

ANALYSIS OF THE FREQUENCY OF POSTOPERATIVE COMPLICATIONS IN CHILDREN WITH CONGENITAL CLEFT PALATE

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Article History Received: 29Aug 2023 Revised: 30Sept 2023 Accepted: 08 Oct 2023 CC License CC-BY-NC-SA 4.0	Introduction. Congenital cleft of the upper lip and palate (VGN) occupies one of the leading places among all congenital malformations of a person and on average accounts for about 13% of cases. According to experts, on average, one child with cleft lip and palate is born for 600-1000 newborns [1, 5, 8, 11, 13]. The number of patients with this pathology all over the world is constantly increasing both as an independent pathology and as part of a syndromic pathology. According to R.A. Amanullayev, the indicator in total is on average 1 case per 745 live births. The highest rates were recorded in the Aral region zone – 1 case per 540 live births. All this points to the urgency of the problem of treatment and rehabilitation of children with VRGN [2, 3, 4, 7]. Keywords : sky, treatment, method, by sight
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In the system of comprehensive rehabilitation of children with congenital cleft palate (VRN), one of the main tasks is not only the elimination of the cleft, but the functional restoration of the palate. There are many methods of plastic cleft palate, which show different performance indicators. Carrying out such a complex operation with an unfavorable general background, which cannot always be detected by traditional examination methods, in most cases is fraught with various general and local postoperative complications. The urgency of the problem lies not only in the increasing frequency of the birth of children with cleft and the severity of this defect, but also with the difficulties of choosing the optimal method of surgical treatment [6, 9, 10, 12]. Thus, the aim of the study was to analyze the frequency of postoperative complications depending on the method of VRGN plastic surgery.

Materials and methods. The case histories of children with VRN operated in the department of pediatric maxillofacial surgery of the clinic of the Tashkent State Dental Institute (TSSI) for 2021-2022 were studied. Attention was paid to the structure of morbidity, the method of surgical elimination of the defect of the palate, the structure and number of postoperative complications, the average length of stay in the department, as well as the number of additional surgical interventions to eliminate complications.

The results of the studies were processed by the generally accepted method of variation statistics. A software package for biomedical research was used. The data were entered into specially compiled tables in the Microsoft Office Excel 2010 program for the Windows XP operating system, as well as the statistical software package Stat Soft Statistica v6.0. The same programs were used to plot graphs and diagrams to visually illustrate the changes and interrelation of the statistical data of the study.

The results of the study. In the department of Pediatric Maxillofacial surgery of the TSSI clinic for 2021-2022, 262 children were operated on by various methods of uranoplasty. 110 (42%) children underwent surgery according to the method of L.E.Frolova. According to the method of M.I.Asimov (dissection of the soft palate with a horizontal incision and cross-stitching of the wound), 97 (37%) children were operated on, according to the method of Somerlad B.C. – 30 (11.5%) children, and according to the method of Bardach J. - 25 (9.5%) children (Fig. 1).

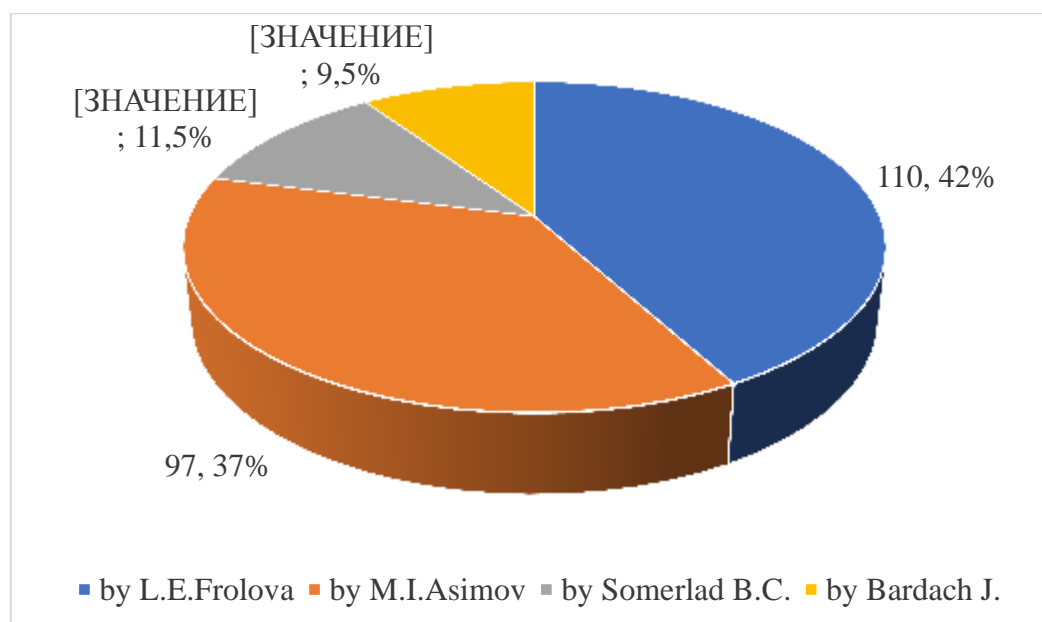


Fig. 1. Correlation of uranoplasty methods performed in 2021-2022.

Of all the operated children, 33 (12.6%) had early local postoperative complications, and of these, 12 (4.6%) children required additional surgical intervention to eliminate complications. The average length of stay of patients in the department was 7.0 ± 2.5 days, in cases of complicated course of the postoperative period, the stay in the department lasted 10.5 ± 0.5 days and depended on the course of the wound process.

The structure of postoperative complications was dominated by cases of suture divergence, which are mainly associated with soft tissue deficiency and the design of the muco-periosteal flap (SNL). The analysis of the data showed that the divergence of the seams with the formation of the defect had a certain localization.

In L.E. Frolova's uranoplasty, postoperative complications were observed in 15 (13.6%) cases, and in M.I.Asimov's uranoplasty – in 8 (8.2%) cases. According to the Sommerlad B.C. method, 5 (16.7%) out of 30 operated children had complications,

by the method of Bardach J. Early complications after uranoplasty were observed in 4 (16%) cases (Table 1).

Table 1

№	The method of uranoplasty	Number of operations	Number of complications	Additional operations	Stay in the department (days)
1	by L.E. Frolova	110	15	5	$8,2 \pm 2,8$
2	by M.I.Asimov	97	8	3	$6,0 \pm 0,5$
3	by Sommerlad B.C	30	5	2	$7,5 \pm 2,3$
4	by Bardach J.	25	4	2	$7,5 \pm 0,5$
Bcero		262	33	12	$7,0 \pm 2,5$

The most frequent complications of operations according to the method of L.E. Frolova were noted in the area of the soft palate, the uvula and on the border of the hard and soft palate (line "A").

Many years of experience in the treatment of children with VRN and a retrospective analysis of the results of uranoplasty indicates that not all types of early postoperative complications are taken into account by surgeons. There are such types of early postoperative complications as the divergence of the mucous membrane in the area of the hard or soft palate, frequent necrosis of the muco-periosteal flap (SNL).

These complications arise as a result of the development of a local inflammatory process and culminate in the formation of rough scars, which lead to limited mobility and shortening of the soft palate, to various types of deformities of the jaws.

Conclusions. Thus, based on the results of the study, the relevance of this problem requires the correct choice of the optimal surgical method, as well as its timing, adequate orthodontic and speech therapy treatment to achieve a high level of rehabilitation of children with congenital cleft palate. Equally important is the tactics of forming the optimal design of the SNL in order to avoid divergence of sutures and subsequent inflammation of the surgical wound.

In addition, when providing timely targeted and qualified assistance in the postoperative period, it is necessary to take into account all types of early local complications after uranoplasty. Taking into account all risk factors, the problem of choosing the right tactics for surgical treatment of children with VRN is relevant.

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