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Differential Approach To The Treatment Of Children With Cleft Lip And Palate In Karakalpakstan

M.E.Makhkamov, M.M.Makhkamova, M.B. Artikbaev, B.B. Erejepov

Abstract:
The development of the palatal processes in children with congenital cleft lip and palate occurs spontaneously, at unpredictable times and at an unpredictable rate. The process of growth in the sky area is characterized by a natural potential to increase tissue mass, but it is impossible to artificially stimulate these processes to a greater extent than genetically determined. Therefore, the argument in favor of late uranoplasty, growth retardation due to surgical trauma to the osteogenic zone can be refuted by counterarguments of the unpredictability of the timing and rate of growth, as well as a possible genetically determined deficiency of osteogenic tissue.

Object: Studying the results of long-term indicators of humanitarian aid from the USA, South Korea and Turkey, to define the assessment of the severity of dentition anomalies in patients with cleft lip; of the alveolar process, hard and soft palate, depending on the timing and methods of uranoplasty, the following task was set:

1. Using the biometric diagnostic method, to give a comparative description of the degree and severity of dentoalveolar changes in patients with CCLP operated by various methods.
2. Studying impact on dual-stage uronaplasty on the formation of maxillary arch.

Research methods: The article is based on the data of complex diagnostics and orthodontic correction of anomalies of occlusion of the dentition of 68 patients with a history of congenital complete cleft of the upper lip, alveolar process, hard and soft palate, aged from birth to 27 years. Examined patients divided into according to their ages.

The control group included 20 individuals of the same age group with physiological occlusion who did not have the indicated malformation. All patients in the control group were examined at the Department of Dentistry of the Karakalpak Medical Institute.

1. The age of patients is from 1 to 27 years, regardless of gender.

The specialists who carried out the complex rehabilitation of patients used identical methods of therapy for each subject of the group, the restoration of the lip in both groups was carried out using the modified technique of Millard; The uranoplasty technique was used to initially carry out the operation of the soft palate by cycling according to the methods of Frolova-Makhkamov, mainly up to one year of life, and subsequently the defect of the hard palate was closed.

1. The examined patients did not reveal any expressed disorders of physical and intellectual development.
2. All patients had extracts from the case histories, which made it possible to reliably assess the timing and volume of the therapy.

In the process of analyzing the diagnostic models of the jaws, the dentitions were measured in the transversal (transverse) and sagittal (longitudinal) directions. In the transverse direction, the width is studied, and in the sagittal direction, the length of the dentition.

Researching outcomes: Further control of the biometric parameters of the upper jaw in patients aged 5-6 years with congenital cleft lip and palate after radical uranoplasty detected a tendency towards a decrease in the size of the upper part of the oral cavity relative to the control group without this pathology. In the group of patients with a dual-stage technique for closing the palate defect in an identical age period, the dimensions of the upper jaw were comparable to those in the control group. Thus, we can conclude that there is no negative impact of the two-stage uranoplasty technique on the formation of a growth model of the maxillary complex in patients with CCLP.

Comparative analysis of the average values of the frontal-remolar distance on the side of the lesion did not reveal statistically significant differences in the clinical groups. This feature indicates the absence of a pattern between the growth and development of a small fragment of the upper jaw and the technique of uranoplasty. It is interesting to note that this distance, measured on the healthy side, was statistically significantly greater in the group of patients where the two-stage closure of the palate defect was performed. In the process of symmetrographic study of transversal parameters, a pronounced compression in the region of temporary canines was observed, which was quite clearly manifested by mesial rotation of a small fragment of the upper jaw in patients after radical uranoplasty. Based on the above data, we can conclude that radical uranoplasty has a negative impact on the formation and further development of the dentoalveolar region of the upper jaw.

Features of orthodontic treatment of patients with congenital cleft lip and palate depend on the period of formation of the child's occlusion. In the period of temporary occlusion, the normalization of myodynamic

balance between the external and internal muscles of the maxillofacial region comes to the fore, which in turn leads to the establishment of a physiological closure of the dentition in the sagittal and transversal directions. The main goal of orthodontic correction in this period is to prepare the dentition for the physiological change of teeth.

Conclusions: By analyzing of above mentioned studying leads to the following conclusions:

1. Changes in the transversal and sagittal dimensions of the upper jaw were observed in the group of examined patients after radical uranoplasty. The width of the palatine vault in patients after radical uranoplasty was on average 25% less than in children after two-stage uranoplasty.
2. The narrowing of the maxillary dental arch in patients undergoing radical uranoplasty is obviously expressed, which worsens with age, and in patients after dual stage uranoplasty it was expressed as a slight decrease in parameters, in some cases the width approached normal values.

Practical recommendations: On average, active orthodontic treatment of patients with cleft lip, hard and soft palate lasted on temporary occlusion (4-6 years) with two-stage uranoplasty - 8-18 months, with radical - 18-24 months

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