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To Study and Assess the Condition of the Mouth in Children with Congenital Cliffs of the Lip and Palate

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Received 2nd Jul 2022, Accepted 3rd Aug 2022, Online 20th Sep 2022 Abstract: An urgent problem in medicine, and in particular in dentistry, is the congenital pathology of the maxillofacial region, which at the time of the birth of a child is accompanied by anatomical, physiological and functional disorders, and as they grow older, it negatively affects the social and psychological status of patients. All these difficulties are associated with developmental disorders of the maxillofacial region, which lead to disharmony in the development of the facial skeleton. According to the World Health Organization, the birth rate of children with cleft lip and palate is 1:750 newborns, in Russia - 1:1000-1:600, which is 20-30% of all human developmental malformations and 86% of maxillofacial malformations. facial area. Congenital cleft lip and palate (CCLP) in combination with other defects is one of the causes of perinatal mortality and comes out on top in the structure of childhood morbidity and disability, representing not only a medical but also an important social problem.

Key words: Medicine, Children.

Introduction. According to the World Health Organization, the birth rate of children with cleft lip and palate is 1:750 newborns, in Russia - 1:1000–1:600, which is 20–30% of all human malformations and 86% of malformations maxillofacial area. [1.3]

According to statistics, about 20% of clefts are hereditary. According to modern concepts, congenital facial clefts are due to the interaction of genetic and exogenous factors. According to modern concepts, congenital facial clefts are due to the interaction of genetic and exogenous factors. Congenital cleft lip and palate (CCLP) are among the severe malformations, and most children from the moment of birth are disabled people who need long-term complex treatment and social assistance. Dentofacial anomalies and deformities rank third among dental diseases after caries and periodontal disease. [2] Their prevalence ranges from 11.4% to 80% (Khoroshilkina F.Ya., 2010; Mamedov A.A. et al. 2016, 2019; Persin L.S. 2020;

Complete completion of medical rehabilitation of patients with congenital cleft lip and palate (CCLP) remains one of the most important problems in healthcare. Among patients with congenital

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malformations of the face, they account for up to 90% [4.5]. The problem of completing the medical rehabilitation of patients in this category is not limited to the period of childhood.

In this regard, the improvement of medical rehabilitation of children with congenital cleft lip and palate is still relevant and in demand. To provide qualified assistance to this group of complex patients, multi-stage surgical interventions and constant monitoring by an orthodontist, pediatrician, speech therapist and other specialists are required. Complete medical, psychological and social adaptation of the child depends on the anatomical, functional and cosmetic disorders, as well as the timeliness of the rehabilitation measures taken.[9.11].

The aim of the study is to improve the quality of treatment and to study the condition of the oral cavity of children with congenital cleft lip and palate.

Research objectives: To analyze the birth rate of children with congenital cleft lip and palate for the period from 2019 to 2021 in the Bukhara region; to conduct a comparative analysis of the clinical manifestations of various forms of congenital cleft lip and palate; assess the condition of the oral cavity in children with congenital cleft lip and palate;

Materials and research methods.

In order to solve the set tasks, we examined and treated 35 patients with congenital cleft lip and palate, who were observed at the Department of Pediatric Dentistry in the multidisciplinary children's medical center in Bukhara. The material for our study was children with congenital cleft lip and palate before and after surgery. Under observation and treatment in the Department of Maxillofacial Surgery of the Bukhara Multidisciplinary Children's Center were 35 patients with congenital complete cleft lip and palate, aged from 1 to 13 years. Studies were conducted in 35 children with congenital cleft lip and palate before the planned operation. In addition to the main clinical and laboratory research methods, all 35 children selected for observation and treatment were studied: prevalence, intensity, increase in the intensity of caries. In this group of children, the state of oral hygiene and the knowledge of their parents and teachers of the methods of proper oral hygiene were also determined. The preparatory work done and the corresponding organizational measures made it possible to conduct dental examinations accurately in the shortest possible time. The data of mass dental examinations were entered into the "Individual Dental Examination Card".

Examination of the cavity organs in younger schoolchildren was carried out according to generally accepted clinical methods. The condition of the teeth in the child's oral cavity began to be studied from the upper jaw from right to left, in the lower jaw from left to right. The general condition of the teeth was studied: the absence of caries, intact teeth, carious lesions, including various forms of caries with and without complications.

Research results. The study of the state of hard dental tissues in children was carried out according to the WHO and ICDAS II criteria. According to the WHO criteria, the prevalence of caries in children aged 7-12 years was 89.5%, the intensity of damage to teeth and surfaces according to kpu(s) and kpu(p) was 2.63 ± 0.03 and $2, 72 \pm 0.02$, respectively (standardized values). According to the ICDAS II criteria, 381 surfaces of 313 teeth were examined, with an average of 31.7 surfaces per child. It was revealed that the prevalence of teeth with healthy enamel decreases with increasing age of children and is 6-7 years old - 82.6%, 8-9 years old - 92.7%, 11-12 years old - 91.2%. According to ICDAS II criteria, the intensity of initial lesions of hard tissues of teeth/surfaces in children aged 6-7 years was $0.43 \pm 0.01/0.48 \pm 0.01$; 8-9 years old - $0.57 \pm 0.03 / 0.51 \pm 0.4$; 10-11 years old - $0.61 \pm 0.02 / 0.52 \pm 0.04$ 0.013. Differences between age groups were highly significant (P<0.01-0.001). Deep carious lesions of the teeth/surfaces were detected in children aged 6-7 years, the index d4-6t/d4-6s was 2.48 ± $0.02/2.70 \pm 0.04$, 11-12 years old - 3.75 \pm 0 .04/3.84 \pm 0.05 (differences between age groups are significant, P<0.001). The intensity of the initial manifestations of dental/surface caries (ICDAS =

1.2.3) increased by 1.21/1.17 times with increasing age of children, deep lesions (ICDAS = 4.5.6) - by 1.51/1, 42 times. The data obtained show that the growth rate of initial carious lesions in children was significantly higher than the growth rate of destructive manifestations of caries (cavities). During the examination period, children of all ages had filled teeth, the intensity of filled teeth/surfaces (ft/fs) was $1.00 \pm 0.04/0$.

Conclusions: The problem of rehabilitation of children with congenital cleft palate is multifaceted and complex. The ultimate goal of rehabilitation measures is to restore the function of the articulatory apparatus and the formation of correct speech in children. The main method of treating such children is the surgical elimination of the defect of the upper lip and palate - cheiloplasty and uranoplasty. Thus, the data obtained indicate the need for constant monitoring and training of children by dentists in therapeutic and preventive, hygienic skills for oral care. And once again, the justification for the need to conduct regular classes in health education and dental literacy for children is confirmed.

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