

PREDICTION AND PREVENTION INFLAMMATORY COMPLICATIONS OF COMBINED SOFT TISSUE INJURIES OF THE MAXILLOFACIAL REGION

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<https://doi.org/10.5281/zenodo.10360891>

Abstract. *Combined soft tissue injuries of maxillofacial region can lead several early and late complications. Prolonged-inflamed, late deformed scarred, defects of the facial organs and tissues are among them. Certain effective measures have to be implemented in the process of diagnostic and rehabilitation period.*

Keywords: *effective measures rehabilitation, prolonged-inflamed, defects of the facial tissues.*

INTRODUCTION

Prevention, diagnosis and treatment injuries to the maxillofacial area (MFA), their complications and consequences are one of the most relevant modern medical and social problems, the importance of which increases from year to year in all countries. This is determined by the constant increase in the level of maxillofacial traumatism and the increasing severity of maxillofacial injuries and combined injuries [1,3]. Despite significant progress, treatment of patients with fractures bones of the facial skeleton and prevention of complications is a most difficult and far from solved problem. Severity of the problem due to a significant proportion of elderly and senile patients age, patients with chronic concomitant diseases, patients with low social status [2,3,4]. It should be noted that to date there is no common approaches and application standards have been developed immunocorrective drugs for maxillofacial trauma. Due to this, development of indications and effective methods of immunocorrection in groups of patients with a high risk of developing inflammatory complications, is certainly an important component in improving the system therapeutic and rehabilitation measures for maxillofacial injury. Issues of traumatology of the maxillofacial area continue remain one of the most relevant modern medical and social problems, the significance of which due to intensive urbanization, mechanization, increasing the pace and rhythm of life, increases from year to year in all countries. The increasing intensity of injuries allows consider that its danger for people under 60 years of age is higher than cardiovascular diseases and malignant tumors.

THE PURPOSE OF THE STUDY

The purpose of the study is developing a forecasting algorithm and effective methods for preventing inflammatory complications in patients with injuries of the maxillofacial region.

MATERIALS REVIEW AND METHODS

138 patients with combined soft tissue injuries maxillofacial region were initially hospitalized, which accounted for 27.2% of the total number of hospitalized surgical dental patients for the analyzed period of time. In 94 cases, patients were re-hospitalized due to various reasons - due to developed complications or planned for the next stage of treatment (mainly for plastic and reconstructive surgeries in the aftermath of injury).

patients with injuries to the maxillofacial area. Among the victims, men predominated, and their share was account for 83.5% of all injuries, women - 16.5%, i.e. for the subject period of time, 5 times more men were hospitalized than women. Among the victims, men predominated, and their share was made up 83.5% of all injuries, women - 16.5%, i.e. for the subject period of time, 5 times more men were hospitalized than women. Clinical examination of patients upon admission included study of complaints, medical history, identification of general and local symptoms of the disease. To clarify the factors contributing to the occurrence of secondary immune deficiency, collection was carried out anamnesis and its analysis.

DISCUSSION OF THE STUDY

In most cases, injuries to the maxillofacial area are accompanied by traumatic complications that occur at different times with moment of injury. Analysis of hospitalization materials showed that complications in the post-traumatic period occurred in 546 patients with trauma of the maxillofacial area, which amounted to 40.8% of those initially hospitalized patients - the rate is undoubtedly high. Such a high frequency complications in the post-traumatic period that arise both in prehospital stage of treatment, and in the process of specialized treatment, suggests the need to study the factors contributing to their development. When studying the factors determining the development, volume and nature complications from facial trauma, one of our priority areas is determined the analysis of organizational aspects - timing and quality provided medical care - as one of the main factors development of complications. It is known that fractures of the facial bones in most cases are open. This causes infection of the bone wound with moment of fracture occurrence; the mechanism is so fast infection is caused by both anatomical and functional structural features of the jaws and soft tissues of the face. Therefore, than later, the patient receives specialized medical care, the more inflammatory complications develop more often, and therefore the main a measure that prevents the entry of infectious agents into fracture gap, is to provide specialized care in the early deadlines. Despite significant improvements in the organization of care victims with a maxillofacial injury, untimely treatment is noted patients to medical institutions and their hospitalization. When analyzing the reasons for late hospitalization, it turned out that the main one was the late presentation of patients for medical care help due to the reluctance of victims to be treated for injury, which to some extent may be due to underestimation of the severity of injuries received and lack of ideas about the consequences of maxillofacial injuries. About 10% of patients were admitted to the maxillofacial hospital in periods exceeding 20 days after unsuccessful inpatient treatment maxillofacial injuries in surgical departments of central district hospitals and outpatient treatment in dental clinics at your place of residence. Attempts to carry out treatment at the place of residence does not always provide favorable outcomes, in 73.1% the outcome of such treatment was complications inflammatory and non-inflammatory nature. Only after development complications, these patients were transferred to treatment in specialized department. In 31.1% of cases, a multi-stage movement of rural patients in the maxillofacial hospital. The patients were forced contact 2 or more medical institutions before receiving referral to the maxillofacial department for specialized medical care.

The duration of surgical treatment of patients with combined injuries of the face-jaw area was carried out in different periods in different patients. This period was carried out in 1 day in 7.4% of patients, in 2-3 days in 24.1% of patients, in 4-5 days in 43.8%, and in 7 days or more in 25.7% of patients. It should be noted that the difference in the period before the operation and the delay of osteosynthesis can be observed in the cases of early immobilization of the fractured jaws,

complete fixation of the teeth on the fracture line, continuous cleaning of the oral cavity and adequate antibacterial treatment. Such a high rate of soft tissue complications of the face-jaw area is explained by the fact that soft tissue complications are admitted to the hospital at an early stage of injury complications. Uncomplicated soft tissue injuries of the face were mainly treated on an outpatient basis, sometimes in district conditions in the residential area. Among these complications, purulent-inflammatory complications of the soft tissues of the face took the place. These are suppuration of wounds and hematomas, and late complications were manifested in the form of post-traumatic scar deformations. These complications were observed in patients who did not seek primary medical care at all or who were treated by general practitioners. This is because there are specific principles of providing primary surgical care when facial injuries are observed. Failure to adequately follow the rules of primary surgical treatment of injuries in the maxillofacial region causes complications of the upper facial soft tissues. Purulent-inflammatory complications of the soft tissues of the face took place among these complications. These were manifested in the form of suppuration of wounds and hematomas, and late complications in the form of post-traumatic scar deformations. These complications were observed in patients who did not seek primary care at all or were treated by general practitioners. This is because there are specific principles of providing primary surgical care when facial injuries are observed. Insufficient adherence to the rules of primary surgical treatment of injuries in the maxillofacial region causes complications of the upper soft tissues of the face.

CONCLUSION

Based on the clinical and statistical research, it seems appropriate to propose this prognostic table for practical use for predicting the likelihood of developing inflammatory complications in patients with fractures of the lower jaw and maxillofacial region.

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