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FREQUENCY OF OCCURRENCE AND CHARACTERISTICS OF PATIENTS WITH ACQUIRED LOWER JAW DEFECTS FOR 2017-2019 ON THE BASIS OF THE TSDI CLINIC

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Abstract- Medical rehabilitation of patients with defects and deformities of the jaws is an urgent problem in modern reconstructive maxillofacial surgery. By the etiological factor leading to defects and deformities of the lower jaw, tumors of 52-67%, ankylosis 9-13%, osteomyelitis 6-9% and injuries 8-12% can be distinguished.

Key words: defects and deformities of the jaws, tumors of the jaws, ankylosis, osteomyelitis.

I. INTRODUCTION

Such defects cause significant dysfunctions of the organs of the maxillofacial region, disfigurement of the soft tissues of the lower face zone. The main reasons leading to the development of defects in the lower jaw are injuries, gunshot wounds, oncological diseases and their consequences, which await competent decisions[1-10]

Purpose of the study. To study the frequency of results of restoration of defects of the lower jaws with standard titanium implants on the basis of the Tashkent State Dental Institute.

II. MATERIALS AND RESEARCH METHODS

The work is based on the results of examination and treatment of 21 patients with defects and deformities of the branches of the lower jaw, rehabilitated in inpatient treatment in the department of pediatric maxillofacial surgery of the TGSI clinic, in the period from 2017 to the present time, in order to comparatively analyze the results of surgical treatment and determine the optimal method of restorative-surgical treatment.

Of the entire surveyed contingent, in 3 (14.3%) patients, defects and deformities of the mandible branch developed after traumatic effects, in 5 (23.8%) patients after inflammatory processes, in 12 (57.1%) patients after oncological processes and in 1 (4.8%) - as a result of anomalies in the development of the jaws.

Of the examined patients, in five cases, defects of the mandible arose after the final stage of treatment of chronic destructive osteomyelitis, followed by a total sequestrectomy.

Defects and deformities of the branches of the mandible were noted in 12 right-sided patients, which amounted to 57.1% of the total number of patients. In terms of size, it was found that the affected areas with the subsequent forming defect of the lower jaw were from 1 cm to 13.5 cm. their (20%) patients from 3.1 to 5 cm; 8 (53.3%) - from 5.1 to 8 cm and 3 (20%) - from 8.1 to 13.5 cm.

From functional disorders noted: violation of the function of chewing, swallowing, speech, and sometimes breathing. All this was accompanied by profuse salivation. Due to cicatricial changes in soft tissues, the limitation of opening the mouth was determined, in addition, the cosmetic side suffered. These factors negatively influenced the patient's psyche.

The patients underwent surgery for the defect of the lower jaw - bone grafting. The most difficult and crucial moments of bone grafting were: preparation of the graft bed, fixation of the fragments of the lower jaw, selection of the graft and its fixation in the bone wound.

After 9 months, after the complex treatment, the time of chewing, both in patients with defects of the upper jaw and in patients who underwent restorative surgery on the lower jaw, reliably approached the norm. The time of bioelectric activity and the time of bioelectrical rest of the masticatory muscles significantly decreased, while the electro-kymographic parameters became closer to normal.

III. Conclusion

Thus, based on the results of the monitoring, it can be concluded that the number of defects and deformities of the lower jaw addressed to the maxillofacial surgeon was significant. The tactics of the maxillofacial surgeon provides and requires optimal measures for prevention with the use of an implant in order to avoid negative outcomes during further rehabilitation of patients from such a contingent.

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