediatric maxillofacial surgery is a field of medicine that deals with the diagnosis, treatment and prevention of pathologies associated with the formation and development of the maxillofacial region in children. This type of surgery includes many methods and techniques that are aimed at restoring the normal shape and function of the face and jaws in children of various age groups.

Key words: diseases, maxillofacial surgery, young children, modern medicine, treatment and diagnosis.

Treatment of maxillofacial pathologies in children is a complex and multidisciplinary process that requires an individual approach and special knowledge. The causes of pathologies can be different: genetic predisposition, low-intensity congenital malformations, injuries, infections and other factors. It is important to note that intervention in the maxillofacial region of children has its own characteristics, since it is really formed only during the growth of the body.

Specialists in pediatric maxillofacial surgery are highly qualified and have many years of experience working with children. Their main task is to ensure the safety and maximum effectiveness of the treatment of pathologies. Depending on the type and degree of pathology, the doctor can apply both conservative methods of treatment and surgical intervention. An integrated approach and cooperation with other specialists (orthodontist, dentist, orthopedist and others) allow us to achieve optimal results and achieve complete restoration of the function and aesthetics of the maxillofacial region in a child.

Cleft lip and palate can form for numerous reasons, and in a particular case, it is sometimes difficult to establish the causal factor, and in some cases, it is impossible at all. There is a group of the most common causes that provoke pathology:

- stress and strong emotional shocks of the mother in the first trimester of pregnancy;

- infectious diseases;

- bad habits: smoking and alcohol abuse, drugs in the first trimester of pregnancy;

- the cause may also be taking some medications that are incompatible with pregnancy. In the first weeks of pregnancy, all systems and organs are laid, and negative effects can cause serious malformations;

In 5% of cases, the hereditary factor will be the culprit.

Even after protecting yourself and your baby from negative effects, it is impossible to say with certainty that the fetus is completely protected from negative factors. Therefore, all efforts should be focused on treatment.

The scientific dental journal PLoS One has published an analysis of more than 14 studies on the formation of cleft lip and palate in children. The authors of the study were scientists from Canada, Egypt and the United Kingdom. The scientific interest concerned the influence of bad habits on the formation of malformations. It has been proven that in women with addiction, the risk of fetal malformations increases by 50%.

It is noteworthy that the same risks of developing defects persist both with direct smoking and with passive smoking, when women have to breathe someone else's cigarette smoke. Other studies show that expectant mothers who are passive smokers have a 23% higher risk of having a stillborn child, and a 13% higher risk of having babies with physical defects.

Cleft lip and palate are usually divided into three groups, each of which will have different degrees of severity, therefore, the features of treatment:

- isolated cleft of the upper lip;
- isolated cleft of the sky;
- through cleft lip and palate.

The main purpose of pediatric maxillofacial surgery is to restore the normal anatomy of the face and ensure the proper functioning of the jaws in children.

A specialized surgeon, called a maxillofacial surgeon, has the knowledge and skills necessary to perform operations on the jaws, face and surrounding tissues. He works with children of all ages, from infants to teenagers.

It is important to remember that pediatric maxillofacial surgery is a complex and delicate procedure that requires qualified medical personnel and appropriate equipment. Pediatric maxillofacial surgery requires an individual approach to each patient and a combination of different treatment methods such as surgery, orthodontic treatment and prosthetics. If your child has malformations of the maxillofacial region, it is recommended to contact a maxillofacial surgeon to conduct an examination and develop an individual treatment plan.

The goals of pediatric maxillofacial surgery: Maintaining health and functionality – the main goal is to restore normal functions of the maxillofacial region in children with developmental abnormalities, injuries or tumors. Pediatric maxillofacial surgery is able to restore the functionality of speech, breathing, digestion and other vital processes.

Improving aesthetics – pediatric patients with deformities of the maxillofacial region often need corrective surgical treatment to improve their appearance. Surgical methods make it possible to correct irregularities, asymmetries and defects, which contributes to improving children's self-esteem and quality of life. Preventing the development of complications – many malformations of the maxillofacial region can lead to serious complications, such as problems with breathing, chewing or speech. Pediatric maxillofacial surgery can prevent the development of these complications by providing early

diagnosis and timely treatment. Pediatric maxillofacial surgery requires special knowledge, experience and skills to work with young patients. It includes surgical interventions, reconstructive procedures and orthodontic treatment to achieve optimal results. Early diagnosis and treatment of malformations of the maxillofacial region in children helps to avoid complications and ensure their full development and health for life. Parents should understand that the birth of a baby with a cleft lip and palate is not a verdict. Thanks to modern, albeit long-term treatment, which requires considerable financial and emotional costs, but in the end any problem can be solved. The treatment of children with cleft lip and palate is one of the most difficult tasks of maxillofacial surgery, which will require a comprehensive approach. An optimal surgical treatment protocol has also been developed, consisting of several stages performed at different times:

- cheiloplasty, which allows to eliminate a defect in the lip and nose area, and restore the anatomical and functional fullness of the lip. Such an operation is performed literally from the moment of birth;

- on a soft palate, to close the defect, they are carried out in 6-7 months;
- on a firm palate, they are usually performed at the age of 12-14 months;
- according to indications and if necessary, other reconstructive operations are performed from 6 months.

A child with malformations of the maxillofacial region requires special care. When feeding a baby, in order to exclude aspiration (ingestion of food into the respiratory tract), it is necessary to feed according to special rules:

- feeding should be carried out in a semi-sitting position;
- before getting a belch and regurgitation, the baby needs to be kept a "soldier";
- when the baby is lying down, resting, and even more so sleeping, his head should be turned on his side;
- regular toilet of the nasal cavity using sterile preparations: oils, infusions of medicinal herbs;

- the mucous membrane of the mouth and nose is constantly in contact with the air, which normally should not be. Such circumstances provoke the formation of crusts, which must be removed in a timely manner;

- when walking in winter, in case of frost, gauze bandages must be applied to the crevice area, which will warm the incoming air;

- cleft palate can be combined with Pierre-Robin syndrome, in which there is an insufficient development of the upper jaw and tongue sinking due to its underdevelopment. With this syndrome, newborns may develop respiratory arrest in the supine position. Therefore, parents should be careful and put the baby on its side or on its tummy.

Otherwise, children with cleft lip and palate are ordinary, they also need a daily routine, outdoor walks, hardening procedures and air baths. Any surgical intervention requires prior preparation. Before any planned operation, the baby should be ready: there should be no infectious and somatic diseases, chronic pathologies should be in remission. Both parents and doctors should pay special attention to the allergic predisposition of the child. It is forbidden to introduce new products into the diet for several months before surgery. Any manifestation of an allergic reaction can significantly delay the timing of surgery.

References:

1. Djamolidinovna D. S. Non-carious tooth damage-symptoms and treatment //EPRA International Journal of Research and Development (IJRD). – 2023. – T. 8. – №. 11. – С. 100-103.

2. Andersson L., Kahnberg K. E., Pogrel M. A. (ed.). Oral and maxillofacial surgery. – John Wiley & Sons, 2010.

3. Hausamen J. E. The scientific development of maxillofacial surgery in the 20th century and an outlook into the future //Journal of cranio-maxillofacial surgery. – 2001. – T. 29. – №. 1. – С. 2-21.