



THE VALUATION OF THE RESIDUAL AND SECONDARY DEFORMATION OF THE MEDIUM FACE ZONE IN PATIENTS WITH UNILATERAL CLEFT LIP

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Background. The treatment of patients with cleft lip and palate is a complicated medical-social problem. The residual and secondary deformations of the nose, upper lip, and dentoalveolar require surgical correction in these patients after undergoing complete reconstruction as a child.

Aim. To systematize the degree of severity of the residual secondary deformation of the medium face zone in adult patients after previous surgery.

Materials and methods. This scientific work was based on the results of 42 adult patients with unilateral cleft lip after undergoing complete reconstructive surgery as a child. The valuation of residual and secondary deformations of the nose, upper lip, and vestibule was performed in adults aged 25–40 years. The typical residual deformation at these locations was determined and separated into three groups and given a value.

Results. We observed that 91% of the patients with unilateral cleft lip had a deformation in the medium face; of these patients, 15% had severe deformation with an absolute indication for surgery.

Conclusion. The residual and secondary deformations of the medium face zone were diagnosed in 91% (80.6%–96.7%) of the patients operated using the Miro-Limberg-Obuyhov method in the remote period. Moreover, 15% of these deformations had an absolute indication for surgery. The three numbers used in the valuation system of the residual and secondary deformations of the medium face zone in patients with a unilateral cleft lip enable impartial and quick determination of the intensity of one or more deformations of the nose, lip, or vestibule of the mouth.

Keywords: residual deformation; cleft lip and palate; system of valuation; medical rehabilitation; remote results.



Relevance. Complete completion of medical rehabilitation of patients with congenital cleft lip and palate (CCLP) remains one of the most important problems in healthcare.

Among patients with congenital malformations of the face, they account for up to 90% [1].

The problem of completing medical rehabilitation of patients in this category is not limited only to childhood. Despite significant advances in complex surgical-orthodontic treatment and medical rehabilitation of patients with unilateral CGN, a number of problems in their treatment remain relevant to this day [2–4]. According to some authors, about 80% of adult patients with CGN require corrective surgery on the face [5–7].

The natural shape, symmetry of the upper lip and nose, their aesthetic appeal, the participation of facial muscles in facial expressions, and the performance of a number of functions are determined primarily by the anatomically correct position of the nasal cartilage and the muscles of the nasolabial region. Deformation of the thresholds of the nasal passages, flattening of the tip and wings of the nose, cicatricial deformation of the upper lip and the vault of the vestibule of the mouth, a slit-like defect of the alveolar process are typical signs of residual and secondary deformations of the midface after surgical treatment of cervical hyperopia [1].

The goal is to systematize the severity of residual and secondary deformities of the midface (nose, upper lip, vestibule of the mouth) in adult patients after surgical treatment of unilateral cervical hyperopia in childhood.

In the study, we set the following objectives: to determine the most significant typical signs of residual and secondary (postoperative) deformities of the midface in adulthood; assess the severity of typical facial deformities using the developed scoring system; based on the results of an objective assessment of the severity of deformities, justify the feasibility of performing corrective operations for medical reasons, as well as the possibility of performing them with the aim of improving only the aesthetics of the face.

Materials and methods. Deformations of the midface were studied in 42 patients with CGN after completion of their medical rehabilitation in childhood in the age category from 25 to 40 years.

To assess the deformation of the nasolabial area, we have developed a three-point assessment system, according to which the severity of each sign of deformation of the nose, upper lip and vestibule of the mouth is determined from 0 to 2 points.



The criteria for assessing the severity of the deformity are as follows: 0 - no deformation after complete recovery; 1 — the deformation is slightly expressed, there are no dysfunctions; 2 - severe deformation, dysfunction.

Results and its discussion. When examining patients in this category, it was found that in 96% of cases, primary cheilorhinoplasty was performed using the Miro-Limberg-Obukhov technique. In 4% of cases, it was not possible to establish the technique of the primary operation.

Flattening of the tip of the nose on the side of the cleft was noted in 24% of cases. No pronounced deformation was detected in this area. Flattening of the nasal wing with preservation of the nasal contour was noted in 40% of cases. This type of deformation did not cause complaints from patients. There was no asymmetry in the position of the base of the nasal wing in more than half of the subjects. However, 4% of patients had a pronounced deformation of the position of the nasal wing and complained about it. No pronounced forms of deformation of the nasal threshold and nasal opening were found among the patients. Curvature of the nasal dorsum with gross deformation was detected in 4% of cases, however, even with a slight curvature of the nasal dorsum in 32% of patients, this deficiency was noted by them as significant. One of the patients' complaints was impaired nasal breathing (according to subjective assessment). Difficulty breathing in the two nasal passages was reported by 9% of the examined patients, of which in 40% this symptom was noted from the ARHN.

When examining patients with upper lip deformities, the number of patients with pronounced signs of this localization exceeded the number of the same patients with severe nasal deformities. Severe deformation of the red border accounted for 16% of cases, and in 36% of patients this sign was less pronounced.

A hypertrophic scar, deforming the shape of the upper lip, was noted in 8% of patients, which led to facial disharmony. Disturbance of the relief of the philtrum column with an inconspicuous scar was recorded in 68% of the subjects, which was due to the peculiarity of the Miro-Limberg-Obukhov surgical technique. Patients with significant disruption of the philtrum relief make up 8%; they also form a group with severe deformation of the upper lip. Discontinuity of the orbicularis oris muscle was found in only 4% of the examined patients.

Cicatricial cords and folds of the oral vestibule were observed in 36% of those examined, but they did not violate the depth of the oral vestibule. The so-called "gap" of the alveolar process of the maxilla was noted in 32% of patients, and 12% had a palate defect.



A score of 2 for at least one of the presented signs, in our opinion, places the patient in the group with mandatory indications for surgical treatment. In the case of an existing but unexpressed deformity (1 point), the patient may undergo surgical treatment for aesthetic reasons. However, despite the score of 2 points, a number of patients were absolutely satisfied with their appearance, which served as justification for refusing corrective surgery.

We give an example of a good long-term result of surgical treatment. Patient M., 26 years old, diagnosed with “Residual deformation of the nose and upper lip after unilateral cervical hyperopia.” There is a slight flattening of the nasal wing, a narrowing of the nasal threshold (up to 2 mm) on the side of the cleft; nasal breathing is free; an inconspicuous normotrophic scar of the skin of the upper lip, a red border of the lip without changing size and shape. There are no pathological changes from the vestibule of the mouth. The nose score is 1 point; the upper lip is 0 points. He makes no complaints. The quality of life is at a high level on all scales. Complete rehabilitation of the patient.

The following clinical observation demonstrates a satisfactory result of long-term surgical treatment. Patient A., 31 years old, diagnosed with: “Residual deformation of the nose and upper lip after unilateral cervical hyperopia.” Objectively: slight flattening of the nasal wing, narrowing of the nasal threshold (up to 2 mm) on the side of the cleft; nasal breathing is free; a slight narrowing of the upper lip in width, a normotrophic scar on the skin of the lip, a violation of the shape and size of the red border. Alveolar ridge gap (reflux of food into the nose). The nose score is 1 point; the upper lip is 1 point. He makes no complaints. The quality of life on the “social functioning” and “psychological health” scales is reduced. Corrective surgery on the nose and upper lip is recommended.

We present a clinical example with a poor result of surgical treatment. Patient A., 38 years old, diagnosed with “Residual deformation of the nose and upper lip after unilateral cervical hyperopia.” There is a slight flattening of the tip and wing of the nose on the side of the cleft; nasal breathing is free; normotrophic scar of the skin part of the upper lip, severe deformation of the red border with interposition into the skin part of the lip, disruption of the discontinuity of the orbicularis oris muscle. The nose score is 1 point; the upper lip is 2 points. He makes no complaints.

The quality of life on all assessment scales is at a high level, however, corrective surgery on the lip and nose is recommended.

After examining patients with unilateral CGN, it was found that midface deformities persist in 91% (80.6–96.7%) of the subjects, of which 15% have severe



deformities with absolute indications for surgical treatment. However, patients with deformities of the midface of varying severity, but at the same time high rates of socio-psychological assessment of personality, can reasonably refuse subsequent treatment.

Conclusions. With primary cheilorhinoplasty using the Miro-Limberg-Obukhov technique in the long-term period, residual and secondary deformations of the midface were noted in 91% (80.6–96.7%) of patients. Moreover, in 15% of them the deformities are pronounced, which serves as an indication for local plastic corrective operations.

A three-point system for assessing residual and secondary deformities of the midface in patients with CGN allows one to objectively and quickly assess the severity of a particular deformation of the nose, lip and vestibule of the mouth.

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