



Determination of the Size of the Jaws of Children in the Exchange and Permanent Bite in Which the Heiloplasty Was Performed

**Maxmudov Djaxongir Ergashevich, Axadov Alibek Akbarovich,
Fozilov Uktam Abdurazzoqovich**

Bukhara State Medical Institute Named After Abu Ali Ibn Sino. Bukhara, Uzbekistan

Relevance of the study. Diagnosis and treatment of congenital defects of the face jaw is considered one of the urgent tasks in orthodontics and leads to aesthetic defects. As a result, speech disorders, chewing and food disconnection functions are impaired and significantly reduce the quality of life, causing the manifestation of human potential to be limited. Birth defects in the face-jaw are a medical and social problem. If children with congenital defects in the face-jaw are not given timely treatment and rehabilitation work, it will also lead to the incorrect development of the tooth-jaw joint (Khoroshilkina F.Ya. 2001; Seregin A.S., 2020; Brusati R. et al., 2018). Therefore, the study of the distribution and treatment of birth defects in the face-jaw is considered to be constantly necessary (Uchaeva V.S., 2018; Postnikov M.A., 2021). During scientific research, congenital facial-jaw defects increased by three times. Severe cases of congenital palate defects are also common (Mamedov A.A., 2019). Tooth-jaw bite deformities are the second largest prevalence of dental diseases among children. Their diagnosis and treatment are considered one of the urgent tasks in orthodontics, as long as they affect chewing functions, leading to speech disorders, aesthetic defects and limiting the manifestation of human potential, significantly reducing the quality of life [Korenev, Kadukova yu.V. 2009]. In Particular, F. Ya. According to the results of the study khoroshilkina (1999), dental anomalies occurred on average during the period of milking–24%, during the period of exchange – 49%, during the period of constant biting, up to 17 years – 35%. The number of anomalies increased by 25% from the period of temporary bite formation to the beginning of the exchange period.

The purpose of the study is to identify anthropometric indicators of the tooth - jaw system in children who have undergone heiloplasty and to improve the Prevention of bite anomalies in these children. Research tasks. Determination of anthropometric indicators of the tooth-jaw system in children who have undergone heiloplasty - Dental anomalies and deformities perfecting early diagnosis by determining the size of the jaws of children in the exchange and permanent bite in which the heiloplasty was performed; - Description of preventive methods for dental anomalies in children who have undergone heiloplasty - Early diagnosis and effectiveness of orthodontic treatments in children who have undergone heiloplasty, who have observed bite anomalies, they are happy according to quality of life indicators; Object of study. 110 children between the age of 6-18 years of exchange and permanent bite who have undergone heiloplasty are subjected to clinical-dental, anthropometric and functional examinations. In addition as a control group, 22 children with non-anomalies and deformities of the gums and jaw are examined, who have not undergone heiloplasty. Research methods. The examination program consists of traditional and special clinical examination methods and dental examination methods at all stages. - clinical-dental examination methods - anthropometric - X-rayolok – statistic.

Cheiloplasty is a plastic surgery to correct the shape, size and contour of the lips, which is performed both for aesthetic purposes (volume increase, correction of asymmetry, rejuvenation) and for medical reasons (elimination of birth defects such as "cleft lip", the consequences of injuries). There are different methods, from surgical (V-Y plastic surgery, bullhorn, corner lift) to injection, which make the lips more voluminous, symmetrical or tighten the corners of the mouth, achieving long-term results. Main objectives • Aesthetic correction: Giving the lips volume, contour clarity, correcting



asymmetry, eliminating age-related wrinkles. • Reconstruction: Correction of defects after injuries, operations (for example, cleft palate), congenital anomalies. Popular methods • V-Y plastic (Cheiloplasty according to "Gollywood"): Creating V-shaped incisions that transform into Y when the seams are tightened, turning out the red border and increasing the volume of the lip. • Bullhorn: Excision of a narrow strip of skin in the shape of bull horns (under the base of the nose), which shortens the distance from the nose to the lip, lifts the red border and increases its visible part. • Corner lift: Tightening the corners of the mouth by excising a small area of skin in the area of the commissures (corners of the mouth), which helps to eliminate the drooping corners. • Lipofilling: Transplanting the patient's own fat into the lips to increase volume. Indications • Thin lips. • Lip asymmetry. • The distance between the nose and the upper lip is too long. • Age-related changes, drooping corners of the mouth. • Birth defects, consequences of injuries. Advantages • Long-term or permanent results (as opposed to temporary fillers). • Harmonization of facial features, improvement of proportions. • The possibility of eliminating serious defects.

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