



## CURRENT ASPECTS OF COMPREHENSIVE DENTAL CARE FOR PATIENTS WITH DEFECTS OF THE MAXILLOFACIAL AREA

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## **ANNOTATION**

Currently, the issues of surgical treatment of painful organs and tissues of the maxillofacial zone with defects and destructions remain an incompletely resolved problem. This is closely related to the increase in the number of patients with defects and deformations of the underside of the face due to non-gunshot and bullet injuries, ultimately osteomyelitis of the lower jaw and as a result of oncological effects.

Having studied, analyzed the structure, diagnostic features, course, and methods of treatment of separate nosological configurations of tumors and tumor-like formations of the maxillofacial zone in children undergoing inpatient treatment in the department of maxillofacial surgery of the City Hospital for the period 2021. In the Department of Maxillofacial Surgery, a total of 948 children were cured, of which 5% of patients were cured from benign tumors, 81% from soft tissue tumors and 14% from benign tumors and tumor-like formations of the bones of the facial skeleton.

**Keywords:** tumor, oncology, maxillofacial surgery, hemangiomas a, myoblastoma, radicular cyst.

Introduction. Deformations combined with included defects in the dentition are a symptom complex characterized by vertical movements, tilting of the teeth, and violation of the parameters of the occlusal plane. The prevalence of dental deformities in adult patients is high. Issues of diagnosis and choice of rational treatment method tumors in children remain relevant in medicine. In the group of patients with neoplasms maxillofacial area 25.5 % are made up of children. Most often meet connective tissue benign tumors of soft fabrics faces (vascular formations). Hemangiomas range from 45 to 62% skin tumors and soft tissues [7, 8].

In 78.8% of cases they are localized in the maxillofacial areas. Second place ranked by detection frequency neoplasms of facial bones. Among tissue neoplasms and











oral organs predominate epithelial neoplasms (from the integumentary and dental epithelium and epithelium of the salivary glands), less often - connective tissue (from blood vessels), rarely neurogenic tumors. Benign tumors occur more often -95% of cases, significantly less often and are diagnosed malignant - in 5% [5]. The variety of development options and the peculiarities of the clinical situation in children determine the complexity of diagnosis and the choice of tactics for appropriate surgical treatment of patients with this pathology.

Currently, the issues of surgical treatment of patients with defects and deformations of organs and tissues of the maxillofacial area remain an incompletely resolved problem. This is due to the growing number of patients with defects and deformities of the lower face due to non-gunshot and gunshot injuries, as a result of osteomyelitis of the mandible and after oncological operations [1].

**Target**. Determine effectiveness and evaluate variability of clinical manifestations and information about the use of a more rational method of treating this pathology in children. To study the etiology, peculiarities of the clinic of the main, predominantly encountered in practice, acquired deformities, as well as tumors of the maxillofacial zone in children, their diagnosis.

Material and research methods. Considering the archival materials of the founding of the 1920s, sadly, it is necessary to state that to determine the properties of the work carried out Surgical treatment for any specific patient is quite difficult, since not all sick patients have yet had a computed tomography scan, and ordinary x-ray copies do not reproduce the position perfectly orbital textures and the more pliable tissues. Therefore, when analyzing situations of illness, we based ourselves on presenting the regional status and protocols of the operations performed.

More than 25.5% of patients with neoplasms of the maxillofacial area are children. Having studied, analyzed the structure, diagnostic features, course, as well as methods of treatment of certain nosological forms of tumors and tumor-like formations of the maxillofacial region in children undergoing inpatient treatment in the department of maxillofacial surgery of the City Hospital for the period 202 1. In the department of maxillofacial surgery Facial surgery treated a total of 948 children, of which 5% of patients were cured of benign tumors, 81% of soft tissue tumors and 14% of benign tumors and tumor-like formations of the bones of the facial skeleton.

**Research results.** Analysis of the data revealed that the most widespread group is tumors originating from soft tissues. In this group of tumors, vascular tumors are more common. And most children are diagnosed with the capillary form of hemangioma.

Treatment of hemangiomas urgently requires an individual approach to the choice of method, depending on the volume of the tumor, growth rate, localization of the process, age, and general condition. Treatment of this pathology can be carried out by







conservative and surgical interventions. For capillary forms of hemangiomas, high efficiency of cryodestruction has been observed.

Squamous cell papilloma refers to tumors that develop from stratified squamous epithelium. In the studies conducted, it occurred in 20% of cases and ranked second in frequency of occurrence, after vascular ones. The choice of place of treatment for the patient (hospital or clinic) depends on the age of the child and the planned method of pain relief. Electrocoagulation or dissection with suturing of the wound is performed.

From the group of tumors of controversial origin, 5 patients were operated on and the diagnosis was congenital myoblastoma. Among bone tumors, during a certain period, only 6 children were treated in a hospital: 2 patients due to osteoblastoclastoma of the upper jaw and 4 patients of the lower jaw. Fibrous dysplasia was treated in 2 children. Treatment of radicular cysts of the upper and lower jaw was carried out in 23 children undergoing hospital treatment. Radicular cysts from permanent teeth were most often localized in the area of the central or lateral incisors; absolutely all children noted trauma in the epicrisis. When choosing a surgical approach, the location, volume of the lesion, and stage of the process were taken into account. In most cases, the traditional concepts of cystectomy and cystotomy were carried out. In an outpatient clinic, the number of children operated on for odontoma is much higher than 25 per year, as well as a large increase in patients treated for follicular and radicular cysts - 30-45 children per year.

Close attention was paid to the presence of factors that can negatively affect the outcome of treatment, such as smoking, alcohol abuse, the presence of cardiovascular diseases and diabetes, liver and kidney diseases, radiation, and the use of medicinal drugs affecting reparative processes. When assessing the general somatic status, the examination included the dermatological integument and visible mucous membranes, structural and muscular systems, the structure of the respiratory organs, the cardiovascular system, the structure of the digestive organs, the lymphatic, febrile and genitourinary systems.

Inspection, palpation and auscultation of organs and systems followed the usual methods.

**Conclusion** . Based on this, we conclude that , remains relevant question timeliness and correctness diagnosis of tumors and tumor-like processes in children, as well as choice of tactics timely intervention with purpose reduction quantities relapses and complications. Regardless of which specialist the patient consults (dentist, orthodontist), his examination must be thorough in order to quickly identify possible signs of a neoplasm.

And it should be said that pediatric oncology differs significantly from oncology in adults. In recent years, ultrasound, computed tomography, and magnetic resonance imaging have been introduced into clinical practice. tomography , which





significantly expanded diagnostic capabilities. We can observe unfavorable outcomes that directly depend on incorrect and late diagnosis, which is evidence of poor oncological preparedness of pediatric dentists and pediatricians, insufficient knowledge of most neoplasms of the maxillofacial area in children.

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