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DENTAL EXAMINATION ANALYSIS OF CONGENITAL ANOMALIES OF THE FACIAL JAW IN CHILDREN

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Introduction. Congenital abnormalities of the facial jaw in children are considered one of the most important craniofascial pathologies found among children and adolescents. Cleft palate and palate, facial skeletal deformities, prikus disorders, chemtics in the upper lip and alveolar tumor are not only an aesthetic defect, but also seriously impair nutrition, swallowing, sucking, speech and psychoemotional development. According to world literature, lip or palate kemtics can correspond to 1:700-1:1000 newborn children, while in some regions it is noted that this figure is even higher. In different regions, environmental factors, reproductive age of the parent, genetic factors, medications and harmful habits that the mother took during pregnancy (smoking, alcohol) can affect the frequency of occurrence of these pathologies. In the Khorezm region, the high proportion of rural residents, the health of women of reproductive age, the different levels of the quality of prenatal observation, the inhomogeneity of perinatal care can be considered as factors affecting the number of children with congenital anomalies of the facial jaw and their functional state [1.3.5.7.9.11.13.15]. At the same time, complex rehabilitation in these patients – surgical, orthodontic, logopedic and psychosocial support – is required for several years at a minimum.

Material and methods. The study received 200 patients who were monitored or treated in connection with congenital anomalies of the facial jaw in the Khorezm region during 2021-2024.

Results obtained. The main part of patients with congenital abnormalities of the face-jaw in children fell on the age group of 0-6 years (55.5 %), which indicates the clinical significance of these pathologies in early childhood and the high need for rehabilitation. Studies of social background among patients, urban and rural population cross-sectional anomalies, which showed that with a large difference, they occur among rural population . It appears that an absolute majority of patients (92.5 %) live in rural areas, indicating the need for rural residents to expand prevention, early diagnosis and rehabilitation services. In the course of our study, taxlil, which was carried out in order to find out which regions of the region had a high incidence rate, showed : the highest rates were in the districts of Shovot (16.0%), Kushkopir (13.0%),

Khanqah (11.0%), Urganch and Gurlan (10.0% each), the regions with the most patients recorded in our experiment.

Studies on social clibutting among patients, urban and rural population cross-sectional anomalies, have shown that large differences occur among rural populations. It appears that an absolute majority of patients (92.5 %) live in rural areas, indicating the need for rural residents to expand prevention, early diagnosis and rehabilitation services. Abnormalities in all 200 patients studied were noted to be congenital, and no acquired abnormalities were reported. Work on the operationalization of Diagnosed Patients has shown that more than half (54.0 %) of patients have not yet undergone surgery, which means the need for step-by-step planning of rehabilitation measures. When functional disorders that can occur in a way related to anomalies were studied and predicted, it turned out that disorders in the functions of nutrition (91.5%), swallowing (76.0 %) and speech (59.5 %) are the most common symptoms. This is a sign that congenital anomalies of the face-jaw joint have a serious effect on the speech-nutrition complex. While disorders related to prikus and tooth cipslation were not reported in every fifth to ten patients when orthodontic disorders in patients were studied at large, recording around 9.0-7.5% of the total contingent indicates the need for comprehensive evaluation of orthodontic pathologies along with craniofacial deformities[2.4.6.8.10.12.14].

The results obtained showed that pathologies associated with congenital anomalies of the facial jaw (mainly lip and palate arches, alveolar tumor arches and associated craniofacial deformities) prevail in childhood, in accordance with the trends noted in the world literature even in the context of the Khorezm region. The prevalence of Orofacial chemtics in relation to birth worldwide has been shown to be around 0.3–0.45 cases per 1,000 live births (up to 1-2/1,000 in certain regions), with Mega-Analyses noting that this figure is around 0.3/1,000 (lab chemtychi), 0.33/1,000 (palate chemtychi), and 0.45/1,000 (lab+palate chemtychi). This data shows that congenital anomalies of the face-jaw system are a global health problem, and the data obtained on the example of 200 patients in the Khorezm region confirm that it is part of this universal epidemiological picture. In our study, the bulk of patients were 0-6 years old (55.5 %) and 7-12 years old (30.5%). This condition indicates that facial-jaw abnormalities in children are manifested clinically from an early age, and in relation to them, at an early stage, diagnostics indicate the need to organize rehabilitation measures in the ham.

In our study, all 200 patients reported the type of disease as congenital, and the acquired anomalies were not detected. This is consistent with the data presented in the literature, since it has been argued that orofacial chemtics are caused by a violation of

the fusion of the structures of the face-jaw during cranial embryogenesis. In this regard, the discussed pathological conditions belong to the group of congenital craniofacial anomalies, both morphologically and clinically, and the possibilities of their treatment tactics should not be limited, but should begin prematurely.

The fact that the proportion of operated patients is 46.0% and that 54.0% of patients have not yet undergone surgical intervention shows a certain difference in comparison with world practice. In children with cleft lip and palate in many centers, primary surgical correction is recommended to be carried out in stages during the first year, and sometimes from the age of 3-6 months. In this sense, the high proportion of patients without surgery in our contingent (especially in the group of school-age people) can be evidenced by the presence of logistical, economic and organizational barriers to the organization of rehabilitation services. This once again emphasizes the need to establish the activities of a special Craniofacial Center for the Khorezm region, or at least a multidisciplinary Brigade in the case of facial fractures.

Conclusion. However, there are also some limitations to the study. First, the data is collected on a retrospective schedule, and some measurements (e.g., evaluation of speech and eating functions by clinical records rather than by objective scales) can lead to certain subjectivity. Secondly, there is an e0ximol that the proportion of orthodontic pathologies is underestimated at the same time due to the incomplete formation of a permanent tooth row in the assessment of malocclusion and dental anomalies, a complete clinical and radiological examination by the orthodontist. Thirdly, risk factors such as genetic and environmental factors, parental age, blood-kin marriage are not included in the scope of the study. Despite these defects, this work demonstrated the versatility of the clinical and functional state in the case of 200 patients with congenital anomalies of the facial jaw in the Khorezm region. The results obtained are largely in harmony with international literature, especially the high proportion of rural residents, the proportion of non-operationalized patients and the strong expression of a complex of functional disorders indicate the need to develop special rehabilitation programs at the regional level.

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