THE EFFECT OF LIP PRESSURE IN PATIENTS WITH A DAMAGED CLEFT LIP AND PALATE

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The relevance of the problem: The question of congenital underdevelopment of the upper jaw in children with cleft upper lip and palate and its role in the occurrence and development of preoperative and postoperative deformities of the facial skeleton is widely discussed in the literature. The published works provide contradictory information, experts express contradictory opinions about the concept of "underdevelopment of the upper jaw" and the assessment of its role in the clinic of bone deformities in this group of patients.

Keywords: lips, cheiloplasty,pressure.

The purpose of the examination: To determine the myodynamic effect of the upper lip on the growth and development of the middle part of the face in children with unilateral cleft lip and palate after primary cheiloplasty.

Research methods: : 75 children with congenital unilateral cleft lip and palate were examined in the Department of Maxillofacial Surgery of the Bukhara Regional Children's Multidisciplinary Medical Center and in the Tashkent Dental Institute Department of Pediatric Maxillofacial surgery from 2020 to 2023. All patients were divided into two groups. The first group included 64 children operated by the Millard method. The second group included 48 patients operated on by the Obukhova-Tennison method. The pressure of the upper lip was measured using the device we proposed - IMG-1 (patent no. IAP 20130294). The device contains an indicator sensor, which is a sensor-dial of displacements (up to 30 mm) and two plates made of stainless materials. One of them is attached to its body and is stationary. The second plate is attached parallel to the first one to a movable sensor - rod. The device is used as follows. Disposable cellophanes (cellophanes) are put on the plates. Lift the lip and apply the plates. The fixed plate is fixed on the alveolar process of the jaw, and the movable plate is under the lip. The lip is brought into a free position. The pressure produced by the lip is measured by a sensor. After the measurement, disposable cellophanes are thrown away.
Measurements were carried out after primary cheiloplasty immediately after surgery and after 4-6 months. The measurements were carried out at rest.

Results of the study: The conducted studies showed that in 64 patients after cheiloplasty, the pressure of the circular muscle of the mouth reached an average of 2.34+0.34, in 38 patients after cheiloplasty, the pressure of the lip reached an average of 5.30+0.60. In our opinion, the reason for this is the degree of cleft and the comparison of muscle fibers by type "end to end", and especially in the upper third of the "Z"-lock type, which leads to the most optimal recovery of the muscle ring.

Conclusions: The pressure of the restored lip affects the middle part of the face. Hypertonicity and increased pressure of the circular muscle of the mouth leads to secondary deformities of the middle part of the face.

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