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БОЛАЛАРДА ЮЗ-ЖАҒ ТИЗИМИ ТУҒМА АНОМАЛИЯЛАРИНИНГ
СТОМАТОЛОГИК ТЕКШИРУВ ТАҲЛИЛЛАРИ

СТОМАТОЛОГИЧЕСКИЙ ОБСЛЕДОВАНИЕ И АНАЛИЗ ВРОЖДЕННЫХ
АНОМАЛИЙ ЧЕЛЮСТНО-ЛИЦЕВОЙ СИСТЕМЫ У ДЕТЕЙ

DENTAL EXAMINATION ANALYSIS OF CONGENITAL ANOMALIES OF THE FACIAL
JAW IN CHILDREN



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РЕЗЮМЕ. Ушбу мақолада болаларда юз-жағ тизими туғма аномалиялари болалар ва ўсмирлар орасида учрайдиган юқори даражадаги патологиялардан биридир. Лаб ва танглай кемтиги, юз скелети деформациялари, прикус бузилишлари, юқори лаб ва алвеоляр ўсимтадаги кемтиклар нафақат эстетик нуқсон, балки овқатланиш, ютиш, сўриш, нутқ ва психоэмоционал ривожланишни ҳам жиддий равишда бузади. Илмий манбаларда келтирилишича лаб ёки танглай кемтиклари болаларнинг ҳаёт сифати даражасига таъсир этиб, стоматологик саломатлигини ёмонлашувига олиб келади.

Калит сўзлар: болаларда юз -жағ соҳаси туғма нуқсонлари, туғма аномалиялар, юқори лаб ва алвеоляр ўсимтадаги кемтиклар.



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РЕЗЮМЕ. В этой статье рассматривается, что врожденные аномалии лицевой челюсти у детей являются одной из самых распространенных патологий, встречающихся среди детей и подростков. Волчья пасть, деформации лицевого скелета, нарушения прикуса, гематомы на верхней губе и альвеолярные опухоли - это не только эстетический дефект, но и серьезные нарушения питания, глотания, сосания, речи и психоэмоционального развития. Согласно научным источникам, химия губ или неба влияет на качество жизни детей, приводя к ухудшению состояния зубов.

Ключевые слова: врожденные дефекты челюстно-лицевой области у детей, врожденные аномалии, деформация верхней губы и альвеолярная опухоль.

SUMMARY. This article discusses that congenital anomalies of the facial jaw in children are one of the most common pathologies found among children and adolescents. Cleft palate, deformities of the facial skeleton, malocclusion, hematomas on the upper lip and alveolar tumors are not only an aesthetic defect, but also serious disorders of nutrition, swallowing, sucking, speech and psycho-emotional development. According to scientific sources, the chemistry of the lips or palate affects the quality of life of children, leading to deterioration of the teeth.

Key words: congenital defects of the maxillofacial region in children, congenital anomalies, deformity of the upper lip and alveolar tumor.

Introduction. Congenital abnormalities of the facial jaw in children are considered one of the most important craniofacial pathologies found among children and adolescents. Cleft palate and palate, facial skeletal deformities, prikus disorders, chemtics in the upper lip and alveolar tumor are not only an aesthetic defect, but also seriously impair nutrition, swallowing, sucking, speech and psychoemotional development. According to world literature, lip or palate kemtics can correspond to 1:700-1:1000 newborn children, while in some regions it is noted that this figure is even higher. In different regions, environmental factors, reproductive age of the parent, genetic factors, medications and harmful habits that the mother took during pregnancy (smoking, alcohol) can affect the frequency of occurrence of these pathologies. In the Khorezm region, the high proportion of rural residents, the health of women of reproductive age, the different levels of the quality of prenatal observation, the inhomogeneity of perinatal care can be considered as factors affecting the number of children with congenital anomalies of the facial jaw and their functional state [1.3.5.7.9.11.13.15]. At the same time, complex rehabilitation in these patients – surgical, orthodontic, logopedic and psychosocial support – is required for several years at a minimum. At the regional level, especially in the contingent of children, the study of the clinical-functional features of congenital anomalies of the maxillofacial jaw, analysis in the cross section of age, gender, place of residence and other factors, provides an important practical basis for optimizing the tactics of early diagnostics and rehabilitation. In this regard, it is relevant to study the clinical-functional picture of facial system anomalies on the example of 200 patients in the Khorezm region.

Material and methods. The study received 200 patients who were monitored or treated in connection with congenital anomalies of the facial jaw in the Khorezm region during 2021-2024.

Results obtained. The main part of patients with congenital abnormalities of the face-jaw in children fell on the age group of 0-6 years (55.5 %), which indicates the clinical significance of these pathologies in early childhood and the high need for rehabilitation. Studies of social background among patients, urban and rural population cross-sectional anomalies, which showed that with a large difference, they occur among rural population (Table 3, diagram 3). It appears that an absolute majority of patients (92.5 %) live in rural areas, indicating the need for rural residents to expand prevention, early diagnosis and rehabilitation services. In the course of our study, taxlil, which was carried out in order to find out which regions of the region had a high incidence rate, showed : the



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highest rates were in the districts of Shovot (16.0%), Kushkopir (13.0%), Khanqah (11.0%), Urganch and Gurlan (10.0% each), the regions with the most patients recorded in our experiment.

Studies on social clubbing among patients, urban and rural population cross-sectional anomalies, have shown that large differences occur among rural populations. It appears that an absolute majority of patients (92.5 %) live in rural areas, indicating the need for rural residents to expand prevention, early diagnosis and rehabilitation services. Abnormalities in all 200 patients studied were noted to be congenital, and no acquired abnormalities were reported. Work on the operationalization of Diagnosed Patients has shown that more than half (54.0 %) of patients have not yet undergone surgery, which means the need for step-by-step planning of rehabilitation measures. When functional disorders that can occur in a way related to anomalies were studied and predicted, it turned out that disorders in the functions of nutrition (91.5%), swallowing (76.0 %) and speech (59.5 %) are the most common symptoms. This is a sign that congenital anomalies of the face-jaw joint have a serious effect on the speech-nutrition complex. While disorders related to prikus and tooth ciplation were not reported in every fifth to ten patients when orthodontic disorders in patients were studied at large, recording around 9.0-7.5% of the total contingent indicates the need for comprehensive evaluation of orthodontic pathologies along with craniofacial deformities[2.4.6.8.10.12.14].

The results obtained showed that pathologies associated with congenital anomalies of the facial jaw (mainly lip and palate arches, alveolar tumor arches and associated craniofacial deformities) prevail in childhood, in accordance with the trends noted in the world literature even in the context of the Khorezm region. The prevalence of Orofacial chemtics in relation to birth worldwide has been shown to be around 0.3–0.45 cases per 1,000 live births (up to 1-2/1,000 in certain regions), with Mega-Analyses noting that this figure is around 0.3/1,000 (lab chemtychi), 0.33/1,000 (palate chemtychi), and 0.45/1,000 (lab+palate chemtychi). This data shows that congenital anomalies of the face-jaw system are a global health problem, and the data obtained on the example of 200 patients in the Khorezm region confirm that it is part of this universal epidemiological picture. In our study, the bulk of patients were 0-6 years old (55.5 %) and 7-12 years old (30.5%). This condition indicates that facial-jaw abnormalities in children are manifested clinically from an early age, and in relation to them, at an early stage, diagnostics indicate the need to organize rehabilitation measures in the ham.

Of particular note is that 92.5% of patients with maxillofacial diseases live in rural areas. Studies in Africa, the Middle East and some Asian states have noted that the prevalence of Orofacial chemists is higher in rural areas, and as a factor, environmental impacts, blood-relationship marriages, inadequate prenatal observation, and uneven development of perinatal services. In our sample, too, almost the entire contingent of patients is rural residents; this indicates the need for Reproductive Health in rural areas in the Khorezm region, improving the quality of pregnancy monitoring, establishing the early identification of the cheeks by family doctors and pediatricians. The analysis of functional disorders is also in good harmony with international literature. In our study, the nutritional function was found to be impaired in 91.5% of patients, swallowing – 76.0%, colloquial speech – 59.5%, sucking – 25.5%, chewing – 12.0%, biting – 3.5% of cases. In studies on swallowing difficulties in orofacial chemists, such as in children with faiate palate chemists, the frequency of eating difficulties is around 67-72%, while some authors suggest that in Pierre Robin spectra or severe chemic forms, this figure is more than 90%.

Our indicator of 91.5% is close to this high interval limit, which can be explained by the fact that in the sample the ratio of groups with a large shape and weight level of the chemists is slightly higher, as well as the presence in several patients of a combination of defects in the lip, palate and alveolar tumor at the same time. Orthodontic changes – disorders of dental chipslaying (9.0 %), prikus disorders – 7.5 %, including cases of reverse (1.0 %) and mixed prikus (1.5%) - appear to be relatively inferior to those reported in the jaxon literature. In many studies, severe malocclusion in patients with cleft lip and palate was reported at 70-90%, especially Class III malocclusion and other occlusion disorders in high percentages. In our study, the lower malocclusion rates can be explained, first of all,



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by the age composition in the contingent (the fact that more than half of patients are 0-6 years old, permanent teeth have not yet fully formed). Therefore, in this group, long – term-at least up to school age-observation is required to assess the "complete cartina"of orthodontic pathologies.

In our study, all 200 patients reported the type of disease as congenital, and the acquired anomalies were not detected. This is consistent with the data presented in the literature, since it has been argued that orofacial chemtics are caused by a violation of the fusion of the structures of the face-jaw during cranial embryogenesis. In this regard, the discussed pathological conditions belong to the group of congenital craniofacial anomalies, both morphologically and clinically, and the possibilities of their treatment tactics should not be limited, but should begin prematurely.

The fact that the proportion of operated patients is 46.0% and that 54.0% of patients have not yet undergone surgical intervention shows a certain difference in comparison with world practice. In children with cleft lip and palate in many centers, primary surgical correction is recommended to be carried out in stages during the first year, and sometimes from the age of 3-6 months. In this sense, the high proportion of patients without surgery in our contingent (especially in the group of school-age people) can be evidenced by the presence of logistical, economic and organizational barriers to the organization of rehabilitation services. This once again emphasizes the need to establish the activities of a special Craniofacial Center for the Khorezm region, or at least a multidisciplinary Brigade in the case of facial fractures.

The high frequency of functional disorders (especially eating, swallowing and speech functions) indicates that it affects the nutritional status, psychomotor development and social adaptation of the entire organism, and not just the facial-jawmorphology, as noted in the scientific literature. In studies involving eating and swallowing dysfunctions, symptoms such as salivation, aspiration, and inadequate nutrient absorpction have often been argued to be associated with severe nutritional deficits and sluggish growth in such patients. In our data, too, such a high level of impairment of eating/swallowing functions indicates that this group also requires the participation of nutritional rehabilitation, a nutritionist and a speech therapist.

Conclusion. However, there are also some limitations to the study. First, the data is collected on a retrospective schedule, and some measurements (e.g., evaluation of speech and eating functions by clinical records rather than by objective scales) can lead to certain subjectivity. Secondly, there is an e0xtimol that the proportion of orthodontic pathologies is underestimated at the same time due to the incomplete formation of a permanent tooth row in the assessment of malocclusion and dental anomalies, a complete clinical and radiological examination by the orthodontist. Thirdly, risk factors such as genetic and environmental factors, parental age, blood-kin marriage are not included in the scope of the study. Despite these defects, this work demonstrated the versatility of the clinical and functional state in the case of 200 patients with congenital anomalies of the facial jaw in the Khorezm region. The results obtained are largely in harmony with international literature, especially the high proportion of rural residents, the proportion of non-operationalized patients and the strong expression of a complex of functional disorders indicate the need to develop special rehabilitation programs at the regional level.

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