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FEATURES OF THE EPIDEMIOLOGY AND PREVENTION OF CONGENITAL CLEFT PALATE IN THE POPULATION OF CHILDREN OF THE FERGANA VALLEY

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Abstract:A review of the literature data on birth rates, prevalence, territorial features, clinical manifestations, organization of medical care for children with congenital cleft lip and palate and their step-by-step rehabilitation is presented.

Keywords: Congenital dental anomalies, method, congenital malformations, congenital cleft lip and palate, step-by-step rehabilitation.

INTRODUCTION: One of the most common types of congenital malformations (CM) are defects of the maxillofacial region, which occur with a frequency of 1:700-1:1000, of which congenital clefts of the upper lip and/or palate (CCL) account for 90% [1- 3, 5]. Congenital clefts of the upper lip and/or palate are a severe congenital condition, which is characterized by the presence of not only a local anatomical defect, but also concomitant systemic disorders of breathing, nutrition and speech [2].

There are various approaches to the treatment of CCL [1].

In the vast majority of cases at the present stage, with timely medical and speech therapy assistance, it is possible to create all the necessary conditions for the full physical and mental development of the child [1-3].

MATERIALS AND METHODS: According to domestic and foreign literature, the dentist should bear full responsibility for the early diagnosis of CCL and step-by-step rehabilitation together with other specialists.

The following have the right to call specialists for emergency consultation:

- chief obstetricians, neonatologists, pediatricians, dental surgeons and other chief specialists of districts and cities;
- heads of maternity, neonatology, surgical children's departments of medical institutions in districts and cities;
- at night and on weekends, doctors on duty at the specified medical departments are under the supervision of the heads of the relevant departments.

By the time the dental surgeon arrives, the newborn should be examined by a neonatologist (if necessary, by district or city pediatricians) to identify other birth defects. If they are detected, the pediatrician will organize a consultation with any specialist.

RESULTS AND DISCUSSION: During the initial examination, the dental surgeon establishes an accurate diagnosis, determines the state of the child's physical development and the risk group for developing concomitant diseases, and gives recommendations on the nature and method of feeding. At the same time, the doctor recommends persistently attaching the baby to the breast, developing patience in the mother when feeding him, and teaching him to express the remaining milk in order to maintain lactation longer [3].

In cases where breastfeeding is impossible, the medical staff and the mother of the child are taught how to feed from a nipple or spoon (the nipple must be long in order to close the defect and create better conditions for the act of sucking, it must have several holes, the most adapted are branded nipples NUK).

If necessary, a decoupling plate must be made.

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Together with a neonatologist, the dental surgeon develops recommendations on the feeding regimen of a child with CCL (feeding is allowed every 2-2.5 hours 8-10 times a day), conducts psychoprophylactic work with the child's mother, explains the features of the congenital defect, as well as feeding and care for a child with CCL, informs about the possibilities of surgical and restorative treatment, the need for dispensary observation and treatment in a specialized Center, and genetic counseling.

The dental surgeon gives the mother and medical staff a memo indicating the address and telephone number of the Center, consultation days and hours of appointment, and the time of the initial consultation of a particular child. On the eve of discharge from the maternity hospital, the head nurse transmits information about the newborn to the district children's consultation, where, on the basis of this information, the newborn's patronage is recorded in the doctor's home call log. The local pediatrician and nurse visit the newborn on the first day after discharge from the maternity hospital. In the first 3-5 days after discharge, a child with CCL should be examined by the head of the outpatient pediatric department. The local pediatrician carries out further observation according to an individual plan and keeps an observation diary. A pediatrician at the site visits a child with CCL every week in the first month of life, and a nurse visits every day.

The optimal protocol for surgical treatment of patients, developed at the Scientific and Practical Center for Medical Care in Uzbekistan for Children, includes the following main stages:

1. Primary cheilorhinoplasty (upper lip and nose surgery) for all types of clefts of the upper lip from the age of 1 month.
2. Plastic surgery of the soft palate at the age of 6-8 months.
3. Plastic surgery of the hard palate at the age of 12-14 months.
4. Bone grafting of the alveolar process of the upper jaw at the age of 8-12 years.
5. Reconstructive surgeries (if necessary) at any age.

CONCLUSION:1. The main principles of successful treatment are an integrated approach, the implementation of all the main stages of surgical treatment before the age of 1 year, clinical observation for 18 years in a specialized center, in connection with this there must be a clear step-by-step rehabilitation and well-functioning and prompt - coordinated work of doctors of various profiles under the guidance of specialists from the Department of Pediatric Maxillofacial Surgery.

2. Treatment of children with congenital clefts of the upper lip and palate should be carried out by teams of highly qualified specialists (maxillofacial surgeon, speech therapist, orthodontist, pediatrician, neurologist, ENT doctor, geneticist, psychologist) and in specialized centers.

3. Early speech therapy assistance is necessary for the development of normal speech breathing and correct articulation, correction of violations of sound pronunciation, nasal (nasal) tone of voice, careful monitoring of the child's overall speech development and timely elimination of delays in the development of phrasal speech, vocabulary, preparation to study in a secondary school.

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