

# БИОМЕДИЦИНА ВА АМАЛИЁТ ЖУРНАЛИ

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**БИОМЕДИЦИНА ВА АМАЛИЁТ ЖУРНАЛИ**  
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**MODERN APPROACHES TO ENSURING RESPIRATORY TRACT CONDUCTIVITY  
WHEN PERFORMING OPERATIONS ON THE MAXILLOFACIAL REGION IN  
CHILDREN**

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 <http://dx.doi.org/10.5281/zenodo.19814245>**ABSTRACT**

This article presents the results of applying one of the new methods of nasotracheal intubation in children during maxillofacial surgery. The effectiveness and safety of the method, as well as its impact on gas exchange and hemodynamic parameters, were studied in 60 patients who underwent maxillofacial surgical procedures. The obtained results demonstrated that the two-stage nasotracheal intubation technique is an effective and safe method. Complications were observed very rarely, adequate gas exchange was maintained during anesthesia, and no significant hemodynamic reactions were noted during tracheal intubation.

**Key words:** maxillofacial surgery, respiratory tract, intubation, conduction, hemodynamics.

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T.f.n., dosent

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**BOLALARDA YUZ-JAG‘ SOHASI OPERATSIYALARIDA NAFAS YO‘LLARI  
O‘TKAZUVCHANLIGINI TA‘MINLASHDA ZAMONAVIY YONDASHUVLAR****ANNOTATSIYA**

Ushbu maqolada bolalarda yuz-jag‘ sohasi operatsiyalari davomida nazotraxeal intubatsiyaning yangi usullaridan biri qo‘llanilishi va uning natijalari bayon etilgan. Usulning samaradorligi hamda xavfsizligi, shuningdek gazlar almashinuvi va gemodinamik ko‘rsatkichlarga ta‘siri, yuz-jag‘ sohasida operatsiya o‘tkazilgan 60 nafar bemorda o‘rganildi. Olingan natijalarga ko‘ra, ikki bosqichli nazotraxeal intubatsiya usuli samarali va xavfsiz ekani aniqlandi. Asoratlar juda kam uchradi, narkoz vaqtida etarli darajada gaz almashinuvi ta‘minlandi va traxeya intubatsiyasi paytida sezilarli gemodinamik reaksiyalar kuzatilmadi.

**Kalit suzlar;** yuz-jag‘ jarrohlik, nafas yo‘llar, intubatsiya, o‘tkazuvchanlik, gemodinamika.

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## СОВРЕМЕННЫЕ ПОДХОДЫ К ОБЕСПЕЧЕНИЮ ПРОХОДИМОСТИ ДЫХАТЕЛЬНЫХ ПУТЕЙ ПРИ ОПЕРАЦИЯХ ЧЕЛЮСТНО-ЛИЦЕВОЙ ОБЛАСТИ У ДЕТЕЙ

### АННОТАЦИЯ

В данной статье изложены результаты применения одного из новых методов назотрахеальной интубации у детей во время операций в челюстно-лицевой области. Эффективность и безопасность метода, а также его влияние на газообмен и гемодинамические показатели были изучены у 60 пациентов, перенёсших операции в челюстно-лицевой области. Полученные результаты показали, что двухэтапная назотрахеальная интубация является эффективным и безопасным методом. Осложнения отмечались крайне редко, во время наркоза обеспечивался адекватный газообмен, а при интубации трахеи выраженных гемодинамических реакций не наблюдалось.

**Ключевые слова;** челюстно-лицевая хирургия, дыхательные пути, интубация, проводимость, гемодинамика.

**Dolzarbli.** Bolalarda yuz-jag‘ xirurgiya operatsiyalarida nafas yo‘llari o‘tkazuvchanligini ta‘minlash murakkab muammolardan biri hisoblanadi [5,8]. Ko‘pgina holatlarda yuqori nafas yo‘llari o‘tkazuvchanligini ta‘minlashda nazotraxeal traxeya intubatsiyasi qo‘laniladi [1,3,5]. Nazotraxeal intubatsiyani bajarishning turli usullari mavjud bo‘lib, jumladan hushi saqlangan holda mahalliy anesteziya ostida, vena ichi yoki ingalyasion anesteziya ostida to‘g‘ri laringoskopiya Megil qisqichini qo‘llab, hamda fibrobronxoskop yordamida bajarish mumkin [1,4,6]. Nazotraxeal intubatsiyaning umumqo‘lanilgan usullarida kamchiliklar mavjud. Burun orqali ko‘rmasdan intubatsiya naychani o‘tkazishda burun shilliq qavati shikastlanib, qon ketishga, laringospazmga, gemoaspiratsiyaga va gipoksiyaga olib kelishi mumkin. Intubatsiya jarayonida gipoksemiya rivojlanish xavfi yuqori bo‘lganda fibrobronxoskopik nazotraxeal intubatsiya ancha xavfsiz usul, lekin fibrobronxoskop qimmat turadigan asbob. Ko‘p qo‘llaniladigan bronxoskoplarning tashqi diametri 5.9 mm ni tashkil qiladi va bunda ichki diametri 7-7.5 mm li intubatsion naychani qo‘llashga imkon bor, ya‘ni asosan kattalarda. Bolalarda bu usul juda kam qo‘laniladi. Bolalarda yuz-jag‘ jarrohligi amaliyotida nafas yo‘llari o‘tkazuvchanligini ta‘minlashning takomillashtirish dolzarbdir.

**Tadqiqot maqsadi.** Bolalarda yuz-jag‘ sohasi operatsiyalarida nafas yo‘llari o‘tkazuvchanligini ta‘minlashni samaradorligini baholash.

**Material va uslublar.** Tadqiqot Samarqand davlat tibbiyot universiteti ko‘p tarmoqli klinikasi va viloyat bolalar ko‘p tarmoqli tibbiy markazlarida 2022-2025 yillarda bajarildi. Tekshirish bolalarnig ota onasi roziligi bilan o‘tkazildi va 3-16 yoshli ASA shkalasi bo‘yicha 1-3 darajali yuz-jag‘ sohasida bo‘ladigan operatsiyalarda nazotraxeal intubatsiya zarur bemorlar kiritildi. Asosiy guruhda 32 nafar bemorlarga nafas yo‘llari o‘tkazuvchanligini ta‘minlash uchun 2 bosqichli nazotraxeal intubatsiya, nazorat guruhida 28 nafar bemorlarga 1 bosqichli nazotraxeal intubatsiya bajarildi.

Bajarilgan operatsiyalar asosan urinoplastika 90% va qolganlari o‘smanni olib tashlash va osteosintezdan iborat. Guruhlardagi bemorlarning yoshida, tana vaznida, operatsiya davomiyligida va qon yo‘qotishda deyarli tafovut bo‘lmadi. Qo‘llanilgan 2 bosqichli nazotraxeal intubatsiya usuli texnikasi: Birinchi bosqichda orotraxeal intubatsiya bajarilib, o‘pka suniy ventilyasiyasi (O‘SV) boshlandi. 2 – bosqichda burun orqali silliq o‘tkazgich burun-halqumgacha kiritildi va shu orqali gel surtilgan intubatsion naycha burun orqali burun halqumgacha kiritildi, o‘tkazgich olib tashlandi. To‘g‘ri laringoskopiya bajarilib, orotraxeal va nazal intubatsion naycha ko‘zdan kechirildi.

Orotaxial itubatsion naycha olib tashlanib, Megil qisqichi yordamida nazal intubatsion naycha traxeyaga kiritildi. Intubatsion naychani traxeyaga turganligi tekshirildi va fiksatsiya qilindi.

Operatsiya qilingan bemorlar 2 guruhga bo'linib o'rganildi va quydagi ko'rsatgichlardan iborat bo'ldi. 1 guruh asosiy: bemorlarni o'rtacha yoshi 6,2±3.6, ASA bo'yicha sinfi 1.6±0.8, tana og'irligi o'rtacha 26,7±12,7, operatsiyalarning davomiyligi 60,2±21,3 daqiqa, ekstubatsiyagacha vaqt 12,5±4,4, bemorni operatsiyadan so'ng palataga o'tkazish vaqti 18,2±6,8 daqiqani tashkil qildi. 2 guruh nazorat: bemorlarni o'rtacha yoshi 6,3±3.8, ASA bo'yicha sinfi 1.7±0.9, tana og'irligi o'rtacha 27,2±12,7, operatsiyalarning davomiyligi 58,2±21,3 daqiqa, ekstubatsiyagacha vaqt 11,9±4,5, bemorni operatsiyadan so'ng palataga o'tkazish vaqti 19,1±6,7 daqiqani tashkil qildi.

**Jadval 1.**

**Operatsiya o'tkazilgan bemorlarga qondagi gazlar almashinuvini holati**

Ko'rsatgichlar	Tadqiqotlar bosqichlarida ko'rsatgichlarni o'zgarishi						
	1 bosqich	2 bosqich	3 bosqich	4 bosqich	5 bosqich	6 bosqich	7 bosqich
SpO <sub>2</sub> % asosiy guruh	96,5±1,4	98,4±1,1	98,6±1,1*	98,5±0,7*	98,3±0,7	98,5±2,4	99,3±1,3
Nazorat guruhi	97,7±0,9	98,5±0,7	99,8±5,4	97,2±1,4	97,9±1,1	96,5±2,8	98,8±1,3
EtSO <sub>2</sub> m.sim.ust. asosiy guruh		32,8±2,1	33,3±3,6*	35,8±4,4*	36,1±4,5	36,6±3,4	
Nazorat guruhi		33,9±2,5	42,5±8,8	38,2±7,3	36,8±5,1	35,3±3,2	

**Jadval 2.**

**Operatsiya qilingan bemorlarga gemodinamika ko'rsatgichlari**

Parametrlar	Tadqiqotlar bosqichlarida ko'rsatgichlarni o'zgarishi						
	1 bosqich	2 bosqich	3 bosqich	4 bosqich	5 bosqich	6 bosqich	7 bosqich
A/B <sub>sis</sub> .mm.s.u asosiy guruh	111,9±12,6	96,7±7,7	112,5±12,8	115,4±12,1	111,7±12,6	121,7±12,8**	12,4±9,8
Nazorat guruhi	112,4±7,8	97,7±6,2	119,6±9,4	116,8±7,7	111,9±10,7	127,4±10,1**	117,8±9,7
A/B <sub>dias</sub> .mm.s.u asosiy guruh	66,3±11,5	53,1±8,2	72,1±8,8*	68,6±10,2	67,20±10,2	77,2±9,3**	72,1±11,7
Nazorat guruhi	72,0±11,5	51,1±7,2	77,4±11,3**	73,2±9,6	70,2±11,3	78,5±8,9**	74,3±11,7
A/B <sub>or</sub> .mm.s.u asosiy guruh	85,4±11,8	65,1±8,2	86,6±11,2	85,7±12,5	81,6±11,7	94,4±9,8**	89,5±12,2
Nazorat guruhi	85,8±7,8	66,3±5,6	89,2±8,7	89,8±121,5	84,1±11,0	95,3±9,9**	88,5±11,4
YUUS 1 daq asosiy guruh	101,5±12,8	98,6±11,8	101,6±11,4**	109,6±11,0	108,7±11,9	121,0±15,3**	105,6±14,7
Nazorat guruhi	101,5±12,9	97,8±9,1	111,0±1,8**	107,2±16,6	108,5±16,4	118,3±18,8**	106,2±15,8

Izoh:3-4 jadvalda\* -r<0.05 nazorat guruhi bilan taqqoslash,\*\* -r<0.05 tekshirish bosqichlari orasidagi haqqoniylik farqi.

Har ikkala guruh bemorlarga operatsiyadan 30 daqiqa oldin premedikatsiya uchun atropin(0.01mg/kg), dimedrol(0.2mg/kg), sibazon(0.2mg/kg) mushak orasiga kiritildi.Barcha operatsiyalar kombinatsiyali endotraxel narkoz ostida bajarildi. Kirish narkozida vena ichiga propofol (3,2mg/kg) + fentanil (6,1-6,4mkg/kg) yuborildi va izoflyuran (10 ± 0,5 hajm/%) bilan davom ettirildi. Zaruriyat bo'lganda fentanil 3,1-4,7mkg/kg/s vena ichiga yuborildi. Miorelaksatsiya uchun arduan 0,04-0,05mg/kg hisobidan ishlatildi, aksariyat hollarda qayta yuborishga ehtiyoj tug'ilmadi.O'SV narkoz –nafas uskunasi Mindray yopiq konturda, normoventilyasiya rejimda o'tkazildi.Gazlar almashinuvi, tizimli gemodinamika, qonda glyukoza ko'rsatgichlari va kortizol

miqdori aniqlandi. Gemodinamika va gazlar almashinuvi ko'rsatgichlari kardiomanitor Triton (Rossiya) yordamida aniqlandi. Qondagi kortizol immunoferment, qondagi glyukoza miqdori tekshirishlar natijasi Styudent kriteriyasi va Exzel bo'yicha baholandi.

**Tekshirish natijalari va usullarini muhokamasi.** Nazorat guruhidagi bemorlar bir bosqichli nazotraxéal intubatsiyasida ko'pchilik hollarda arterial gipokalemiya rivojlandi: intubatsiya jarayonida SpO<sub>2</sub> ishonchli 5,6% ga ( $r < 0.05$ ) pasaydi ( $93,9 \pm 5,3$ ), ventilyasiya buzilib EtCO<sub>2</sub> 22,4% ga oshdi. ( $41,4 \pm 8,4$  mm.sim.ust.). Bu ko'rsatgichlar traxeya intubatsiyasi va O'SV dan keyin asta sekin me'rlashdi- SpO<sub>2</sub>  $99,4 \pm 0,6\%$ , EtCO<sub>2</sub>  $39,1 \pm 7,2$ .

Asosiy guruh bemorlarida dinamik ko'rsatgichlari keskin farqlandi, barcha bosqichlarda yuqori oksigenatsiya ta'minlanishi ishonchli ravishda SpO<sub>2</sub>, EtCO<sub>2</sub> ( $r < 0.05$ ) tasdiqlandi. Narkozning asosiy bosqichlarida har ikkala guruh bemorlarida gazlar almashinuvi ko'rsatgichlari (SpO<sub>2</sub>, EtCO<sub>2</sub>) adekvat O'SV hisobida me'rlagan holda bo'ldi. Simpatoadrenal tizim reaksiyasini baholashda operatsiyaning bosqichlarida gemodinamika, hamda kortizol va glyukoza miqdori o'rganildi. Nazorat guruhida intubatsiya vaqtida AQB<sub>dias</sub> qiyosiy taqqoslandi, dastlabgi bosim va asosiy guruhdagi bemorlar qon bosimi bilan ishonchli farqlandi.

Kortizol va glyukoza miqdori venoz qonda 3ta bosqichda aniqlandi: 1-dastlabki, 2-traxeya intubatsiyada, 3-operatsiyaning shikastli bosqichlarida. Nazorat guruhida 2-3 bosqichlarida kortizol va glyukoza miqdori ishonchli oshdi. Bu holat traxeya intubatsiyasi vaqtida gipoksiya bilan bog'liqligi ehtimoldan holi emas.

**Xulosa:** 1. Bolalarda yuz-jag' sohasidagi operatsiyalarda ikki bosqichli nazotraxéal intubatsiya nafas yo'llari o'tkazuvchanligini qiyinligini hal qilishda muhim o'ringa ega.

2. Bir bosqichli traxeya intubatsiyasiga nisbatan ikki bosqichli nazotraxéal intubatsiya muolajaga nisbatan qo'shimcha gemodinamik reaksiya chaqirmaydi.

3. Ikki bosqichli nazotraxéal intubatsiya qo'shimcha simpatoadrenal tizim stimulyatsiyasini chaqirmaydi.

4. Bolalar yuz-jag' sohasi, LOR a'zolari endotraxéal narkozida nafas yo'llari o'tkazuvchanligini ta'minlashda ikki bosqichli nazotraxéal intubatsiya alternativ variant sifatida tavsiya qilinadi.

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