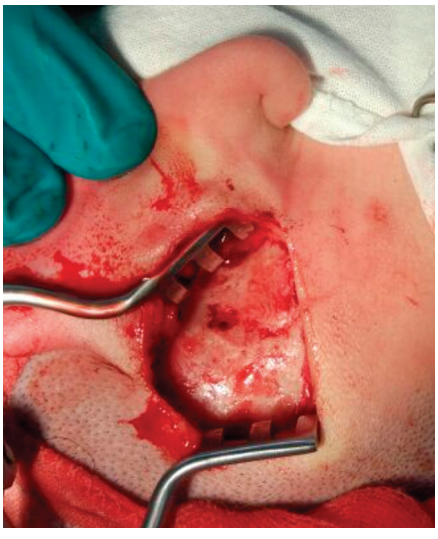

Fig. 2. Intraoperative pattern of destruction of the cortical layer of the mastoid process.

tissue. The patient was discharged on the 7th day.

DISCUSSION

This example shows that despite the erased clinical picture: normal indices of audiometry, tympanometry and a healthy otoscopic picture, the destructive process in the mastoid process is progressing. Consequently, the leading indicator that determines the tactics of management is considered to be the existence of destructive changes on the part of the structures of the middle ear. Therefore, with a protracted flow of otitis media for more than 14 days, a CT scan of the temporal bone is indicated.

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CLINICAL CHARACTERISTIC OF THE CONCOMITANT SOMATIC DISEASES AMONG CHILDREN WITH CONGENITAL CLEFTS OF THE UPPER LIP AND PALATE IN THE REPUBLIC OF SAKHA (YAKUTIA)

Abstract

Today congenital malformation of maxillofacial area is a current medical-social problem. At the same time the existence of accompanying general diseases have a particular negative impact on the results of treatment, rehabilitation and prophylaxis. Taking it into account our research was devoted to the structure of pathological processes of organs and systems at children with congenital clefts of the upper lip and palate living in severe climatic conditions of Yakutia. The received results testify about a wide range of somatic diseases and pathologies connected with dysembriogenesis. So, damages of the central nervous system were revealed in their structure which included residual-organic and hypoxemic-ischemic damages, a delay of psycho-speech development, syndromes of movement disorders, hyper excitement and asthenic mental retardation, neuromuscular wryneck, epilepsy and cerebral palsy. Further frequent congenital defects of cardiovascular system at the examined groups of children were presented by open foramen ovale, defects of interventricular and interatrial septum, open arterial cannels, Fallot's tetralogy and also other congenital heart diseases. The following most widespread accompanying pathologies are eyes diseases and they were presented by hypermetropia or myopia, stenosis of lacrimonasal cannel and strabismus and also anophthalmia, dacryocystitis, astigmatism, keratopathy, congenital eyelid ptosis and cataract. Besides, the examined children with congenital clefts of the upper lip and palate had such disease as atopic dermatitis.

Besides, there were also diseases of external and inner ear where this group of diseases included bradyacuasia and also anomalies of auricle development. Meanwhile, diseases of kidneys and urinary tract, inguinal, umbilical, inguinoscrotal hernias, benign neoplasms, anomalies of the development of extremities, anus atresia, chronic hepatitis C, malignant diseases of blood. At the same time, during the experiment there were some cases of diagnosis of hypertrophic rhinitis, diseases of salivary glands, rickets, accessory teeth, slanting facial cleft, chromosomal pathology, bronchopulmonary dysplasia, pylorostenosis, talipes, epithelial coccygeal course and various endocrine disorders.

The received results characterize the relevance of associated diseases at children with congenital clefts of the upper lip and/or palate. This situation needs further research with the development and deployment of the complex program of medical-social rehabilitation of congenital malformation of maxillofacial area and their prophylaxis among children living in conditions of high latitudes.

Keywords: congenital cleft of the upper lip and/or palate, accompanying pathology, anomalies of development of other organs and systems, treatment, medical-social rehabilitation, prophylaxis of congenital malformation.

INTRODUCTION

Today congenital malformation of maxillofacial area is a current medical-social problem. Despite broad studying of congenital clefts of the upper lip and palate, the problems of their treatment and prophylaxis remain not to be solved [3, 6, 7]. At the same time common condition of an organism and concomitant somatic diseases influence on the results of treatment-and-prophylactic actions among children with congenital malformation of maxillofacial area [1, 5, 8]. Taking it into account we devoted our research to studying of somatic diseases at children with congenital anomalies of face and facial skeleton [2, 4]. The received results testify about a wide range of somatic diseases and pathologies connected with dysembriogenesis. Similar researches in the conditions of the region have not been conducted earlier.

Materials and research methods. The retrospective and prospective analysis of case histories on the basis of children's maxillofacial surgery of otorhinolaryngological department of Republic hospital №1 – National center of medicine» was carried out. Case records of 191 children aged from 2 months up to 14 years and teenagers up to 18 years during 2013-2017 were analyzed. There were 92 boys and 99 girls. All children were operated concerning congenital clefts of the upper lip and palate. They took a medical-social rehabilitation course at the hospital and were included in the unified database. We took data from case histories into account considering the existence of accompanying somatic diseases which represented their wide range.

Statistical data processing of the research was carried out by standard methods of variative statistics with average calculation, mean squared mistake by means of packages of the application programs «Microsoft Excel» 2009 (Microsoft Corporation, 2000-2016). The received results were grouped in a set of identical signs.

RESULTS AND DISCUSSION

The carried-out analysis and assessment of the received results characterize the existence of particular concomitant somatic diseases in children with congenital clefts of the upper lip and/or palate. So, damages of the central nervous system (34.55±0.86%) were in their structure which were presented by residual and organic damages (17.83±1.16%), hypoxemic - ischemic damages, a delay of psycho-speech development (6.28±1.23%), a syndrome of movement disorders (2.61±1.31%), hyper excitement and asthenic syndrome (2.09%±1.29%), and also mental retardation, a neuromuscular wryneck, epilepsy and cerebral palsy (0.52±1.31%). Further by frequency there are congenital defects of cardiovascular system (21,98±1,03%), open foramen ovale (8,39±1,21%), defect of interventricular and interatrial septum (7,33±1,22%), open arterial duct (2,61±1,31%), Fallot's tetralogy of (1,04±1,30%) and also the other congenital heart diseases (2,61±1,31%).

It should be noted that the following most widespread accompanying pathologies are diseases of eyes (14,61±1,16%) which consisted of the following diseases: 4,18±1,26% hypermetropia or myopia, 2,09±1,29% stenosis of the lacrimonasal cannel, strabismus and anophthalmia made 1,57±1,30%. At the same time 1,04±1,30% of cases were dacryocystitis, astigmatism, keratopathy, congenital eyelid ptosis where the indicator of cataract was 0,52±1,31%. Besides, the examined groups of children (6,28±1,23%) with congenital clefts of the upper lip and palate had such disease as atopic dermatitis.

Except the mentioned above associated diseases at children with congenital malformation of maxillofacial area there diseases of external and inner ear were revealed (5,75±1,24%). This group of diseases included bradyacuasia (3.14±1.28%) and also anomalies of development of an auricle (2,61+1,28%). The abundance of diseases of kidneys and urinary tract was in limits of digital values (4,68±1,25%). There were hypoplasia of kidneys, cryptorchism, phimosis of 1,04±1,30%, ureterohydronephrosis, hypoplasias of testicle, pyelectasia were 0,52±1,31%. Meanwhile, the frequency of inguinal, umbilical, inguinoscrotal hernias was 3,14±1,28%, and data of various forms of benign neoplasm were at the level of 2,61±1,28%. At the same time anomalies of development of extremities, such as aplasia of the top extremities, camptodactilia and syndactylia (1,57±1,30%) were found at children with congenital clefts of the upper lip and/or palate.

t should be noted that there were less cases of anus atresia, chronic hepatitis C, malignant diseases of blood (1,04±1,30%) among the examined groups of children. At the same time, hypertrophic rhinitis, diseases of salivary glands rickets, accessory teeth, slanting facial cleft, chromosomal pathology, bronchopulmonary dysplasia, pylorostenosis, talipes, epithelial coccygeal course which was respectively seldom 0,52±1,31%. Besides, children were diagnosed endocrine disorders of 2,61±1,28%, nanizm of 1,05±1,30%, hyperthyroidism, hypogonadism and goiter of 0,52±1,31%.

CONCLUSION

The received results demonstrate the prevalence of various forms of associated diseases at children with congenital clefts of the upper lip and/or palate where some combination of several pathologies was defined.

This situation has a negative impact on quality and timely performing treatment that needs further research with the development and deployment of the complex program of medical-social rehabilitation of congenital malformation of maxillofacial area and their prophylaxis among children living in severe climate conditions of Yakutia.

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QUALITY OF LIFE OF PATIENTS WITH PECTUS EXCAVATUM

ABSTRACT

The purpose of the work was to evaluate life quality in children after pectus excavatum operation in the remote periods.

The main operational methods included surgery by the Nuss and Ravich method. According to the results of the research conducted on the basis of the SF36 questionnaire we proved the high effectiveness of surgical treatment in children with pectus excavatum II-III stages. And also we proved the significant importance of the selected method of surgical treatment.

Keywords: quality of life, pectus excavatum, physical functioning, social functioning.

INTRODUCTION

Recently, there are few works devoted to the evaluation of the psycho-social importance of correctional operations in orthopedic pathology, including the deformation of the chest.

Pectus excavatum - deformation of the chest (PE) - according to the literature, it accounts for 91% of all congenital deformations of the chest, the frequency of occurrence of PE varies from 0.06 to 2.3% in population. Pathogenesis is still unknown, but according to modern theories, primarily this disease is a manifestation of the connective tissue dysplasia syndrome and is caused by disorders in the synthesis at the genetic level [5, 6]. It is assumed that the cause of formation of PE is the dyschondrogenesis of hyaline costal cartilage, leading to advancing growth of the ribs and, as a consequence, sternal insertion into the chest [7].

The progress of medical technologies and the accumulated experience of surgical treatment of chest deformities did not lead to a unified opinion, approach, and the type of surgical treatment [6].

The issues of early and full rehabilitation and adaptation of patients, after surgical treatment, are also relevant, they are important both individually for each patient and socially for modern society. After all, it is the active social group of people, specifically young men aged from 14 to 25 (59.09% of the total number of patients), of population who are able to work, appeal to a specialist about this disease and are in need of surgical treatment, due to a decrease in normal physical activity and working ability [5,6,10].

MATERIALS AND RESEARCH METHODS

The study is based on the analysis of the separated results of surgical treatment of 78 patients with funnel-shaped deformation of the chest, for 8-year period, who were undergoing treatment in the children's surgical department of the 1FSBI «CCH with clinic» AP RF and Regional center of pediatric surgery of Krasnoyarsk RF.

The distribution of patients included in the study was performed according to the type of surgical treatment. Group I comprised of 59 patients operated according to the Nuss method at the age from 7 to 18 years, group II consisted of 19 patients operated according to the Ravitch method, at the age from 14 to 18 years. In this work, the classification of PE by V.K. Urmonas (1975) was used. It takes into account the degree of deformity, shape and stage of the disease [5] (table 1).

The distribution of patients by age groups, degree of funnel-shaped deformation of the chest and the type of