

**TREATMENT OF POST-BURN CICATRICIAL DEFORMITIES AND CONTRACTURES OF THE FINGERS IN CHILDREN****Abdurakhmanov F.S.**

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**Relevance.** Post-burn cicatricial deformities and contractures of the fingers in children remain one of the most pressing problems in pediatric surgery and reconstructive medicine. This pathology leads not only to significant functional impairments but also to aesthetic defects, reduced quality of life, and impaired social adaptation of patients. According to the literature, hand burns account for up to 30% of all thermal injuries, while cicatricial contractures develop in 32% of cases. In deep burns (grade IIIA–IIIB), functional limitations reach 48.5%. The lack of a unified treatment algorithm and the insufficient effectiveness of existing methods necessitate the development of new comprehensive approaches, particularly with the use of modern external fixation techniques.

**Objective.** To improve the effectiveness of treatment of post-burn cicatricial deformities and contractures of the fingers in children through the active use of distraction devices at various stages of treatment.

**Materials and Methods.** The study included 352 children with post-burn cicatricial deformities and finger contractures. Clinical, instrumental (electromyography), biochemical, and statistical research methods were used. Patients were divided into main and control groups. In the main group, an improved multistage approach was implemented with mandatory use of individually designed distraction devices during preoperative preparation, surgical treatment, and postoperative rehabilitation. The effectiveness was evaluated based on functional, morphological, and aesthetic parameters. It was established that the inclusion of distraction devices in комплексную therapy at all stages of treatment is a key factor in improving outcomes. The use of distractors contributed to the prevention of formation and progression of contractures, increased elasticity and mobility of soft tissues, and improved blood supply and viability of transplanted tissues. Particular emphasis should be placed on the fact that the use of distractors made it possible to create an adequate tissue reserve in the recipient area, ensure uniform distribution of skin flaps, reduce the risk of retraction and recurrence of contractures, and minimize the impact of muscle fatigue as a pathogenetic factor.

**Conclusion.** The developed multistage комплексный treatment algorithm with active use of distraction devices reduced the frequency of unsatisfactory outcomes by 12.4%, improved patients' quality of life by 18.7%, and increased the overall treatment effectiveness by 14.1%. The use of distractors at all stages of treatment is pathogenetically justified.