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Clinical Characteristics of Congenital Cleft Lip and Palate Based on Clinical Materials

Rakhimov Zh. Kh., Kamalova F. R.
Doctor of Philosophy (PhD) in Pedagogical Sciences, Termez State University

Relevance: Congenital cleft lip and palate (CCLP) is a severe malformation of the dental system, which is characterized by pronounced structural and functional disorders. Perhaps there is no other congenital deformity that significantly changes the shape of the face and leads to such significant anatomical and functional disorders (Granchuk G.N., 1987; Mahkamov E.W. et al., 1987; Medvedev M.V., 2001; Amanullaev R.A. et al., 2013; FlinnW .,2006; Hugentobler .,2006; RecamanM ., 2006; SliferK . L. , 2006; BaskaranM . et al ., 2015)

More often, cleft lip and palate is a polygenic multifactorial disease, which can occur in the form of an isolated malformation and be one of the symptoms of congenital defects (Dyakova S.V., 1996; Kobakhidze K.A., 1996; Kozin I.A., 1996; Yakovlev S.V., 2000; Magdalenic-Mestrovic M., 2005; Wong F. K., Hagg U., 2004; EzziO . E. et al ., 2015).

The priority in the surgical treatment of cleft lip and palate is to restore the correct relationship of the anatomical structures, which contributes to earlier rehabilitation of patients.

Target: Conducting a comparative analysis of long-term results of primary cheiloplasty

Material and methods: We carried out scientific work in the pediatric department of maxillofacial surgery of the Bukhara Regional Children's Multidisciplinary Medical Center and in the surgical and orthodontic departments of the regional children's dental center. The study group included children aged 4 to 18 years who were born with unilateral cleft lip and palate. We observed changes in the upper jaw and dentition after surgery in all patients. During the study period, medical histories of patients with this diagnosis, preoperative photographic materials and other examination methods, and epicrisis data were analyzed.

Based on the goals and objectives set for us, we studied the condition of the upper jaw and dentition of 47 patients. Of these, 20 are girls and 27 are boys. The age of the patients ranged from 4 to 18 years. This group of patients was divided into two groups: group 1 consisted of 8 patients with unilateral cleft lip and alveolar septum (17%), group 2 - 39 patients with unilateral cleft lip and palate. When dividing patients by age and sex, the following results were obtained: in 2 children aged 4 to 7 years, there were 2 children in total and there was a small defect in the area of the unilateral lip-alveolar barrier, in 3 children aged from 7 to 12 years and 1 the child was aged from 12 to 15 years old, and in the group from 15 to 18 years old there were 2 people. A total of 8 patients were under observation. In the 2nd group there were 39 patients with unilateral cleft lip and palate, 7 children aged from 4 to 7 years, 17 children aged from 7 to 12 years, 6 children aged from 12 to 15 years, 6 children aged from 15 to 18 years old and the total number of patients was 9.

Table 1

Age	4-7		7-12		12-15		15-18		general
	girl	boy	girl	boy	girl	boy	girl	boy	
Unilateral cleft lip and alveolar septum	1	1	1	2	1	-	1	1	8
unilateral cleft lip and palate	2	5	5	12	3	3	4	5	39
General	3	6	6	14	4	3	5	6	47

The age and gender distribution of all patients included in the study is presented in Table 1. It can be seen that the occurrence of complete cleft lip and palate is more common in boys than in girls. However, we witnessed that the lip and alveolar septum were more common in girls. When we retrospectively reviewed the clinical records, we noticed that left-sided clefts were more common. We also divided the patients into 2 groups to study the effect of surgical practice on jaw growth. The 1st group consisted of 12 patients who underwent cheiloplasty, the 2nd group - 35 patients who underwent cheilorhinoplasty. Patients in the groups underwent cheiloplasty for a period of one month to 1.5 years.

Patients with unilateral cleft lip and palate were examined based on the principles of conventional examination methods. We developed a special card to record all collected patient data. We asked the patients' parents whether they had received orthodontic treatment before surgery. If conducted, the type of orthodontic appliance used, duration of use, and duration of wear were recorded on the data card. Patients are examined according to their appearance, facial configuration, condition of the lips, condition of scars on the lips, red border of the lips, height of the skin and oral cavity, condition of the dentition, alveolar obstruction, as well as the growth of the upper jaw, hard and soft. palate, tongue and prepharyngeal region, we attached importance to this separately. If the normal structure of anatomical conditions was disrupted, their condition was also noted and noted in the chart.

Assessment of the anatomical areas before and after surgery included, for example: the vermilion border of the upper lip, Cupid's bow, philtrum, labia, skin of the lips, position of the wings and openings of the nose in relation to the healthy side, as well as the skin of the nose. If before the operation we paid attention to condition of alveolar obstruction, then in patients who underwent surgery, special attention was paid to the condition of these anatomical areas. Because the surgeon performing cheiloplasty must ensure that these aesthetic areas of the face are in relatively good condition.

When examining patients, they were assessed to what extent they were able to perform lip muscle movements or facial expressions (spastic, hypotonic, dystonia, normal), and lip mobility. When assessing the condition of the oral cavity, special attention was paid to the condition of the oral mucosa, the position of the tongue and labia, the condition of the palate after surgery, and the dynamic condition of the tongue and tongue. during chewing, swallowing, talking, speaking and breathing. In addition, the position of the teeth in the dentition, edentia, the size of the dentition, the size of the alveolar barrier, as well as the position of the upper jaw in relation to the lower jaw, and the state of the bite are determined. were recorded in the patient's chart. In this case, to diagnose patients, we used the classification of L. S. Persin (1989).

Conclusions: The results of a retrospective study of etiological factors in children born with cleft lip and palate showed that consanguinity between husband and wife - 22 cases (10.8%); maternal anemia during pregnancy - 32 cases (15%); severe toxicosis - 23 people (10.6%), influenza, stress and other diseases - 38 people (18%); alcohol consumption by the father was detected in 19 (8.4%) cases, and the presence of alcohol in the offspring was detected in 78 (33%) cases. Children born with clefts of the upper lip and palate had a variety of clinical manifestations of the defect: unilateral limited cleft lip - 14%, unilateral limited cleft palate - 8%, unilateral complete defect of crossed lip and palate - 19%. In patients with unilateral cleft lip and

palate, treatment should take into account the disproportion of fragments of the alveolar barrier. Failure to carry out orthodontic treatment at all causes aggravation of secondary deformations that occur in this area. It has been established that edentia and super-compact teeth occur in 10.5% of children with a complete unilateral cleft lip and palate. The occurrence of edentulous and supernumerary teeth depends on how early orthodontic treatment was started and how long it lasted in such children.

1. Kamalova F.R. Primary prevention of dental diseases in children // New day in medicine. - 2020. - No. 2 (30/2). - P. 383.
2. Kamalova F.R. Indicators of the prevalence and intensity of dental caries in children of the Bukhara region // New day in medicine. - 2019. - No. 2(26). – pp. 183-185.
3. Aktamovich RA et al. To Study and Assess the Condition of the Mouth in Children with Congenital Cliffs of the Lip and Palate //Central Asian Journal of Medical and Natural Science. – 2022. – T. 3. – No. 5. – pp. 378-380.
4. Aktamovich RA et al. Features of Surgical Methods for the Elimination of Congenital Bilateral Cleft Lip and Palate //INTERNATIONAL JOURNAL OF HEALTH SYSTEMS AND MEDICAL SCIENCES. – 2022. – T. 1. – No. 4. – pp. 127-129.
5. Rahmatilloyevna KF, Avazovna MF PECULIARITIES OF REHABILITATION OF CHILDREN WITH CONGENITAL CLEFT LIP AND PALATE //EUROPEAN JOURNAL OF MODERN MEDICINE AND PRACTICE. – 2022. – T. 2. – No. 5. – S. 178-181.
6. Rahmatilloyevna KF et al. Improving the Methods of Treatment and Prevention of Complications of Odontogenic Diseases of the Jaws in Children //Eurasian Medical Research Periodical. – 2022. – T. 6. – S. 168 -171.
7. Kamalova FR, Yariyeva OO, Masharipov AU Features of providing dental care to children with cerebral palsy //Journal of Natural remedies. – 2021. – T. 22. – No. eleven). - WITH . 83 -86.
8. Rahmatillaevna KF, Umarovich SS Consequences Of Early Extraction of Deciduous Teeth in Children //Eurasian Medical Research Periodical. – 2021. – T. 1. – No. 1. – S. 51-54.