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IMPROVEMENT OF COMPREHENSIVE TREATMENT OF ODONTOGENIC PHLEGMONS OF THE MAXILLOFACIAL AREA IN CHILDREN

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Introduction

Tashkent State Dental Institute Domestic and foreign scientists have made a significant contribution to the development of problems of prevention and treatment of purulent-inflammatory diseases of the maxillofacial area. However, this topic has not lost its relevance today. Despite the intensive work of specialists from various fields of science on the problem of purulent infection, many issues relating to the prevention and treatment of odontogenic inflammatory diseases and their complications have not yet been resolved and require further study in order to develop more advanced and effective treatment methods. In recent years, despite the improvement in the quality of treatment and the emergence of new dosage forms, there has been no decrease in complications in odontogenic purulent-inflammatory diseases of the maxillofacial area. Clinical observations have shown that such severe complications of odontogenic phlegmon as sepsis, thrombophlebitis of the facial veins and thrombosis of the cavernous sinus, mediastinitis, are the main cause of mortality in acute odontogenic infection, which is reflected in the works of a number of domestic and foreign scientists. In the world literature, there are reports of more frequent detection of odontogenic mediastinitis, often with unfavorable outcomes. The most common cause of the development of contact mediastinitis is putrefactive-necrotic phlegmon of the floor of the mouth - Ludwig's tonsillitis. Therefore, the issues of prevention, prediction

of the course and outcomes of complications of odontogenic phlegmon still remain relevant. Surgical intervention is an important step in the complex treatment of odontogenic phlegmons of the maxillofacial area. In recent years, much interest in medicine has been given to antiseptics. The drug Benzydamine is a broad-spectrum antiseptic. In the treatment of phlegmons of the maxillofacial area in childhood, the antiseptic Benzidamine was not used, so the study of the effectiveness of the drug in the complex therapy of children with odontogenic phlegmons of the maxillofacial area seems relevant and modern.

Purpose of the study: To substantiate the effectiveness of the use of Benzydamine drugs in complex treatment in children with odontogenic phlegmon of the maxillofacial area. Based on the results of clinical and microbiological studies, to justify the feasibility of using the antiseptic Benzydamine in children with odontogenic phlegmon of the maxillofacial area.

Materials and methods of research: 40 children aged 9 to 18 years were examined after opening phlegmon in the TGSI clinic at the Department of Pediatric Maxillofacial Surgery: Group I. Traditional method of treatment (n-20); Group II using the antiseptic Benzydamine (n-20 children). Clinical and microbiological tests were carried out (a generally accepted bacteriological method with the study of the cultural and biological properties of isolated microorganisms). The state of the microflora of the postoperative wound in children with odontogenic phlegmon of the maxillofacial area after the use of Benzydamine preparations was studied. In children of the control group, the identified clinical and laboratory characteristics indicate the severity of local symptoms, which retain their accents even on days 3-4 of treatment. The development of a systemic reaction syndrome to inflammation, which persisted on the 3-4th day of treatment, allows us to characterize that therapy with standard drugs does not bring the expected result. Since staphylococci are the cause of purulent-inflammatory processes in the maxillofacial area in 88% of patients in the study groups, it makes sense to use antibacterial drugs before obtaining microbiological tests, given the strength of the antibiotics against this type of

microorganism. Traditional treatment of odontogenic phlegmon of the maxillofacial region in children was characterized by a slow resolution of the local inflammatory process and long-term normalization of the general condition of the patients.

Clinical signs of endogenous intoxication and secondary immunodeficiency such as weakness, lethargy, pale skin, sleep disturbance, and decreased appetite persisted in patients in the control group throughout their hospital stay. An important role in this was played by the long-term permanent effect of odontogenic causative factors.

Results and Discussions.

After treatment in the main group, the oral microflora normalized already on days 3-4, which ultimately led to recovery. In the control group, only by 6-9 days it was possible to normalize the microflora, which increased the time of hospital stay (bed days) by 30-40% compared to the main group ($p < 0.005$). As in the control group before treatment, the microbial landscape wounds did not differ in the species specificity of the microbes themselves, and their virulence, but after treatment in the main group there was a significant improvement of a purulent wound by the 3-4th day of surgery, which in clinical terms was expressed in an improvement in the general well-being of patients. Microbial landscape wounds returned to normal by 3-4 days, number and virulence staphylococci and streptococci decreased significantly, which indicates a high effectiveness of using the antiseptic Benzydamine.

Conclusion: The use of the antiseptic Benzydamine in complex treatment children with odontogenic phlegmons of the maxillofacial area are significantly reduces the time it takes to cleanse a purulent wound, accelerates healing and epithelization wounds, activates processes in damaged tissues (improves trophism), in general reduces the time of treatment and medical rehabilitation of children.

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