

INFLAMMATORY DISEASES OF MAXILLOFACIAL DISEASES
COMPLICATIONS.

Abduraimov Musurmonbek Mustafoevich

assistant professor of the Department of Internal Medicine, Rehabilitation, Folk Medicine and Endocrinology, Tashkent Medical Academy, Termiz Branch

Annotation :Acute on the face, jaw and neck (abscess, phlegmon, osteomyelitis, purulent inflammatory diseases to surrounding tissues organ necessary for life as a result of spread, poisoning of the body and .This article describes the historical formation of the field of facial and jaw surgery and today provides information about its state of modernization. Also In the article, common diseases in this field and their treatment practice thoughts about.

Key words: mediastenitis, maxillofacial, inflammation, spongy cavity, periostitis, odontogenic osteomyelitis.

The term plastic surgery is often used in foreign countries despite the fact that a large number of monographs on surgery have been published. Among experts, there are representatives of the field that clearly illuminate this term There is no specific instruction approved by the side. Plastic surgery is one of these surgeries it is based on operations on the tissues of the body surface. If body defects in the arms and legs, as well as in the abdomen and chest, clothing or if it is possible to cover with any kind of materials, defects in the facial area closure is a much more difficult issue, That's why the initial plastic surgery work began with covering defects in the facial area. In the facial area the principle of working with tissues began to spread to other parts of the body. Plastic surgery as a separate department began to form in the 20th century after the First World War and in the 50 years after World War II, it was clearly confirmed. In recent years, the role of anaerobic infection in the development of phlegmonal disease has been determined, and non-spore-forming bacteria - bacteroids, and clostridia - are more common in them. As a result of investigations, coexistence of aerobic and anaerobic bacteria was also observed. Staphylococci, streptococci, and other symbiotic microflora, which are involved in the etiology of odontogenic abscess and phlegmonal disease, are found in secretions from wounds. 86.6-95% of abscesses and phlegmons are caused by odontogenic infection. They occur due to the spread of infection from apical foci as a result of acute and chronic periodontal exacerbation, as well as when wisdom teeth are difficult to erupt, radicular cysts suppurate, alveolitis and periodontal disease exacerbation. chronic osteomyelitis, acute periostitis and comorbidities may occur. In addition to the teeth, other sources of infectious agents are in the mucous membrane of the oral cavity, nasal cavity and upper jaw cavity, on the skin of the face and neck, less often - in the eyes. Abscess-specific complaints: under the armpit in the area, pain is felt when grasping and body temperature rises, pain in the jaw is complained of in odontogenic abscess. The general condition may change in young children. Clinical picture: in the initial period, a painful infiltrate (snack) is observed in the area under the groin, which has a significantly firm consistency, with clear borders, but the skin above it may be unchanged. In young children, the skin on the swelling is thinned, reddened, the middle is softened, and when palpated (fluttering), fluctuation is detected.

Symptoms characteristic of phlegmon: usually, there is a widespread painful swelling under the groin, as well as a slight limitation of mouth opening. A soft swelling is detected in the

tissues. The color of the skin above the tumor has not changed, it does not fold. Mouth opening is limited due to pain. The gums and oral mucosa around the tooth that causes inflammation are red and swollen. In the general condition, signs of endogenous poisoning: weakness, increase in body temperature, loss of appetite, disturbed sleep are detected. It may be in the conjunctiva. Microbes are usually dispersed with the help of local protective factors at the place of entry into the tissue, in some cases they reach the lymph nodes through lymphatic vessels and remain there and undergo phagocytosis. If the microbes are not eliminated in the lymph nodes, they can be absorbed into the lymph nodes and delivered to other tissues and organs with the blood. Microbes multiply at the landing site, some of them produce exotoxins. As a result of the breakdown of microbes, toxic substances endotoxins are released into the tissue. They have antigenic properties and cause pathological changes in the tissue. Other sources of infection other than teeth are in the mucous membrane of the oral cavity, nasal cavity and upper jaw cavity, on the face and neck, less often - inflammation from the conjunctiva of the eye. can call Abscess and phlegmon around the jaw are more common in 20-30-year-olds, which is due to dental caries damage and difficult wisdom tooth eruption. Thrombophlebitis of facial veins, upper jaw bone and surrounding soft tissues purulent inflammation (osteomyelitis of the upper jaw, abscess under the eye and phlegmon. upper lip and nasal cavity and abscess, etc.) in diseases, the walls of the vessels of the facial vein are inflamed and a thrombus is formed is to do. Edema is formed in the direction of facial and angular veins. Skin when it's gone Infiltrate associated with it is detected, the skin on it turns red, as the poisoning increases the patient's condition worsens, his body temperature rises, he has malaria, he rubs his body, trembles. Thrombophlebitis progresses to facial vein thrombosis, which in turn leads to facial vein thrombosis causes the infection to spread to the spongy sinus of the dura mater.

Thrombophlebitis of facial veins, upper jaw bone and surrounding soft tissues purulent inflammation (osteomyelitis of the upper jaw, abscess under the eye and phlegmon. upper lip and nasal cavity and abscess, etc.) in diseases, the walls of the vessels of the facial vein are inflamed and a thrombus is formed is to do. Edema is formed in the direction of facial and angular veins. Skin when it's gone infiltrate associated with it is detected, the skin on it turns red, as the poisoning increases the patient's condition worsens, his body temperature rises, he has malaria, he rubs his body, trembles. Thrombophlebitis progresses to facial vein thrombosis, which in turn leads to facial vein thrombosis causes the infection to spread to the spongy sinus of the dura mater. Factors that simultaneously negatively affect the development of the inflammatory process include: the absence or deficiency of certain ingredients in the oral fluid, bite-related injuries, bacteremia, poor oral hygiene, dental plaques, pathological gum pockets, fissures, decayed tissue in the cavity of the caries and tooth canals. The fissures examined from the inflammatory process show that the pathogenicity of the infection is low in most cases. Nevertheless, they cause deep and widespread inflammation. Purulent inflammatory diseases in the areas of the face, jaw and neck, abscesses and phlegmons occur in the subcutaneous, intermuscular, interfascial, muscle tissues. Microbes that have entered the tissue accumulate near and around the tumor, an inflammatory process develops in the tissue. The following stages are distinguished in the inflammatory process: 1-swelling, 2-redness, 3- purulent dissolution of tissues, 4-necrosis, 5 - delimitation by forming a granular shell. Serous inflammation of the cell differs from cellulitis (which corresponds to the previous term snack), limited purulent-inflammatory process - abscess, and phlegmon, which is a diffuse purulent-inflammatory process.

Pathogenic microbes in blood taken from a vein, with microbiological tests if found, the toxic period of septicemia or sepsis develops. Specific to sepsis signs are internal organs: lungs, liver, kidneys, heart and other internal organs the symptoms of the disease are manifested more than the symptoms of local inflammation (predominance) will be. After septicemia, the disease passes into the period of septicopemia. Internal to this period the organs are purulent due to the infection in the lungs, liver, and brain processes develop. Changes characteristic of the terminal phase of sepsis are observed: dysproteinemia, hypercoagulation, electrolyte balance, acid-base system violation, etc. observed. With the development of sepsis, it becomes a septic (endotoxic) shock (microbes and their it is complicated by a severe violation of body functions under the influence of poisons). Septic in the morning, the activity of life-sustaining organs is disrupted. One of them is sharp shortness of breath. ten characteristic signs - a sharp worsening of the general condition increasing weakness, trembling. the transition of blasphemy to fear mind blurring. lack of air at the same time as the headache increases Complications and panting are observed. As septic shock worsens acute respiratory failure passes into a decompensated form, ten: the patient is in critical condition. his mind is not clear. paleness of the skin, slimy in curtains - cyanosis, instability of blood pressure and prone to falling of the bridge hypoventilation hypoxia, anuria. The blood coagulation system is disturbed, leukopenia, anemia etc. is typical.

The child's body temperature has increased, his appetite has decreased, he is weak and restless. During the examination of the patient, due to the inflammatory infiltrate in the submandibular area, the face shape has changed, the skin above the tumor is red, it does not fold, sometimes the skin is tense and shiny, and a painful infiltrate with clear boundaries is detected when palpated.

CONCLUSION

The disease often occurs in the lower jaw. Odontogenic osteomyelitis of the jaws, mainly, it takes place in three stages: acute, subacute and chronic. Besides, can be limited and diffuse. There is a lot of spongy bone in the upper jaw there are many holes in its cortical plate. That's why it's in the jaw in purulent inflammatory processes around the teeth, exudate comes out of the bone. Therefore, the disease of odontogenic osteomyelitis in the upper jaw rare. Abscesses and phlegmons can be serious infections that require urgent medical attention without proper diagnosis. Dental hygiene, injury prevention and regular dental check-ups can help prevent these infections. Abscesses and phlegmons are treated surgically, with drugs and in a complex manner with physiotherapeutic procedures.

REFERENCES

1. Jilonov A.A., Norahmadov B.T. Maxillofacial surgery. Textbook. Tashkent. TTA printing house 2018.
2. Z.K. Rakhimov. Educational methodical complex of FACE SURGERY (for students of the 5th year of the Faculty of Dentistry) Bukhara 2019
3. Azimov M.I. Development and anomalies of the face. Study guide. - Tashkent. Science, 2018
4. David A. Mitchell. An introduction to oral and maxillofacial surgery. Textbook. Second edition, 2015
5. Nigora Toshpoiatoeva, Sayyora Suyunova. Diseases of the oral cavity. Medicine study guide for colleges. Creative publishing house named after Gafur Ghulam house in Tashkent - 2007.