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IMPROVING THE SURGICAL METHOD OF SCAR MICROSTOMY

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ABSTRACT

Scar microstomy after a burn, narrowing of the oral slit leads to a limited opening of the mouth, eating and speech disorders. The long-term existence of killoid scars leads to deformation of the teeth and a negative change in the structure of the face of patients, which, in turn, leads to a violation of their psyche. The article highlights information on improving the results of surgical treatment of patients with the consequences of scar microstomy burn by improving existing operations and developing new methods. As a research material, information is presented on 24 patients of the department of reconstructive surgery of the Samarrand Regional Multidisciplinary Medical Center and the department of maxillofacial surgery of the Samarkand City Hospital who applied with scar microstomy and had surgical operations performed on them. The proposed method of plastic surgery using a "two-layer" varnish made it possible to simultaneously eliminate microstomy, restore the red line of the lips, as well as achieve good functional and aesthetic results.

Keywords: burn, scar microstomy, deformity, surgical treatment, "two-handed" clot, corner of the mouth.

АННОТАЦИЯ

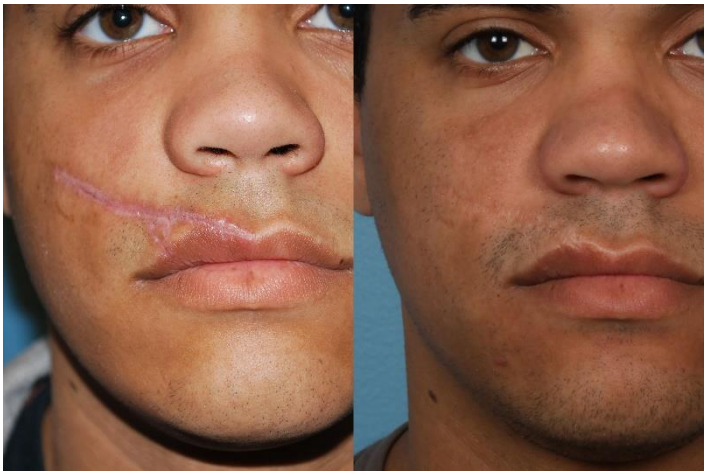
Рубцовая микростомия после ожога сужение ротовой щели приводит к ограниченному открытию рта, расстройству пищевого поведения и речи. Длительное существование киллоидных рубцов приводит к деформации зубов и негативному изменению структуры лица больных, что, в свою очередь, приводит к нарушению их психики. В статье освещена информация по улучшению результатов хирургического лечения больных с последствиями рубцового микростомического ожога путем совершенствования существующих операций и разработки новых методов. В качестве материала исследования представлена информация о 24 пациентах отделения реконструктивной хирургии Самаркандского областного многопрофильного медицинского центра и отделения челюстно-лицевой хирургии Самаркандской городской больницы, обратившихся с шрамовой микростомией, и проведенных у них хирургических операциях. Предложенный метод пластики с использованием" двухслойного " лака позволил одновременно устранить микростомию, восстановить красную линию губ, а также добиться хороших функциональных и эстетических результатов.
Ключевые слова: ожог, рубцовая микростомия, деформация, хирургическое лечение, "двуручный" сгусток, угол рта.

INTRODUCTION

Authors: "Two females" in the treatment of cicatricial microstomia after the use of thrombus in clinical practice is discussed. Using the human method, 34 studies were conducted on patients. Microstomia using the proposed “bivalve” clot. Surgical treatment consists of simultaneous elimination of microstomia and restoration of the red border on the lip. It also gives good functional and cosmetic results. Narrowing of the oral cavity (microstomia) as a result of trauma to the oral cavity, tumors, facial burns, as well as systemic scleroderma and lupus or a postoperative complication is formed as a narrowing of the cleft of the mouth leads to limited opening of the mouth, disturbances in eating and speech. Long-term killeroid scars lead to tooth deformation and change the structure of the patients' faces in a negative direction, which, in turn, means that their psyche is affected. The whole matter of choosing a design and performing orthopedic manipulations makes it difficult. It may also be difficult for a doctor to establish psychological contact with patients. First of all, it is necessary to determine whether surgical widening of the cleft mouth is possible, but surgical intervention is not always possible (patient's age, general condition, systemic scleroderma, lupus). Defects in dental crowns and partial loss of teeth in the lateral parts of the teeth, which make the teeth desirable, cause difficulties in sharpening teeth for the purpose of pain relief and making bridges. Sometimes it is not possible to make bridges. Taking mold from patients with microstomia may cause damage to the soft tissue surrounding the oral cleft. this will also cause difficulties due to loss of elasticity. In addition, in some patients, microstomia is accompanied by an alveolar process defect or contracture of the lower jaw. Removable dentures are made with a shortened base, in some cases from cast metal. The form and method of obtaining is different from the usual one. The choice of technique depends on the magnitude of the narrowing of the oral cavity. Mold for children it can be taken with a standard spoon or a standard spoon divided into two parts. The molds are right and the left side is taken separately, then the model is formed and cast. The base, as well as each side of the jaw, is prepared separately. Sometimes half of the denture is connected to protacryl directly in the mouth. Silicone material by making individual wax spoons in a mouthpiece and polymerizing into plastic, preferably take a mold with. Changes in the dental system as a result of microstomy, special instruments using orthodontic methods. The choice of design and orthopedic manipulation with microstomia is more difficult to carry out. Sometimes the doctor encounters difficulties in establishing psychological contact with the patient. With local anesthesia for prosthetics and for orthopedic construction of dental crowns, preparation difficulties may arise. Sometimes bridges cannot be inserted. In patients with microstomia, the process of mold removal occurs in the soft tissues surrounding the oral cavity, and is complicated by loss of tissue elasticity. In addition, some alveolar patients have a joint defect or contracture of the mandible.

GOAL OF THE WORK

By improving existing operations and developing new methods, the results of surgical treatment of patients with the consequences of cicatricial microstomia burns have improved.



MATERIALS AND RESEARCH METHODS

In the department of maxillofacial surgery of the city hospital of Samarkand, 34 people with scars, patients who underwent microstomy, were operated on. Surgery to heal a burn wound, the time before surgery ranged from 3 months to 2 years. For new scars, before and after surgery, patients underwent conservative therapy to speed up the "cooking" of the scar. depending on the condition of the adjacent tissues. To close wounds after cutting rough scars, we use the oral mucosa. We have developed the "Two Sickles" method of thrombus formation from tissues. Z-plasty is used only in the presence of small soft scars in the oral cavity. possible In most cases, the inner king of the fold is a mucous membrane, and the outer side is a rough permanent scar. The goal is to cut out triangular clumps from these disparate tissues and reposition them. not compatible. Oral adhesions with two crescent-shaped clots cut from the oral mucosa. We have developed a plastic method. Proposal for eliminating cicatricial microstoma in 24 patients. 17 operations were performed using this method. Scratched in the treatment of microstomia, along with traditional methods of surgical treatment, a new method of operations was used. The choice of surgery depends on functional impairment and health status. Operation technique. Diamond green alcohol at the level of a line drawn along the pupil. The solution draws two vertical lines. The horizontal line is from the base of the wings of the nose, the second, the mouth, passes through the center of the crack. The intersection of these lines determines the location of the corners of the mouth and mouth. determines the size of the crack. The operation stretches the oral cavity (b), divides it into outer and inner leaves (c) and scars. It all started with a longitudinal cut along the top of the fold. The entire outer leaf scar is transferred perpendicular to the first section along its depth. These cuts on both sides are 4-5 to mm. can be increased. To the end, the incisions are made in the form of a fork or an anchor, eliminating contracture and widening the oral fissure. Formation of the corners of the mouth, closure of wound surfaces and restoration of the red border of the mouth by moving bilateral clots (g) cut from the submucosa from the mucous cavity made.

Scheme. 1. A) Microstomia with a right-sided scar. B) tightening of the mouth of the scar fold. c) the clot is divided into outer and inner leaves. D) with the "two-crescent" coagulating effect of the resulting wound, closure. In 6 out of 24 patients (17.6%), removal of scar microstomes of the upper and lower lips or is performed simultaneously with cutting out scars in the cheek area. In these cases, the operation is performed in the mouth, starting with the formation of the corners. After the formation of clots along the intermediate layer, all scars around the mouth are cut out, then the clot is pulled out and the oral cavity of the wound on the cheek is formed from it, after which the remaining part is covered with a free autodermagraft. Considering the risk of infection of the perioral zone in the preoperative and postoperative period, 3-5 days of regional lymphatic antibacterial therapy. After 5-6 days, the sutures are removed. Our observations have shown that the use of the described method is aimed at removing the oral mucosa and allows achieving good results with maximum use of the vestibule. Emphasizing that biangular clots are larger in size to trap tissue than triangular clots, the risk of clot tip necrosis is also reduced.

RESULTS

Complete and without recurrence removal of the microstomia was noted in all 34 patients, maintaining the sharp shape of its angles orally, a reserve was created for additional lengthening. The vitality clots are retained and prevent recurrence of contracture in the long term. There were no cases of suppuration observed in the postoperative wound.

CONCLUSION

The recommended method of plastic surgery using a "double tourniquet" clot allows one to achieve simultaneous elimination of microstomia, restoration of the red border of the lips, as well as good functional and aesthetic results.

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