

ASSESSMENT OF THE ORAL CAVITY CONDITION IN CHILDREN BORN WITH UPPER LIP AND PALATE DEFECTS

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Relevance. Congenital lip and palate arch (CCLP) is a serious defect of the facial and jaw system characterized by severe structural and functional disorders. Perhaps there is no other congenital deformity that significantly changes The Shape of the face and leads to such important anatomical and functional disorders (Granchuk G.N., 1987; Mahjabov E. V. and others, 1987; Medvedev M.V., 2001; Amanullaev R.A. et al, 2013; FlynnW ., 2006; Hugentobler ., 2006; RecamanM ., 2006; SliferK . L., 2006; BaskaranM . And others, 2015).

Most often, lip and palate ventricles are polygenic multifactorial disease that can occur as isolated malformation and can be one of the signs of birth defects (Dyakova S.V., 1996; Kobakhidze K.A., 1996; Kozin I.A., 1996; Yakovlev S.V., 2000; Magdalenic-V.5; Mest200. K., Hagg U., 2004; Ezzio .E. _ et al ., 2015).

The priority in the surgical treatment of cleft lip and palate is the restoration of the correct attitude of anatomical structures, which contributes to the early rehabilitation of patients (Davydov B.N., 1999; Medvedeva M.A., 2007; Mamedov Ad. A., 1995-2012).

In recent years, effective methods have been developed to eliminate the kemtics of the upper lip (DavydovB.N., 2000; CuttingC ., 2006; NoordhoffM . S. , 2006; Sygesc . M. , 2007), (MamedovAd.A. , 2002; Kharkiv L.V. and others , 2005; Davydov B.N. , 2006; Hoffman V. Y. , 2006).

We studied the condition of the upper jaw and dental jaw system of 47 patients, which arose from the goals and objectives set in front of us. Of this, 20 were girls and 27 were boys. The age of the patients, on the other hand, ranged from 4 to 18 years of age. These Guruh patients were divided into two guruhas: the 1st Guruh was made up of 8 patients (17%) who were chemically present in the BTLAO' (unilateral lip and alveolar tumor) Sox, and the 2nd Guruh was made up of 39 patients who were chemically present in the BTLT (unilateral lip and palate) Sox. The following results were obtained when we divided the patients by age and gender: children between 4 and 7 years old had 2 in the total proportion, kemtigi in the BTLAO' (unilateral lip and alveolar tumor) Sox, while children between 7 and 12 years old had 3, 1 person between 12 and 15 years old, and bulgan Guruh between 15 and 18 years old had 2. A total of 8 patients were taken into control. 39 patients with kemtic presence in BTLT (unilateral lip and palate) Sox in Group 2 were 7 in total for children aged 4 to 7, 17 for children aged 7 to 12, 6 for children aged 12 to 15, and bulgan patients aged 15 to 18 were 9 in total.

Conclusions

1. Etiological factors in children born with defects of the upper lip and palate, the results of a retrospective study showed that the relationship between spouses is 22 people (10.8%);, anemia in the mother during pregnancy is 32 people (15%);, severe toxicosis in appearance - 23 cases (10.6%); flu, stress and other diseases - 38 cases (18%); alcohol consumption by the father – 19 cases (8.4%), the presence of offspring-78 cases (33%). The variety of clinical manifestations of

the defect in children born with defects of the upper lip and palate was: unilateral limited lip defect – 14%, unilateral limited palate defect-8%, unilateral intersected complete lip and palate defect-19%.

2. In patients with unilateral defects of the lip and palate, alveolar edema may be during treatment, it will be necessary to take into account violations of the proportionality of fragments to one. On the other hand, the complete absence of orthodontic treatment exacerbates secondary deformities that occur in this area.

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