

# FEATURES OF EMERGENCY MEDICAL CARE FOR COMBINED INJURIES OF THE MAXILLOFACIAL REGION

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**Abstract:** in economically developed countries, the frequency of injuries and accidents ranks third in the structure of causes of death: after cardiovascular diseases and neoplasms; on the second - among the causes of primary disability and diseases with temporary disability. The material of the study was the results of epidemiological, clinical and experimental studies published in recent years on the prevalence, structure, frequency, as well as factors, causes and conditions for the occurrence of a complicated course of LP injuries. The results of numerous studies indicate that isolated fractures of the mandible (mandible) occupy a leading position among injuries of the facial skeleton. Among those hospitalized for trauma to the tissues of the maxillofacial region, patients in this category range from 67% to 87%. Conclusions. 1. The problem of traumatism of the maxillofacial area has not lost its relevance, and the increase in the number of CLT, and their share in terms of total traumatism, as well as the persistence of a high level of mortality and disability in this category of patients is an urgent scientific, medical and socially significant problem, located at the junction of a number of medical specialties, which requires substantiation of algorithms of treatment tactics for dentists, maxillofacial surgeons to take into account general and local reactions to PCLT in the system of treatment individualization.

**Keywords:** jaw fracture, maxillofacial surgery, trauma, concomitant injuries.

## ОСОБЕННОСТИ ОКАЗАНИЯ ЭКСТРЕННОЙ МЕДИЦИНСКОЙ ПОМОЩИ ПРИ СОЧЕТАННЫХ ТРАВМАХ ЧЕЛЮСТНО-ЛИЦЕВОЙ ОБЛАСТИ

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**Аннотация:** в экономически развитых странах частота травм и несчастных случаев занимает третье место в структуре причин смертности: после сердечно-сосудистых заболеваний и новообразований; на втором - среди причин первичной инвалидности и заболеваний с временной нетрудоспособностью. Материалом исследования стали опубликованные за последние годы результаты эпидемиологических, клинических и экспериментальных исследований по проблеме распространенности, структуры, частоты, а также факторов, причин и условий возникновения осложнённого течения повреждений ЛЧ. Результаты многочисленных исследований свидетельствуют, что изолированные переломы нижней челюсти (НЧ) занимают ведущее место среди повреждений лицевого скелета. Среди госпитализированных по поводу травм тканей челюстно-лицевой области (ЧЛО) пациенты этой категории составляют от 67% до 87%. Выводы. 1. Проблема травматизма ЧЛО не утратила своей актуальности, а рост количества ЧЛТ, и их удельного веса в показателях общего травматизма, а также сохранение высокого уровня летальности и инвалидизации этой категории пациентов является актуальной научно - медицинской и социально значимой проблемой, находящейся на стыке ряда медицинских специальностей, что требует обоснования алгоритмов лечебной тактики для стоматологов, челюстно-лицевых хирургов для учёта общих и местных реакций на ЧЛТ в системе индивидуализации лечения.

**Ключевые слова:** перелом челюсти, челюстно-лицевая хирургия, травма, сочетанные травмы.

**Introduction.** In economically developed countries, the incidence of injuries and accidents ranks third in the structure of causes of death: after cardiovascular diseases and neoplasms; in the second place-among the causes of primary disability and diseases with temporary disability. According to WHO data, 300,000 people of working age die from injuries every year, and more than seven million injured people become disabled every year. In recent years, the share of maxillofacial injuries (MCI) in the structure of total injuries has increased; among the urban population, its share in the structure of various injuries is 3.2-8.0%. At the same time,

according to specialized maxillofacial hospitals, 38.4% of people with TBI are hospitalized, which indicates the medical and social significance of this pathology. According to epidemiological studies, the most common causes of TBI are road accidents (43.9%) and assaults (26.7%). Among other causes, in descending order, were distributed: TBI from a fall (16.5%), accidents at work (9.5%), sports injuries of TBI (3.18%).

**The aim of-** the study was to analyze the frequency and nature of TBI, as well as the factors, causes and conditions of the occurrence of a complicated course of LV injuries.

**Material and methods of research.** The study is based on the results of epidemiological, clinical and experimental studies published in recent years on the prevalence, structure, frequency, as well as factors, causes and conditions of the occurrence of a complicated course of HP injuries. The methods of методисystem analysis are applied: logical structuring, component architectonics of phenomena, functional approach and topographical description. We used scientific reviews and publications of the first two levels of evidence.

**Research results.** The results of numerous studies indicate that isolated fractures of the lower jaw (NP) occupy a leading place among injuries to the facial skeleton. Among those hospitalized for injuries to the maxillofacial region (PSL), patients in this category range from 67% to 87%. At the same time, 60.0% have a unilateral fracture of the LF, of which 20.2% have fractures of the LF body. Bilateral NF fractures account for more than 40%, due to the shape of the bone (in the form of a "horseshoe") and its double fixation at the base of the skull. In 32.5% of patients with mandibular fractures, angle fractures occur. The high frequency of such fractures is due to the anatomical and physiological features of NPS, as well as a variety of local and general causes. This localization of fractures is accompanied by the highest level of complications (up to 30% or more). ангулярныеAngular fractures in combination with fractures of the jaw body (22.7%) and simultaneous fractures of the jaw body and articular process (10%) are quite common among NF fractures. Fractures of the condylar process account for 6.4% to 30.8% of all cases of NF fractures. At the same time, the frequency of fractures at the base of the condylar process increases with bilateral NF fractures. Due to the anatomical features of the condylar process, височноthe temporomandibular joint of the NF, the adjacent masticatory muscles and soft tissues, its fractures occur differently than those of the NF of a different localization; about 75-97% of NF fractures are open: they are localized within the dentition. NF fractures of various localization are often accompanied by various complications; often they result muscular in musculoskeletal disorders, and the frequency of inflammatory complications ranges from 4.4% to 40.0%. In the second place among all fractures of the maxillofacial region are fractures of the upper jaw (HF), they are 3-5 times less common than NP and range from 2.0% to 9.2%; at the same time, among HF fractures, alveolar process fractures are more common.

#### **Conclusions.**

1. The problem of maxillofacial injuries has not lost its relevance, and the growth in the number CLT, and their proportion in terms of injuries, as well as maintaining a high level of mortality and disability in this group of patients is an urgent medical scientific and socially relevant problem at the interface of a number of medical specialties that require justification algorithms of treatment strategy for dentists, oral and maxillofacial surgeons for registration of General and local reactions to CLT in the system of individualization of treatment.

2. The widespread occurrence of mild TBI, which often remains beyond the attention of the dentist, determines the increasing need to study the affected problem, since the brain is highly sensitive even under mild traumatic effects. A substantial analysis of the studies devoted to this issue allows us to conclude that the problem of the relationship between TBI and the so-called mild TBI is insufficiently studied and is of considerable scientific and practical interest and is promising in the context of studying the mechanisms of the occurrence of a complicated course of LV injuries. Among the groups of factors considered as indicators of the complicated course of HP injuries are the following: demographic, constitutional - biological, metabolic, factors of biomechanical combination of HP injuries, and others.

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