



CLINICAL FEATURES OF COMPLICATIONS IN THE MAXILLOFACIAL REGION AFTER COVID-19

D.R.Fattayeva, A.A.Kholikov, A.A. Yuldashev, A.S.Obitov

Tashkent State Dental Institute

Tashkent State Dental Institute

Tashkent State Dental Institute

Tashkent State Dental Institute clinical resident

Article history:	Abstract:
Received: 13 th October 2022	The significance of the pathology of the maxillary sinus after coronavirus infection is determined not only by the prevalence and severity course of diseases, a negative effect on the body as a whole, but also a small the effectiveness of the treatment. One of the main areas of therapeutic measures after coronavirus infection is to correct the imbalance of the system hemostasis detected in such patients (Orekhova L.Yu. et al., 2020; Shapavalov V.D., 2020). In domestic and foreign literature, there are practically no scientific substantiated data on the possibilities of an integrated approach to systemic methods of treating chronic sinusitis after covid-19, which is due to functional and production disunity of dentists with doctors of other specialties.
Accepted: 13 th November 2022	
Published: 22 nd December 2022	

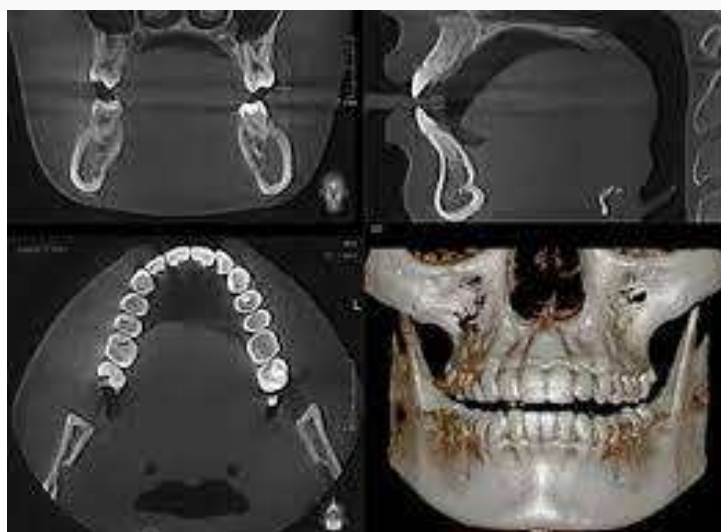
Keywords: sinusitis, sinusitis condition after covid-19, microcirculation vessels, purulent-inflammatory complications, bones of the upper jaw, oral mucosa.

Due to the spread of a new coronavirus infection, the number of complications from various body systems (respiratory, cardiovascular, central nervous system, gastrointestinal tract, oral cavity, etc.) is steadily growing. In our example, there is sufficient information about the impact of COVID-19 on the state of the respiratory, cardiovascular, nervous, gastrointestinal tract (1,2,3,4). There are single messages regarding status changes. (2,3,4). The clinical picture and course of purulent-inflammatory processes in the maxillofacial region after undergoing COVID-19, in which the features of the manifestation and course of purulent-inflammatory processes in the maxillofacial region would be studied. Postcoid purulent-inflammatory complications of the maxillofacial region and bones of the facial skeleton. There are single messages regarding status changes. (2,3,4). The clinical picture and course of purulent-inflammatory processes in the maxillofacial region after undergoing COVID-19, in which the features of the manifestation and course of purulent-inflammatory processes in the maxillofacial region would be studied. Postcoid purulent-inflammatory complications of the maxillofacial region and bones of the facial skeleton. In connection with the foregoing, we consider it appropriate to share the experience of observing patients with the manifestation of post-covid syndrome in the maxillofacial region and in the bones of the facial skeleton. In the Department of Maxillofacial Surgery of the 7th City Clinical Hospital of Tashkent in the period from 08/01/2020. until 01.08.2022 25 patients with manifestations of post-covid syndrome in the maxillofacial region were hospitalized in an emergency and planned manner. In all patients, complications were manifested in the form of total necrosis of the upper jaw, one or another wall of the maxillary sinus, the lower wall of the orbit, and the zygomatic bone. Here are clinical examples: Man, 62 years old. Chronic diseases: hypertension. I got sick with COVID-19 in August 2021. 14 days after infection with a viral infection, periodic discharge from the left nasal passage appeared (1-figure).



1-drawing.

Outpatient treatment was carried out by an otorhinolaryngologist in a polyclinic at the place of residence, the maxillary sinus was washed on the left, and antibiotic therapy was carried out. Treatment without effect, the patient was referred to the 7th City Clinical Hospital in the Department of Maxillofacial Surgery, where a CT scan of the head was performed (10/20/2021). Conclusion of the study: (from the history of the disease, a record of a radiologist) maxillary sinusitis on the left, rarefaction of the bone tissue of the upper jaw on the left with indistinct boundaries, with a demarcation zone. Under general (October 28, 2021) anesthesia, a sequestrectomy of the upper jaw on the left was performed, according to intraoperative data, the sequester was 3.5x2.5 cm in size. with demarcation zone. In the postoperative period: the edema regresses, the wound heals by secondary intention.



2-drawing.

Man 63 years old. Chronic diseases: Hypertension. Postponed by COVID-19 in August 2021 He also notes periodic discharge from the left nasal passage. Treatment was carried out by an otorhinolaryngologist: the maxillary sinus was washed on the left, antibiotic therapy was performed.

The effect of the treatment is insignificant, due to the ongoing discharge from the nasal passage and swelling of the soft tissues of the infraorbital, buccal regions, the patient was referred to the 7th City Clinical Hospital in the Department of Maxillofacial Surgery, head CT scan dated 10/18/2021. CT - signs of right-sided maxillary, ethmoid sinusitis.

Signs of destructive changes in the bones of the upper jaw on the right, the walls of the maxillary sinus, the ethmoid bone on the right (may correspond to osteomyelitis). Deviation of the nasal septum to the right. 1 2 Under general anesthesia (October 29, 2021), sequestrectomy of the upper jaw on the right was performed, according to intraoperative data, the sequester was 3.5x3.0 cm in size. with demarcation zone. In the postoperative period: the edema regresses, the wound heals by secondary intention.



3-drawing

Woman 78 years old. Chronic diseases: cholelithiasis, hypertension. Postponed by COVID-19 in August 2021 He also notes periodic discharge from the left nasal passage. Treatment was carried out by an ENT doctor, the maxillary sinus was washed on the left, and antibiotic therapy was carried out. There was no effect, he was sent to the 7-GKB in the Department of Maxillofacial Surgery Under general anesthesia (10/29/2021), a sequestrectomy of the upper jaw on the right was performed, according to intraoperative data, the sequester was 3.5x3.0 cm in size. with demarcation zone. 4-drawing.



4-drawing

In the postoperative period: the edema regresses, the wound heals by secondary intention. Woman 78 years old. Chronic diseases: cholelithiasis, hypertension. Postponed by COVID-19 in August 2021 He also notes periodic discharge from the left nasal passage. Treatment was carried out by an ENT doctor, the maxillary sinus was washed on the left, and antibiotic therapy was carried out. It had no effect, he was sent to the City Clinical Hospital No. 21, the Department of Maxillofacial Surgery,. 1. 2 336 3 4 CT dated 10/12/2021 signs of sphenoidal sinusitis, left-sided maxillary sinusitis, ethmoid sinusitis. Deviation of the nasal septum. Condition after radical maxillary sinusectomy on the right, the size of the destruction of the lateral wall has decreased in size. CT-signs of chronic cerebral ischemia against the background of cerebroscerosis, cerebral atrophy. internal hydrocephalus. Atherosclerosis of the vertebral arteries. Fahr syndrome. Sevestrectomy was performed twice (09/30/2021 to 10/30/2021) of the upper jaw on the right, in the postoperative period, the wound heals by secondary intention. In the treatment carried out in covid hospitals: anti-inflammatory drug therapy (Medrol/Dexamethasone), antibacterial therapy (3rd generation cephalosporins), anticoagulant therapy (eliquis/fraxiparin). Based on the above anamnestic data, it can be assumed that this complication, osteonecrosis of the upper jaw, occurs due to a violation of the microcirculatory bed in the arteriovenous system of the upper jaw, due to thrombosis of the adducting vessels.

LITERATURE:

1. Amonov Sh.E., Karshiev Kh.K., Enazarov D.I., Normuminov F.P. Features of changes in peripheral blood parameters in patients with post-COVID purulent-inflammatory complications of the maxillofacial region. Collection of materials of the XI Volga Dental Forum "Actual Issues of Dentistry" C 494-498
2. Gnilitskaya V.B. Khristulenko A.L. Maltseva N.V. Stulikova E.L. Post-covid syndrome or "long" Covid. M. GorkyDepartment of Therapy FIPO them. prof. A.I. Dyadyka
3. Yu.A. Makedonova., S.V. Poroisky., L.M. Gavrikova, O.Yu. Afanasyeva Manifestation of diseases of the oral mucosa in patients who have had covid- Bulletin of VolgGMU 112 Issue 1 (77). 2021
4. Alyavi AL, Rakhimova DA, Sadykova GA Clinical and functional state in patients with chronic obstructive pulmonary disease at different degrees of pulmonary heart severity. III Congress of Thoracic Society of Kyrgyzstan.Bishkek, 2011: 83.
5. Alyavi A.L., Rakhimova D.A., Sadykova G.A. Clinical and experimental aspects of ozone therapy. Uzbekistan therapy ahborot-nomasi. Tashkent, 2015; 4: 74-78.

6. Baevsky R.M., Ivanov G.G. To the question of formalization of conclusions on the results of analysis of psychological approach to HRV. // Functional diagnostics. 2016. №2. 89-94
7. Chuchalin A.G. Chronic obstructive pulmonary disease and associated diseases. М.-2018.25р.
8. Global initiative for chronic obstructive lung disease. Global strategy for the diagnosis, management and prevention of chronic obstructive pulmonary disease. NHLBI / WHO workshop report. Bethesda: National Heart, Lung and Blood institute: update 2016 (W.Wgoldcopd.com).
9. Calverley P.M., Walker P. Chronic obstructive pulmonary disease. //Lancet.-2016.-vol.362.-p.1053-1061.
10. Peiffer,C.J., B. Poline, L. Thivard, M. Aubier, Y. Samson. Neural substrates for the perception of acutely induced dyspnea. Am J Respir Crit Care Med. 2016.163(4):951-72
11. Rakhimova D.A., Kasimova, G.M. Estimating psychovegetative factors of regulation in patients with chronic obstructive pulmonale diseases. «Journal of life-sciences». Argentina, 2012; 4: 457-461.
8. 12. Broekhuizen R, Wouters EF, Creutzberg EC, Schols AM. Raised CRP levels to mark metabolic and functional impairment in advanced COPD // Thorax. -2006. -Vol.61. - P.17-22.
9. 13. Burgel PR, Paillasseur JL, Peene B, et al. Two distinct chronic obstructive pulmonary diseases (COPD) phenotypes are associated with a high risk of mortality PLoS One. -2012. -Vol.7. -P.e51048.
10. 14. Fattaeva D. R., Rizaev J. A., Rakhimova D. A. Efficiency of Different Modes of Therapy for Higher Sinus after COVID-19 in Chronic Obstructive Pulmonary Disease //Annals of the Romanian Society for Cell Biology. – 2021. – С. 6378–6383-6378–6383.
11. 15.Фаттаева Д. Р. и др. CLINICAL PICTURE OF SINUSITIS IN PATIENTS AFTER COVID-19 WITH CHRONIC OBSTRUCTIVE PULMONARY DISEASE //УЗБЕКСКИЙ МЕДИЦИНСКИЙ ЖУРНАЛ. – 2021. – Т. 2. – №.2
12. Холиков А. и др. ПЕРЕЛОМ ЧЕЛЮСТИ ДИАГНОСТИКА И ЛЕЧЕНИЕ //Stomatologiya. – 2020. – №. 2 (79). – С. 88-93.
13. Холиков А. и др. JAW FRACTURE DIAGNOSTICS AND TREATMENT //Stomatologiya. – 2020. – Т. 1. – №. 2 (79). – С. 88-93.
14. 18.Холиков А. и др. Сравнительная характеристика методов лечения переломов нижней челюсти //Журнал вестник врача. – 2020. – Т. 1. – №. 4. – С. 109-114.
15. Холиков А. и др. Анализ современной эпидемиологической картины переломов нижней челюсти //Журнал вестник врача. – 2020. – Т. 1. – №. 4. – С. 103-108.
16. Fattayeva D. R. ADVANTAGES OF EARLY DETECTION AND TREATMENT OF ODONTOGENIC HEMORRHOIDS IN PREVENTING COVID-19 COMPLICATIONS //British Medical Journal. – 2021. – Т. 1. – №. 1.2.
17. Фаттаева Д., Ризаев Ж., Рахимова Д. ОСОБЕННОСТИ КЛИНИЧЕСКОГО ТЕЧЕНИЯ ХРОНИЧЕСКОГО ГАЙМОРИТА ПРИ БРОНХО-ЛЕГОЧНОЙ ПАТОЛОГИИ //SCIENTIFIC IDEAS OF YOUNG SCIENTISTS. – 2021. – С. 28.
18. Рахимова Д. А., Садыкова Г. А., Фаттаева Д. Р. ВЛИЯНИЕ РЕЗОНАНСНОЙ ТЕРАПИИ НА СОСТОЯНИЕ КАРДИОРЕСПИРАТОРНОЙ СИСТЕМЫ БОЛЬНЫХ ХРОНИЧЕСКОЙ ОБСТРУКТИВНОЙ БОЛЕЗНЬЮ ЛЕГКИХ ПЕРЕНЕСШИХ COVID-19 //Теоретические и прикладные проблемы современной науки и образования. – 2021. – С. 376-380.