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Retrospective Analysis of Odontogenic Phlegmons Data from the Department of Maxillofacial Surgery of the Bukhara Regional Multidisciplinary Medical Center for the Period 2020-2024

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Abstract: The frequency of acute purulent-inflammatory diseases of the maxillofacial area, including abscesses and phlegmon, is growing steadily. In the last years, the number of patients with a severe course of this pathology, accompanied by the development of complications, a long temporary disability, and sometimes leading to disability and death. In the clinic of maxillofacial surgery, abscesses and phlegmon also occupy the first place in frequency of occurrence. All this indicates the important social significance of an integrated approach to the treatment of acute phlegmon of the maxillofacial area and the prevention of postoperative complications.

Key words: abscess, phlegmonae, antiseptics, immune system correction, men, women, drainage.

Unfortunately, the problem of odontogenic infection remains relevant to this day. According to the majority of researchers, this is due to the following reasons: • with an increase in the number of patients with odontogenic purulent-inflammatory diseases in specialized hospitals, they range from 45% -55% [5] • with the emergence of new resistant strains of microorganisms, the species composition of pathogens of purulent-inflammatory diseases has changed - the dominant role of the anaerobic component has been noted • the reason for this course of the disease is considered by most authors to be a decrease in immunological reactivity, a perversion of the immune response against the background of preliminary sensitization of the body from the focus of chronic infection Currently, in the treatment of acute odontogenic purulent-inflammatory diseases of the maxillofacial region, a wide variety of methods are used aimed at both the local focus of inflammation and the microorganism as a whole. The topographic and anatomical features of this area play an undoubted role in the course of purulent-inflammatory diseases of the maxillofacial region: the complexity of the relationship of cellular spaces, the abundance of collateral anastomoses with cerebral vessels, the underdevelopment of venous valves and their incomplete closure determines the possibility of throwing toxins from the inflammatory focus into the brain. [1,3,5] As a result of the increasing intoxication of the central nervous system, the functions of vital organs are inhibited, which contributes to the further progression of intoxication. In such cases, traditional detoxification methods do not have the proper effect of adequate sanitation of the pathological focus [1.5]. To date, the therapy of patients with phlegmon of CHLO, along with surgical intervention and medical support should include a set of additional measures aimed at preventing complications and improving the healing dynamics of purulent wounds. terms of hospitalization. The problem of improving methods and means of prevention, diagnosis and treatment of such patients remains one of the most urgent also because in recent years the number of cases of sluggish, hyporeactive forms of inflammatory reaction has been steadily increasing, against which local and general complications often develop. A number of authors report an increase in cases of progressive, prone to rapid spread and development of severe, life-threatening forms of inflammatory diseases characterized by a hyperergic type of inflammatory reaction. There are also numerous publications on the tendency to

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chronicle "atypically" occurring types of acute inflammation. The formation of different types of inflammatory reactions is facilitated by certain changes in the nonspecific and immune reactivity of the body, as well as changes in the pathogenic properties of microorganisms involved in the development of inflammation. Changes in etiological factors are facilitated by the environmental and economic situation, social changes, uncontrolled intake of various chemotherapy drugs, and a number of other reasons. Therefore, at the current level of scientific development and diagnostic capabilities, it seems relevant to clarify the features of the etiology and pathogenesis of purulent-inflammatory diseases of the maxillofacial region in order to substantiate new approaches to the complex treatment of such patients.[2,6,7] The causative agents of purulent odontogenic infection are microbes vegetating in the oral cavity. This microflora, as part of the associations, is localized on the mucous membrane of the oral cavity, in the gingival pockets, and carious foci of teeth. According to the WHO classification (1995), microbes with an anaerobic type of respiration, vegetating in dental plaque, belong to the normal or resident microflora of the oral cavity. The resident microflora of the oral cavity has no virulence, pathogenicity and toxicogenicity. Being in its habitat, it does not participate in inflammatory and infectious processes until a certain time, maintaining neutrality with the macroorganism. Complex therapy includes surgical treatment, targeted antibacterial therapy, detoxification, desensitization, if necessary, normalization of the blood coagulation system, correction of immunity.[1,4]

The purpose of the work: To study statistical data on odontogenic phlegmon of the maxillofacial region for a period of 5 years in adult patients (2020-2024) of the Bukhara Regional Multidisciplinary Clinical Hospital in the department. ChLH Research material and methods: Based on evidence-based medicine, we have compiled a diagnostic algorithm for examinations of patients with odontogenic phlegmon. To analyze the frequency of the spread of odontogenic phlegmon, we performed a retrospective analysis of the medical history of 325 patients treated at the Bukhara Regional Multidisciplinary Medical Center during 2020-2024, which accounted for 62.62% of the total number of patients treated in this department and indicates a constant increase in the number of diseases of this kind. Of the 325 patients with odontogenic phlegmons: phlegmon of the upper jaw was noted in 18.35% of patients, phlegmon of the lower jaw - in 63.29% of patients, diffuse phlegmons of the upper and lower jaw - in 18.35% of cases. General (complaints, medical history, objective examination, general blood tests, biochemical blood tests, microbiological), local (palpation of soft tissues and the prevalence and severity of the disease, dental percussion) were used in the examination of patients and special ones (jaw radiography, CT, MSCT) Results and discussions. These results indicate that during the period 2020-2024, 325 patients were ill with maxillofacial phlegmon, including 110 patients (34%) under the age of 18, and 215 patients (66%) aged 18-75.

According to the table, maxillofacial phlegmons are most often observed in middle-aged people 92 (29%) and in adolescents 50 (15%), of which men make up 182 (56%), women 143 (44%). The study revealed that mandibular phlegmon was most often observed, especially submandibular and maxillary phlegmon. Laboratory research methods were traditionally carried out: a general detailed blood test, a biochemical blood test, a coagulogram, blood glucose, a general urine test, feces for I/g, as well as immunological studies and additionally, X-ray studies. Surgical interventions were performed with a wide opening of all anatomical spaces of the floor of the oral cavity and neck. In the postoperative period, patients received targeted antibiotics, detoxification, desensitizing, restorative therapy, and physical treatments. Conclusions. According to a retrospective analysis, phlegmon of the maxillofacial region is more common in men than in women. With all purulent processes of the maxillofacial region and neck, it is necessary to resort to early surgical interventions, since, depending on a number of conditions, the inflammatory process from the area of the maxillary system can spread so quickly into the mediastinum that a delay in surgery for 12-18 hours can lead to mediastinitis. Early diagnosis and active surgical tactics in the treatment of maxillary phlegmon help to avoid a large number of complications such as meningitis, sepsis, mediastinitis, facial vein thrombophlebitis and cavernous sinus thrombosis.

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