STUDY AND MISALIGNMENT OF ADENTIA AND SVERHKOMPLEKT TEETH IN THE ALVEOLAR PART OF THE UPPER JAW IN CHILDREN BORN WITH LIP AND PALATE DEFECTS

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Relevance: According to statistics in the Russian Federation, the congenital pathology of the maxillofacial region ranks 3-5 among all human birth defects. In our country, an average of one child per 600-1000 newborns is born with a cleft lip and palate. With this malformation of the face, morphological features are detected even in the antenatal period and after birth there is a violation of vital functions: breathing, sucking and swallowing. In the process of growth, a child with RGN has difficulty pronouncing the sound.

Rehabilitation of patients with cleft lip and palate is one of the most difficult tasks in medicine. Despite the numerous works devoted to the problem of correcting the deformity of the Middle face in children with cleft lip and palate, there is still no generally accepted single tactic for the joint surgical and orthodontic treatment of patients with this type of pathology.

The study of the condition of high jaw deformities in children born with cleft lip and palate is of interest to specialists, and in the work of most scientists we will witness that the result and cases of these are reflected. For Example B.N.In the scientific work carried out by Davidov, the mechanisms of the dressing of secondary deformities in the alveolar tumor part of the upper jaw are fully reflected. In doing so, it can be observed that the deformation remaining in the event that the plastic of the bone and the lower parts was not carried out at the same time was detected in 88.7% of patients. This calls for the need to carry out primary rhinocelloplasty after surgical practices. In addition, at the time of lip jarrox practice, it is necessary to give the state of formation of jaw and facial tissues in subsequent fans in the event of a sudden Ham practice in the nasal sac. From this it can be concluded that the lack of formation of the palate tumors will be able to cause the upper jaw to shrink and the soft palate to shrink and call the state of retrotransposition. In other work carried out, it can be said that, for example, in patients with lip and palate defects during the sharing period of the prikus (based on telerenggenogram data), two different Clinico-morphological structures of the facial skeleton have been identified. An example of this is high micro-retrognathia, and high micro-orthognathies. Patients with microretrognathia have a 4-fold majority compared to orthognathia.

It is necessary to note that in such cases, not only the upper jaw is disturbed by standing and growing posture, but also the normal structural patterns of the lower jaw and how many bones of the base of the head are disturbed. For example in the case of distal posture of the upper jaw, the bent structure of the face can be characteristic. In the case of the second type of anomaly, however, the hajmi of the bones of the base of the head will be small, and dysproporation of the jaws will be possible.

Conclusions

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%.

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