



## THE CURRENT STATUS OF THE PROBLEM OF REHABILITATION OF CHILDREN WITH CONGENITAL DEFORMITIES OF THE UPPER LIP AND PALATE

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<p><b>Received:</b> April 6<sup>th</sup> 2023 <b>Accepted:</b> May 10<sup>th</sup> 2023 <b>Published:</b> June 11<sup>th</sup> 2023</p>	<p>This article describes the stages and methods of organizing speech therapy work with children with rhinorrhea from an early age. Clear, understandable speech of children is an indicator of the quality of the entire habilitation process. The article also reveals age-related tasks that take into account the multi-stage nature of surgical intervention, as well as the complex nature.</p>
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One of the main signs that confirm the success of surgical treatment in children born with cleft palate is the normal development of speech, because this can be achieved when plastic surgery is performed on the palate at an early stage.

However, the research of foreign and national experts shows that there are many disagreements among surgeons regarding the choice of the optimal period of lip and palate plastic surgery: according to E.U. Makhkamov - 2 years, according to I.G. Lupan, B.N. Davidov - 2, From 5 to 4 years, according to A. De Meu, K. D. Wolf - at 18 months, according to G. V. Honchakov, W. Kroger - up to 1 year. In addition, most clinics still do not have enough pediatric and resuscitation-anesthesiological equipment to perform such operations in early childhood. This also postpones the period of palatoplasty.

Early surgical treatment of children born with a cleft lip and palate can lead to rapid recovery of respiratory function, ensuring the anatomical integrity of the palate, separation of the mouth and nose, and infection of the upper respiratory tract, ENT. (nose, throat, ear)-organ pathology development is much reduced.

Adaptation to life (adaptation) and feeding from the breast begin from the first days of the baby's life, therefore, as soon as the primary primary surgical correction is completed, the child can accept uncrushed normal food without fear of aspiration. Therefore, the body of the child's tongue does not occupy a stable pathological compensatory state in the oral cavity. Thanks to this, the pronunciation aspect of speech can develop normally, and the first syllables and words spoken by the child confirm this.

In addition to vital mechanisms such as breathing, eating, and hearing, parents are also concerned about the baby's appearance. Therefore, early rehabilitation not only helps the child, but also supports his parents. Parents witness that their children are almost no different from their peers after the first operation (cheiloplasty). This gives them confidence and makes them want to follow all the recommendations of doctors aimed at carrying out the rehabilitation stages as required.

Studies conducted on the analysis of the state of speech pronunciation show that the speech of all children operated on before 1 year and 1 month develops without signs of rhinolalia, and in children who underwent palate plastic surgery at the age of 3 years and later, high levels of rhinolalia were noted (100%). The formation of a child's speech after lip and palate plastic surgery largely depends on the time of the operation. The risk of developing rhinolalia in a child increases with each month of life with an uncured chemtick. The most appropriate period for the formation of normal speech is when the child is one year and one month old. Because when the period of active development of a child's speech begins, normal anatomical and physiological conditions must be created for him.

The reason for the differences in cleft removal time is that a two-stage technique is used, that is, soft palate plastic surgery is performed while the child is breastfeeding, and surgery to close the hard palate cleft occurs after the appearance of gross dentition-jaw deformities. performed much later in order to reduce the risk of However, a number of authors (Wu J., Kuo J., Tsai Y.S.) emphasize in their work that delaying the implementation of hard palate plastic has a negative effect on the formation of the child's speech, and this is due to the presence of residual cleft palate. explained by an increase in the number of compensatory pathological joints.

It should be noted that despite the fact that experts indicate a wide range of time periods for palate plastic

surgery, practice shows that the earlier the operative intervention is carried out, the more normal anatomical and physiological conditions are created, which and has an effective effect on the development of speech.

Rehabilitation of a child born with cleft palate begins from the first days of the baby's life. The baby undergoes a medical examination by a pediatrician, a neurologist, and a maxillofacial surgeon.

In this case, the maxillofacial surgeon evaluates the tumor, determines its level and plans the duration of the operation.

According to the surgical treatment plan, cheiloplasty (upper lip plastic) is performed in the first month of the child's life.

Up to six months, plastic surgery of the soft palate is performed, in which functional methods are used to restore the anatomical structure of the soft palate and reduce the size of the hard palate.

In this case, orthodontic treatment is carried out in order to fix the segments of the upper jaw, improve the symmetry of the nose, create conditions for the correct eruption of the third permanent tooth, close the gap, and then carry out orthodontic treatment and prosthetics.

In addition to the above-mentioned basic operations, a child born with a cleft palate is also subjected to appropriate procedures, such as reconstructive chylorinoplasty, correction of palatal defects left after the operation, and elimination of palato-laryngeal insufficiency. The duration and methods of carrying out these operations are determined individually for each child.

Reconstructive cheilorhinoplasty (repetitive cosmetic surgery to give an aesthetic appearance to the upper lip and palate) is performed in pre-school age or in adolescence according to social indicators.

Postoperative secondary correction of the palate is carried out during the school age of the child. As a result of existing defects in the palate, frequent infections of the upper respiratory tract, changes in voice timbre, food pouring into the nasal cavity through the defect, etc. cases are observed to occur. The duration of the operative treatment depends on the level of expression of the discomfort caused by the defect, the condition of the tooth-jaw system, and the child's readiness for surgery.

And the work after uranoplasty is to restore soft palate metabolism and muscle mobility. In this process, the tasks of the speech therapist are: assessment of the anatomical and functional state of the articulation organs, post-surgery massage of the palate, exercises on the formation of air flow from the mouth, exercises on the activation of the larynx, work on the voice, and the development of the child's speech.

Speech after uranoplasty is evaluated according to the following criteria:

1. State of respiratory function: physiological breath type, depth of breathing and exhalation force, rhythmicity of physiological breath, phonation breath type, duration and force of exhalation, presence of nasal emission.
2. Voice timbre: the presence of nasality when pronouncing vowels; presence of nasality in spontaneous speech, degree of nasality.
3. Presence of grimace: face, forehead, nose.
4. The structure and functions of the articulating apparatus.
5. The state of sound pronunciation: the presence of consonants, preservation of the structure of syllables.
6. Phonemic hearing condition.
7. Tempo and melody of speech.
8. Speech development: speech activity, active and passive vocabulary, understanding of address speech, sentence speech, grammatical formation of sentences, connected expression.

Active formation of speech and sound pronunciation, preparing the child to go to preschool education organization. This process is coordinated by a speech therapist, that is, tasks such as assessment of the anatomical and functional state of the articulation organs, development of the functional capabilities of the articulation apparatus, and development of speech are solved.

The restored functional capabilities of the articulation apparatus allow further development of free movements of the muscles of the lower jaw, lips, tongue, soft palate, i.e. performing active articulatory gymnastics for the emergence of groups of consonants; improving listening attention and phonemic hearing, vocabulary and grammatical structure of speech; refers to the formation of a connected expression.

One of the relatively active means of preventing lagging behind speech development in young children is using phonologarithmics, which includes a wide range of games and exercises to develop the motor, breath, voice, phonetic and phonemic components of speech.

If it was not possible to restore the anatomical integrity of the chemtico-laryngeal ring during the primary primary surgical correction, if the palato-laryngeal deficiency is more than 25-30% according to the results of fiberoptic nasopharyngoscopy, and speech therapy If the lip did not give the expected result, actions are taken to eliminate the palatal deficiency.

Children born with maxillofacial pathology are constantly monitored by surgeons, orthodontists, speech therapists, otolaryngologists, dentists, pediatricians, neurologists, ophthalmologists, psychologists, and other medical specialists during the rehabilitation process. This makes it possible to identify possible deviations in the child's development in time and carry out their correction if necessary.

This complex of activities has only a modular structure, each specialist of each department performs certain functional tasks related to all links of the rehabilitation process, and mobile changes are made when new technological chains appear. can be done in specialized centers that have the ability to do it.

Concluding the above-mentioned opinions, it can be said that the rehabilitation of children born with cleft lip and palate should be carried out in the first period of their birth. A comprehensive approach to this problem is extremely important, because the child will need the support of many specialists. In this case, the work of a speech therapist is no less than that of a surgeon, because the diagnosis of possible speech disorders mainly depends on him.

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