



APPLICATION OF TITANIUM MINI-PLATES AND CATHETER FOLEYA IN OSTEOSYNTHESIS OF CHEEK-EYE AND MAXILLARY WALL”

Shukrullayeva Gulira'no Jobirovna

Bukhara State Medical Institute

Assistant Professor of Physiology Department

Annotation

The idea covered in our topic, namely, the problem of restoring facial bones without deformation, remains an urgent problem today. When we look at the work done so far, we can see that this problem has not yet been fully resolved. It would be safe to say that the method of osteosynthesis of broken fragments in the area of fracture using titanium mini-plates did not fully help us to achieve the result.

Keywords: titanium mini-plates, catheter Foley, alveolar obstruction, sagittal surface

Osteosynthesis of bone fragments using titanium mini-plates is carried out as follows.

Operation Technique:

As a result of the separation of soft tissues from the bone, through OTI (orotracheal intubation), a 12-15 mm incision is made in the area of the cheek bone and maxillary suture. An osteotomy is performed when the fracture line is reversed. In the second stage, a 3.0-3.5 cm incision is made from the area of the lower eyelid corresponding to the cheek-eye complex. The soft tissue is expanded with the help of an impassable path, and the lower wall of the lower corner of the eye is opened. The fracture line is marked and an osteotomy is performed. An incision is made from inside the mouth along the transitional fold of the mucous membrane in the area of 2.3-2.6 teeth, the side and or front wall of the upper jaw cavity is opened, the cheek-alveolar line, fracture line is determined, the fragments of the cavity wall are brought closer to each other, and titanium mini-plates are installed on the bone fragments. fastened with screws.

After the upper jaw cavity and cheek fracture pieces are raised using a Limberg hook and fixed in place, the wound is treated with antiseptic drugs (3% hydrogen peroxide, furatsilin), and sutures are placed on the soft tissues and mucous membrane. Stitches placed on soft tissues are removed 6-8 days after the injury. In order to prevent complications in soft tissues, it is recommended to the patient to constantly rinse the mouth, to improve the healing process of the wound, to apply ointments with oil, to





prevent purulent complications, antibiotics, general strengthening-vitamins and parenteral drugs with protein.

Use of catheter Foleya in osteosynthesis of the cheek-eye and maxillary wall

In the case of broken fragments of the cheek-eye and upper jaw wall, a Folley catheter was used inside the upper jaw cavity to restore its walls without moving them. For this purpose, under general anesthesia and local anesthesia, an incision was made inside the mouth in the area of 2-6 teeth from 0.5 cm above the mucous membrane to the incisal bone, the tissue was separated with the periosteum using a raspator, and the cheek-eye and upper-jaw wall fracture fragments were identified. In this case, maxillary laterally displaced fractures and cheek-eye fractures are repositioned using a Limberg hook and a spatula. Iodine bodies and blood clots in the upper jaw cavity were cleaned. At the next stage of the operation, a nasoantral artificial hole is opened from the lower nasal passage. A Foleya catheter was inserted into the space until the osteosynthesis of the maxillary lateral and cheek-eye fractures, and the tube of the Foleya catheter was taken out through the nasoantral artificial opening. We used two-way Sharera (Ch/Fr), size 12, 14, 16, 18 Foleya catheters. After that, the broken pieces were brought closer together and fixed by tightening with screwdrivers using mini-plates. An intracavitary Foleya catheter is filled with saline as much as possible through its tube. The feature of Foleya catheter filled with physiological solution prevents displacement of repositioned fracture fragments from within the cavity, improves the wound regeneration process and prevents maxillary cheek-eye region defects and deformities. The results of the conducted scientific research showed that the method we used for the treatment of upper jaw-side and cheek-eye fractures has many advantages over other methods. First, the consolidation of fractured fragments takes 16-18 days. Second, broken pieces heal without defects and shape distortion. Thirdly, during feeding, the fracture fragments fixed with the catheter Foleya do not move. Fourth, in the traditional method of treatment, when the broken pieces are fixed with the help of iodoform from inside the cavity, the patient goes to the treatment every two days. In the method we used, the intracavitary catheter is removed after the Foley treatment period is over.





References

1. С.Р. Хосе Мигель. Оптимизация алгоритма медицинской реабилитации больных с переломами скуло-орбитального комплекса. ГОУВПО «Московская медицинская академия» - Москва, 2011.- 95 с.
2. Ян Синь. Хирургическое лечение переломов скулоглазничного комплекса с повреждением стенок верхнечелюстного синуса. Москва 2014 г. Автореферат.
3. Г.И. Юрьева. Лечение и профилактика верхнечелюстного синусита при скуловерхнечелюстных переломах в условиях сочетанной травмы. 2010 г.
4. Г.К. Петрович. Современный подход к комплексному лечению сочетанных повреждений челюстно-лицевой области. Санкт-Петербург – 2016.
5. Олимова Д.В. СИНДРОМ ЖЖЕНИЯ ВО РТУ: ОБЗОР ЕГО ДИАГНОСТИЧЕСКОГО И ТЕРАПЕВТИЧЕСКОГО ПОДХОДА. // THE BEST INNOVATOR IN SCIENCE – 2022. – С. 37-43
6. Olimova D.V. DIFFERENTIAL DIAGNOSTIC METHODS GALVANOSA AND GLOSSODINIA IN AMBULATORY CONDITIONS. // GALAXY INTERNATIONAL INTERDISCIPLINARY RESEARCH JOURNAL (GIIRJ) ISSN (E): 2347-6915 Vol. 10, Issue 1, Jan. (2022). – P. 524-526
7. Olimova D.V. A COMPLEX APPROACH TO GLOSSALGIA TREATMENT BASED ON THE CURRENT DATA ON THE SPECIFICITY OF ITS ETIOPATHOGENESIS. // “BILIG – ILMIY FAOLIYAT” nashri <http://bilig.academiascience.or> - В. 141-146
8. Шукуруллаева Г.Ж., Рахимов З.К.// СОВЕРШЕНСТВОВАНИЕ МЕТОДОВ ЛЕЧЕНИЯ СОЧЕТАННЫХ ПЕРЕЛОМОВ СКУЛОВОЙ КОСТИ, СТЕНКИ ГЛАЗНИЦЫ И ВЕРХНЕЙ ЧЕЛЮСТИ// ст350-352//2020.
9. Олимова Д. В. СТОМАЛГИЯ, КЛИНИКА, ДИФФЕРЕНЦИАЛЬНАЯ ДИАГНОСТИКА // Analytical Journal of Education and Development, <https://sciencebox.uz/index.php/ajed/issue/view/43> P. – 231-236
10. Olimova D.V. Clinical Efficacy of Pharmacologic Al Therapy in Patients with Burning Mouth Syndrome // EUROPEAN MULTIDISCIPLINARY JOURNAL OF MODERN SCIENCE, <https://emjms.academicjournal.io/index.php/> Volume: 4 P. – 804-808
11. Olimova D.V., Qosimov X.O. Medical and Social Significance of Water Supply, Sanitation and Hygiene in Human Activity // Nexus : Journal of Innovative Studies of Engineering Science (JISES) Volume: 01 Issue: 01 | 2022 <http://innosci.org/> P. – 20-24.

