European Scholar Journal (ESJ)
Available Online at: https://www.scholarzest.com
Vol. 4 No.04, April 2023
ISSN: 2660-5562

RESULTS OF COMPLEX TREATMENT OF ORAL HEMANGIOMAS

[1]M.A.Karimov, [2]R.R.Sadikov, M.M. Mirzaolimov, [1]B.N. Mirzakarimov, [3]X.X.Nurmatova, [4]G.R. Rakhmonova
[1]Namangan State University, Uzbekistan, Namangan,
[2]Toshkent Medical Academy, Uzbekistan, Tashkent,
[3]Kosonsoy Abu Ali ibn Sino Public Health Technical School,
Uzbekistan, Namangan.
[4]namangan State University, 2-Stage Student of the Faculty of Medicine, Uzbekistan, Namangan.

Article history:

Received: 1st February 2023
Accepted: 1st March 2023
Published: 3rd March 2023

Abstract:

This article covers the practical application of the new algorithm proposed by us when choosing a treatment for hemangiomas and the results of complex treatment with modern medicamentosis, IQ-laser technology. The treatment algorithm helps to choose complex treatment tactics, taking into account The Shape of the hemangioma, stages of development, location, dopplerographic indicators and the age of patients.

Keywords: hemangioma, oral cavity, propronalol, IQ-laser.

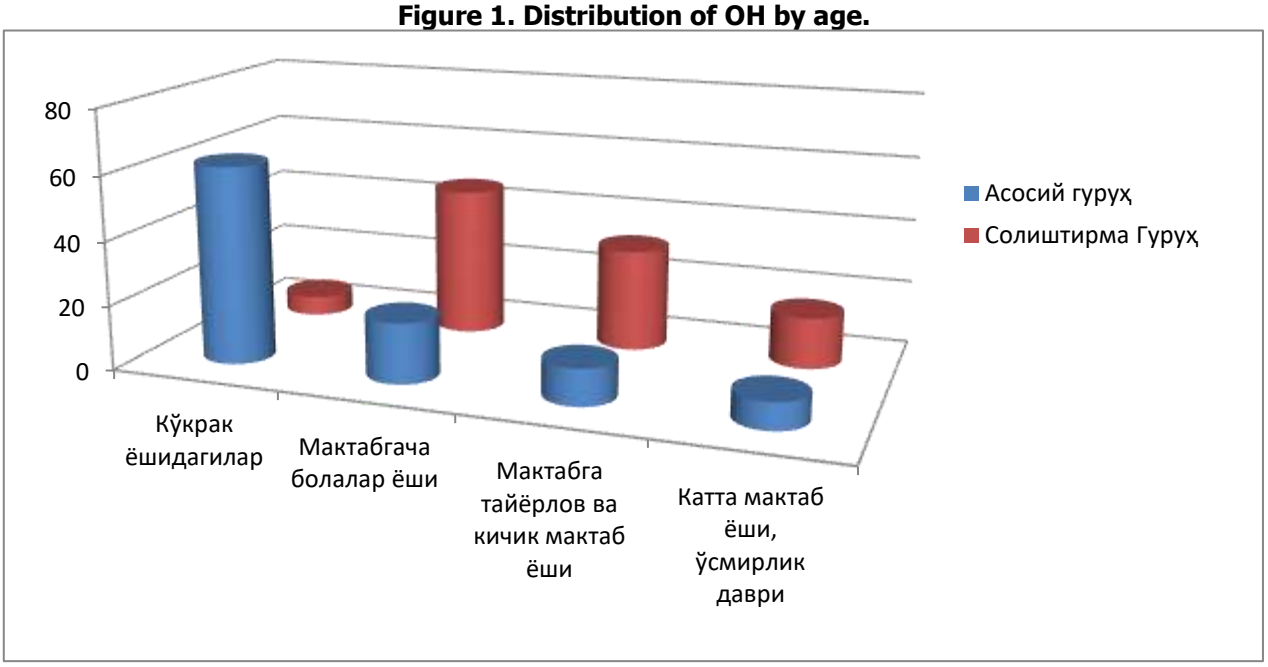
RELEVANCE OF THE PROBLEM. Hemangioma is a safe tumor developed from good quality blood vessels, observed mainly in the first 18 months of a child's life and characterized by rapid growth and invasion of surrounding tissues. Hemangioma (HA) changes color, consistency, and tissue shape during growth, leading to varying degrees of cosmetic defects as well as functional impairment of the limbs. Located around the oral cavity to suppuration, can be observed with complications such as secondary infection as well as injury bleeding and pain. The total incidence of Ga In newborn children is 10-15%, of which 40% is observed in the area of the area of the mouth circumference. In girls and children, the comparative frequency is observed in a ratio of 5:1. 83% of gas located in the general area call for dysmorphophobia [11].

Oral hemangiomas (OH) are considered an unresolved problem of the area of facial-jaw joint, and waiting tactics lead to valuable time loss and disease progression. Naturally, large-sized and uncomplicated gas cause sufficiently complex problems in radical treatment with good cosmetic results. The applied asset in the treatment of OH in children is limited to the fact that there is no optimal method, since none of the known methods guarantees a positive cosmetic effect, along with its safety for the newborn's body. Solving the problems of treating gas without the introduction of new technologies is inconclusive, therefore, it is of interest to the complex application of infrared (IQ) lasers in combination with other methods of treatment.

RESEARCH OBJECTIVE. Improving the results of complex treatment of oral hemangiomas using different wave range beams of the IR-laser device.

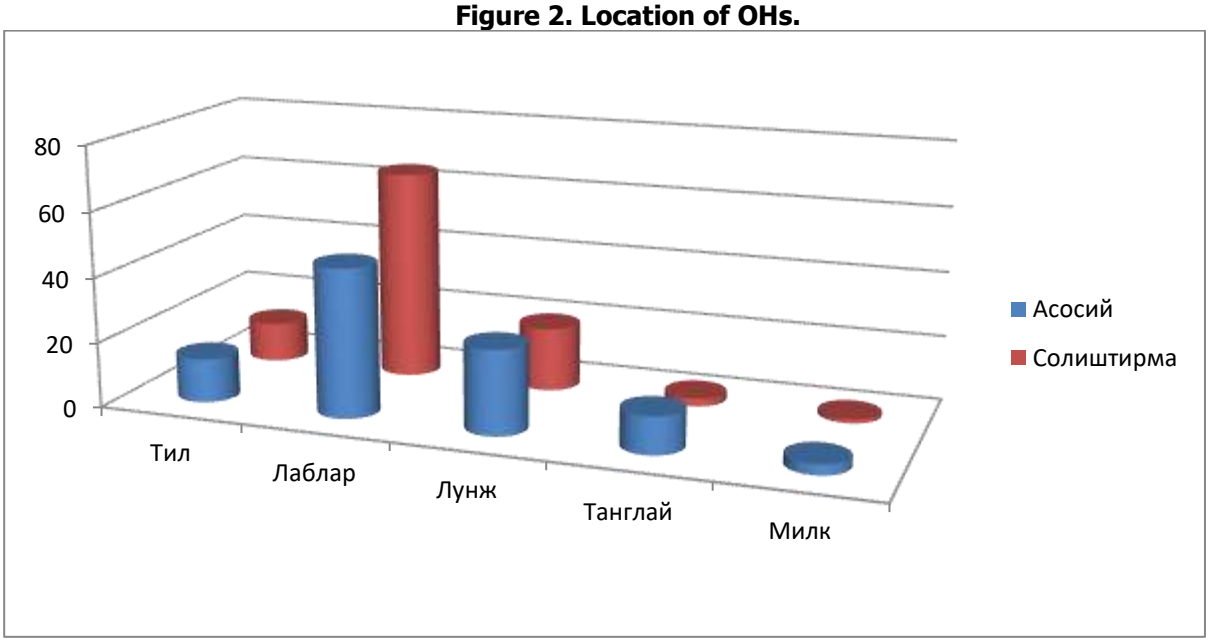
MATERIALS AND METHODS OF EXAMINATION. In the research work, 178 patients were examined, of which 96 were treated based on a new algorithm of treatment tactics depending on the stage of development of the OH. The comparative group consists of 82 patients, the base of the Department "Oncology and medical radiology" of the Tashkent Medical Academy and the Andijan State Medical Institute the Republican specialized oncology and radiology scientific practical Medical Center used the traditional methods of treatment known to everyone in the Andijan branch (photos 1, 2).

Figure 1. Distribution of OH by age.



*** P < 0,05 relative to the comparison group.**

Figure 2. Location of OHs.



*** P < 0,05 relative to the comparison group.**

All of the patients of the main group were subjected to all-clinical examinations, ECG, pediatric examination, UTT + DG examination before conducting treatment procedures based on the new algorithm, the primary size of the hemangioma, the type of blood flow in the tumor, as well as the rate of blood flow. Once a month after the procedures, the above examinations were repeated, and the results obtained were compared with the previous results (Table 2).

Patients of the comparative group were retrospectively analyzed based on data from the history of the disease. The analysis showed 25.6% after waiting tactics, 19.5% after sclerotic treatment, 18.3% after electrocoagulation and cryodestruction, 15.6% after surgical treatment, 13.4% after hormonal treatment, 4.9% after nurterapy and 2.7% general complications after laser destruction

(Table 1).

Table 1.

Results of treatment of patients of the comparative group.

№	Type of treatment	Further growth (%)	Tissue to the residue (%)	Scar/ Cosme-steep fault	Functional disorders	**Total patients (%)**
1	Waiting tactics	15 (71,4)	6 (28,6)	-/21	7 (33)	**21 (25,6)**
2	Hormonal treatment	4 (36,4)	7 (63,6)	-	-	**11 (13,4)**
3	Surgical removal	3 (23)	10 (77)	13 (100)	3 (23)	**13 (15,6)**
4	Sclerotic treatment	2 (12,5)	14 (87,5)	16 (100)	5 (31,2)	**16 (19,5)**
5	Light therapy	1 (25)	3 (75)	3 (75)	1 (25)	**4 (4,9)**
6	Electrocoagulation, cryodestruction	4 (26,7)	11 (73,3)	15 (100)	1 (6,7)	**15 (18,3)**
7	Laser destruction	-	-	2 (100)	-	**2 (2,7)**
8	Total	**29 (35,4)**	**51 (62,2)**	**49 (59,7)**	**17 (20,7)**	**82 (100)**

Results of complex treatment of patients of the main group

Improvement	***n (%)***		
	Surface (n = 60)	**Mixed n=36**	**Total (n =96)**
Color			
full (100%)	14 (23,3)	5 (13,9)	19 (19,8)
partial (75-99%)	35 (58,3)	23 (63,9)	58 (60,4)
average (50-74%)	8 (13,3)	3 (8,3)	11 (11,4)
bad (25-49%)	1 (1,7)	2 (5,6)	3 (3,1)
minimum (1-25)	2 (3,5)	3 (8,3)	5 (5,3)
ineffective (0%)	0 (0)	0 (0)	0 (0)
Thickness			
full (100%)	13 (21,7)	3 (8,3)	16 (16,7)
partial (75-99%)	35 (58,3)	12 (33,3)	47 (49,0)
average (50-74%)	9 (15,0)	4 (11,1)	13 (13,5)
bad (25-49%)	1 (1,7)	7 (19,5)	8 (8,3)
minimum (1-25)	2 (3,3)	9 (25)	11 (11,5)
ineffective (0%)	0 (0)	1 (2,8)	1 (1,0)

In 19.8% of patients, complete loss of color signs of hemangioma was reported, while partial loss of hemangioma was observed in 60.4% of patients, while a minimal change was observed in 11.5% of patients. In patients of the mixed type of hemangioma, complete deletion was found to be 13.9%, 63.9 % - partial, and a minimal change in 8.3%, respectively. It was also examined for the thickness of its OGs. In 21.7% of cases of superficial hemangioma, complete absorption of hemangioma was reported, with partial absorption in 58.3% of cases and an unchanged process in 3.3% of cases. In mixed-type hemangiomas, 8.3% complete reduction, 33.3% partial reduction, and 25% of cases minimal change were reported.

CONCLUSION. A new algorithm for diagnosing obgs and determining the tactics of treatment, with good cosmetic results, Prevention of bleeding in 95% surgical procedures, allows 90% to achieve complete treatment with 98% good functional results.

USED LITERATURE:

1. Коноплицкий Д.В. Классификационный алгоритм лечения гемангиом наружной локализации у детей // Молодий вчений. 2015. 2—6, № 17. С. 618—622.
2. Миролжубов Л.М., Нурмеев И.Н., Рашитов Л.Ф. и др. Опыт лечения осложнённых гемангиом у детей. / практическая медецина. 2016. Т.99, №7. стр. 73-76.
3. Трапезникова Т.В., Хлебникова А.Н., Писклакова Т.П. Инфантильные гемангиомы: абсолютные показания к лечению. Человек. Спорт. Медицина 2017. Т. 17, № 3. С. 52–60 59
4. Чижевская, И.Д. Неинвазивный метод лечения врожденных гемангиом челюстнолицевой области у детей / И.Д. Чижевская // Педиатрия. Восточная Европа. – 2015. – № 3. – С. 160–166.
5. Admani S., Feldstein S., Gonzalez E.M., Friedlander S.F. Beta blockers: an innovation in the treatment of infantile hemangiomas. J. Clin. Aesthet. Dermatol. 2014; 7(7): 37–45.
6. Chang L., Y. Gu, Z. Yu [et al.] / When to stop propranolol for infantile hemangioma // Sci. Rep. – 2017. – Vol. 7. – P. 43292. Doi: 10.1038/ srep 43292. Published 2017 Feb 22
7. Chinnadurai, S. Laser treatment of infantile hemangioma: A systematic review / S. Chinnadurai, N. A. Sathe, T. Surawicz // Lasers Surg. Med. – 2016. – Vol. 48, № 3. – P. 222–233. Doi: 10.1002/ lsm.22455. Epub 2015 Dec 29.
8. Hartmann F., A. Lockmann, L. L. Grönemeyer [et al.] / Nd:YAG and pulsed dye laser therapy in infantile haemangiomas: a retrospective analysis of 271 treated haemangiomas in 149 children // J Eu.r Acad. Dermatol Venereol. – 2017. – Vol. 31, № 8. – P. 1372–1379. Doi: 10.1111/jdv.14074. Epub 2017 Jan 23.
9. Kagami, S. 1. Oral propranolol for infantile hemangiomas beyond the proliferative phase / S. 1. Kagami // J Dermatol. – 2018. – Vol. 45, № 10. – P. 1199–1202. Doi: 10.1111/1346-8138.14581.
10. Le ´aute ´-Labre `ze C, Hoeger P, Mazereeuw-Hautie J, et al. A randomized, controlled trial of oral propranolol in infantile hemangioma. N Engl J Med. 2015;372:735–40.
11. Mossaad A., A. Kotb, M. Abdelrahaman [et al.] / Post-surgical repair of cleft scar using fractional CO2 laser // Open Access Macedonian Journal of Medical Sciences. – 2018. – Vol. 6, № 7. – P. 1231–1234.
12. Wassef M., Blei F., Adams D., Alomari A., Baselga E., Berenstein A., et al.; ISSVA Board and Scientific Committee. Vascular Anomalies Classification: Recommendations from the International Society for the Study of Vascular Anomalies. Pediatrics. 2015; 136(1): e203--14. doi: 10.1542/peds.2014-3673.