

Improving Treatment Outcomes in Patients with Combined Facial Skeletal Injuries While Taking Oral Hygiene into Account

¹ Baratova Sh.N.

¹ Assistant, Samarkand State Medical University, Samarkand, Uzbekistan

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Abstract

Modern healthcare faces a serious challenge associated with combined trauma. Since the 1990s, the nature of injuries has changed significantly: injuries to multiple anatomical regions simultaneously are now frequently recorded. Today's world, characterized by the increasing number and speed of vehicles, the technological advancement of industry, agriculture, and everyday life, the popularity of extreme sports, and a fast-paced lifestyle, is creating conditions conducive to an increase in injuries not resulting from military action. Stressful situations associated with urbanization also play a role in this trend. Bone injuries to the maxillofacial region account for approximately 3% of all bone fractures in humans. Moreover, a quarter of patients seeking treatment in maxillofacial surgery departments suffer from injuries to this region. Studies show that 14-20% of victims are diagnosed with combined craniocerebral trauma.

Keywords: Departments suffer, maxillofacial surgery, craniocerebral trauma.

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1. Introduction

Facial and neck injuries represent a complex category of injuries. Their complexity is due to the presence of important anatomical structures in these areas: major arteries and veins, nerve pathways, and numerous zones sensitive to irritants. Furthermore, these areas are located in close proximity to vital organs. Facial and jaw injuries often lead to more serious complications. Therefore, when providing emergency care and treating such injuries, it is essential to consider the specific anatomical features of this area. Qualified specialized medical care for victims plays a key role in the prevention and treatment of such injuries.

Reducing the risk of periodontal complications in patients with concomitant maxillofacial injuries remains an important issue in maxillofacial surgery and dentistry.

Patients with severe conditions are referred to the

intensive care unit for emergency medical care. Once their general condition stabilizes, particularly if normal breathing is restored, bimaxillary splints are applied. In such cases, self-cleaning of the oral cavity is often impossible for patients. Food debris, blood clots, and fragments of dead tissue accumulate in the spaces between teeth and under dental splints, especially wire splints. This creates an ideal environment for the active proliferation of bacteria, which in turn can lead to periodontal inflammation. In patients with combined facial injuries, maintaining good oral hygiene plays a crucial role not only in removing food debris, plaque, and biofilm from splints, ligatures, teeth, gums, and rubber bands. It also helps prevent the proliferation of microorganisms and creates favorable conditions for more effective and accelerated fusion of jaw fragments.

In this study, we aimed to analyze the oral hygiene situation in patients with combined maxillofacial

injuries, with an emphasis on the prevention of periodontal diseases.

Research approaches and tools

To address these objectives, we analyzed the clinical data of 123 patients with combined facial fractures treated at the maxillofacial surgery service of Samarkand City Hospital. Men predominated (96 patients, or 78.4%), while women constituted a smaller group (27 patients, or 21.6%). The average age of patients was 41 years. To answer the research questions and achieve the stated goal, a comprehensive approach was used, including clinical, radiographic, immunological, and statistical methods. The study group had an average age of 41.4 years, with a deviation of ± 1.2 years.

The study aimed to analyze the patients' dental health, with the aim of identifying the relationship between it and medical, biological, social factors, as well as organizational aspects of dental care and medical examinations.

Patients underwent clinical examinations (a total of 123 patients), as well as radiographic (14.5%), computed tomography (13%), multislice computed tomography (72.5%), and immunological studies. The examination also assessed the condition of the temporomandibular joints and the oral mucosa, as well as the integrity of tooth enamel and dentin (presence of caries, hypoplasia, fluorosis, pathological wear, and wedge-shaped defects), as well as the condition of the periodontium. Diagnoses established during the examination were assigned to the appropriate categories according to the International Classification of Diseases (ICD-10). Based on the data obtained, the need for dental treatment was determined. If necessary, patients underwent orthopantomography. Statistics on the prevalence of identified diseases were presented as a percentage of the total number of patients examined with a given condition.

The data was collected and recorded using a special "Dental Status Assessment Card" created by the developers.

Periodontal Assessment.

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