

**PURULENT-INFLAMMATORY DISEASES OF THE MAXILLOFACIAL
REGION AND THE OPTIMAL METHODS OF THEIR TREATMENT**

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Relevance: *The relevance of this scientific study lies in the fact that acute odontogenic inflammatory diseases of the maxillofacial region (MAF) are an important medical problem in surgical dentistry. The frequency of inflammatory processes in the maxillofacial area ranges from 55 to 65%, and in the structure of acute purulent inflammatory diseases of the maxillofacial area reaches 69.5%*

An aggressive course of the inflammatory process is noted with damage to deep cellular spaces, accompanied by severe endogenous intoxication. Despite the large number of studies conducted in this area and the introduction of modern methods, the results of treatment of this category of patients do not improve significantly.

Materials and methods of research

We examined 1125 patients with pyoinflammatory diseases of the maxillofacial region. As a result, a control group of 150 patients was formed. Depending on the type of local therapy performed, patients were divided into 3 groups by random sampling.

Localization of purulent-inflammatory disease of the maxillofacial area	Groups		
	1	2	3
	TT	TT + Propolis, 30 mg	TT + Propolis, 30 mg + LPHDT
One anatomical space (n= 67)	17	25	25
Two anatomical spaces (n= 52)	20	15	17
Three or more anatomical spaces (n=31)	13	10	8
Total	50	50	50

Group 1 consisted of 50 patients in whom local treatment after opening a purulent focus, evacuating exudate and installing drains was limited to regular washing with antiseptic solutions - furacillin in a ratio of 1:5000 and 5% chlorophyllipt solution during daily dressings, and also underwent laser photodynamic therapy (LFDT).

the 2nd group consisted of 50 people, who were included in the local treatment complex after the traditional treatment of the wound dressings with ointment " Propolis, 30 mg ";

The 3rd group consisted of 50 patients who, in the complex local therapy after washing the purulent wound with antiseptic solutions (traditional therapy) during daily dressings, included an ointment on a water-soluble polyethylene glycol (PEG) basis " Propolis, 30 mg " in the form of a bandage using local laser photodynamic therapy (LPHDT) .

Results and discussion

Patients of all study groups underwent primarily surgical treatment: removal of the causative tooth, opening and drainage of the purulent focus.

Taking into account the prevalence of the inflammatory process and the nature of the course of the disease, all patients were prescribed complex treatment: in the acute period of the disease - therapy with broad-spectrum antibacterial drugs, and then the selective prescription of antibiotics, taking into account the composition and sensitivity of the microflora, detoxification therapy, including colloidal and crystalline solutions (glucose solution 5%, saline solutions - 0.9% sodium chloride, hemodez, reopoliglyukin, metrogil-100), desensitizing therapy (diphenhydramine, suprastin), vitamin therapy and symptomatic treatment depending on the clinic of the disease.

During local treatment in patients after opening an abscess or phlegmon, during daily dressings, drainage changed, the wound surface was irrigated with antiseptic solutions (3% hydrogen peroxide, furacilin 1:5000, chlorophyllipt 5%), early secondary sutures were applied.

Further, the patients of the 2-nd and 3-rd groups (after the LPHDT procedure) were bandaged with an ointment on a water-soluble polyethylene glycol (PEG) basis "Propolis, 30 mg". "Propolis, 30 mg" is a combination drug that has an antimicrobial, anti-inflammatory, local anesthetic, regenerating effect. The hydrophilic and hyperosmolar basis of the ointment is a mixture of polyethylene oxides (polyethylene glycols) with a molecular weight of 400 and 1500 (PEG-400 and PEG-1500), which provides a dehydrating (moisture-absorbing) and osmotic effect on tissues, which is 20 times stronger than a 10% chloride solution sodium and lasts up to 18-20 hours. Hyperemia and edema of soft tissues in the area of inflammation were significantly reduced. In the control group (25 patients) treated with traditional methods, relief of these symptoms in 88.3% of patients was observed, on average, 2.3 ± 1.05 days later than in the main group, and in 11.7% of patients it was required another 2.9 ± 1.3 days more time for the relief of these clinical signs.

Conclusions.

The inclusion of dressings with Propolis, 30 mg ointment and LPHDT sessions in case of purulent-inflammatory diseases of the maxillofacial area in the traditional treatment regimen restores microbiological, immunological and biochemical parameters to normal values, which is positively reflected in clinical observations - signs of inflammation stop on the 3rd-4th day of treatment, and the terms healing of a purulent wound is significantly reduced (up to 38% on average), the formation of purulent scars and the development of complications are prevented.

Polyethylene glycol-based ointment "Propolis, 30 mg" was developed and implemented, which makes it possible to reduce the time of hospitalization of patients by an average of 35%