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Research Article

THE PURULENT INFLAMMATION AND PROGNOSTICS OF COMPLICATIONS OF COMBINED SOFT TISSUE INJURIES OF MAXILLOFACIAL REGION

Submission Date: October 07, 2023, **Accepted Date:** October 12, 2023,
Published Date: October 17, 2023 |
Crossref doi: <https://doi.org/10.37547/TAJMSPR/Volume05Issue10-04>

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ABSTRACT

This article presents an analysis of purulent inflammatory complications and their causes as a result of joint injuries of the face-jaw area. The main reasons for the complications of purulent inflammation were found to be late referral of patients to the hospital, diagnostic errors and social background. But we have come to the conclusion that the use of infrared thermometry is of great help in early detection of purulent complications and leads to early recovery of patients.

KEYWORDS

Combined maxillofacial injurie, s, purelent-inflamations, complications of maxillofacial injuries.

INTRODUCTION

Among the injuries of the bones and soft tissues of the maxillofacial area, injuries of the jaws, especially the lower jaw, according to the data of various authors, make up 73-86% [1,3,4]. Despite the existence of various methods of early diagnosis, effective treatment and prediction of complications of these pathologies, purulent-inflammatory complications after injury maintain their frequency [5,6,7].

Also, the presence of teeth in the fracture line of the jaws, additional diseases of the patient, immune status, age, the time of medical care, the degree of contamination of the wound, the state of inflammation in the oral cavity directly and indirectly affect the course of the post-injury process[2,8].

Material and methods. The research was conducted based on the data of patients treated in the departments of face-jaw surgery of the Samarkand branch of the RShTYoIM and the Samarkand City Medical Association during the years 2018-2023. All patients aged 18 to 72 years with inflammatory complications of jaw fractures were selected. These patients were analyzed according to age, gender, time of injury, alcohol consumption, social background, duration of hospitalization, diagnosis and medical care provided.

RESULTS

In the process of scientific research, the medical history and treatment process of 128 patients treated in the hospital with joint injuries of the face-jaw area were studied. 54 of these patients had purulent inflammations caused by fractures in the bones of the face. When analyzed by age, more inflammatory cases

were observed in patients aged 24 to 56 years. It was also found that most of these patients had additional comorbidities. When looking at gender, the majority were men at 88.4%. More than half of these men, 56.2%, were found to be intoxicated at the time of injury. Most of the patients with purulent inflammation, 54% had inflammation of bone fractures, 14% had phlegmon and purulent infiltrate, 6% had lymphadenitis, and the remaining 26% had post-traumatic osteomyelitis. When analyzing the social origin of patients, it was found that 88% of patients live in middle-class families, and almost all of them consume alcohol and tobacco. In addition, when studying the causes of purulent inflammation complications in patients with combined fractures of the facial area, it was found that most of them went to the hospital late, there were diagnostic errors, and some patients even tried to self-medicate. In addition, all patients with joint injuries of the face were subjected to infrared thermometry examination in order to predict the complications of purulent inflammation and monitor the course of the injury. Thermometry was carried out using the SEM Thermo Diagnostics device developed in the Russian Federation with infrared rays.

The temperature at the comparison-observation points in the face area was measured, recorded and the results were compared. Research has shown that the temperature results obtained did not exceed 1.5 degrees, which showed that the injury was going without complications. On the contrary, if the local temperature in the area of the injury is high, these indicators indicate that the process of suppuration of the wound is starting. During the entire purulent process, the temperature was kept high.

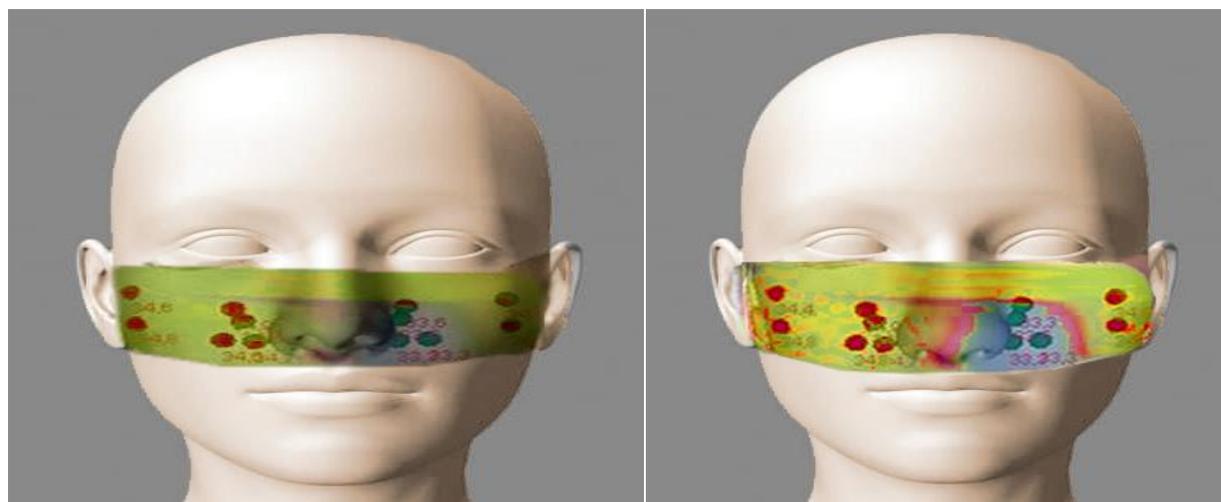


Figure 2. Thermogram of the patient

Also, wounds of patients with purulent inflammation in the area of facial wounds were examined using UTT with linear 5-7 MHz transducers. Edema, infiltrate and purulent fluids in the area of injury were distinguished by giving specific echocardiograms.

Swelling and infiltrate showed hyperechoic thickening under the skin, while purulent process showed hypoechoic dark appearance with free fluid.

CONCLUSIONS

The following results showed that the main causes of purulent inflammatory complications resulting from maxillofacial injuries were late presentation of patients to the hospital, diagnostic errors and social background. The addition of infrared thermometry is of great help in the early prediction of expected purulent complications and leads to early recovery of patients.

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