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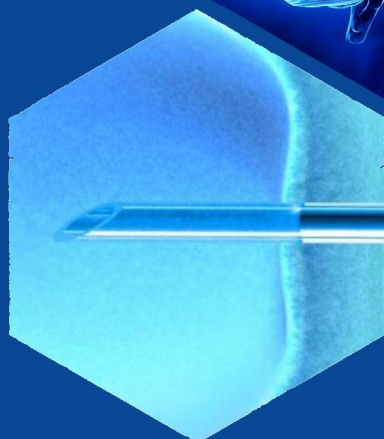
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МУНДАРИЖА / СОДЕРЖАНИЕ / CONTENT


1. Kenjaev M.L., Babaeva M.M., Ahmedov L.A. IMPROVEMENT OF TREATMENT OF ARRHYTHMIA IN PATIENTS WITH ACUTE CORONARY SYNDROME.....	5
2. Yuldasheva N. A., Khabibova Z.N. DENTAL EXAMINATIONS OF PREGNANT WOMEN.....	10
3. Juraev B.N., Khalmatova M.A., Ksembaev S.S. MODERN TREATMENT AND USE OF KINESIOTYPES IN ODONTOGENIC INFLAMMATORY DISEASES.....	15

ЎЗБЕК ТИББИЁТ ЖУРНАЛИ УЗБЕКСКИЙ МЕДИЦИНСКИЙ ЖУРНАЛ UZBEK MEDICAL JOURNAL

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MODERN TREATMENT AND USE OF KINESIOTYPES IN ODONTOGENIC INFLAMMATORY DISEASES

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ABSTRACT

A review of the literature on the topical problem of maxillofacial surgery and surgical dentistry is presented - increasing the efficiency of rehabilitation of patients with mandibular fractures using kinesio taping. The goal is to study the materials of publications devoted to kinesio taping in inflammatory diseases of the maxillofacial region. The mechanisms of action of kinesiological tape applied in the form of applications to the skin, which lead to the creation of favorable conditions for sanogenetic processes, which are realized in the normalization of microcirculation, decrease in edema and the severity of pain, are described in detail. An increase in the number of publications on the use of this method in the prevention and treatment of injuries of the musculoskeletal system in athletes has been noted. Moreover, at present, kinesio taping is also used in clinical medicine, for example, in the practice of neurology and orthopedics. According to modern scientific research, the use of kinesio tapes in patients with chronic back pain, subacromial impingement syndrome, acute whiplash of the cervical spine can significantly reduce the severity of pain syndrome. Despite the rather widespread use of the kinesio taping method in sports and clinical medicine, the available literature contains a small number of works devoted to its use in maxillofacial surgery, in particular, for fractures of the mandible. The use of the kinesio taping method after the osteosynthesis of the fragments of the lower jaw made it possible to significantly reduce the level of inflammatory edema and the intensity of the pain syndrome. The presented results of the literature review indicate that kinesio taping is a promising, simple, non-traumatic method of rehabilitation after surgical treatment of mandibular fractures, which does not have side effects and complications and significantly improves the quality of life of patients. However, scientific research devoted to the analysis of the use of kinesio taping for traumatic injuries of the maxillofacial region is insufficient for this period.

Keywords: Acute purulent-inflammatory diseases of the jaw, maxillofacial region, pain syndrome, postoperative edema, rehabilitation, kinesiotherapy

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YUZ-JAG' SOHASI ODONTOGEN YALLIG'LANISH KASALLIKLARIDA ZAMONAVIY DAVOLASH USULLARI VA KINESIOTEYPLASH

ANNOTATSIYA

Yuz-jag' jarrohligi va jarrohlik stomatologiyaning dolzarb muammolaridan biri – yuz-jag' soxasi o'tkir odontogen yiringli yallig'lanish kasalliklarida xirurgik muolajadan so'ng kinosiyoteyplashlari yordamida rehabilitatsiya qilish samaradorligini oshirish bo'yicha adabiyotlar sharxi. Maqsad - yuz-jag' sohasi kasalliklarida kinosiyoteyplarga bag'ishlangan nashrlarning materiallarini o'rganish. Mikrosirkulyatsiyani normallashtirishda, shish paydo bo'lishini kamaytirishda va og'riqning og'irligida amalga oshiriladigan sanogenetik jarayonlar uchun qulay sharoitlar yaratilishiga olib keladigan, teriga dasturlar shaklida qo'llaniladigan kinesiologik tasmaning ta'sir qilish mexanizmlari batafsil tavsiflangan. Sportchilarda mushak-skelet tizimining shikastlanishlarini oldini olish va davolashda kinesio teyplash usulidan foydalanish yuzasidan nashrlar sonining ko'payishi qayd etilgan. Bundan tashqari, hozirgi vaqtda kinosiyoteyplashlari klinik tibbiyotda, masalan, nevrologiya va ortopediya amaliyotida ham qo'llanilmoqda. Zamonaviy ilmiy izlanishlarga ko'ra, surunkali bel og'rig'i, subakromial impijment sindromi bilan og'rigan bemorlarda kinesio lentalarini qo'llash og'riq sindromining og'irligini sezilarli darajada kamaytirishi mumkin. Kinesio lenta usuli sport va klinik tibbiyotda juda keng qo'llanilishiga qaramay, mavjud adabiyotlarda uni yuz-jag' jarrohligida, xususan soxasi o'tkir odontogen yiringli yallig'lanish kasalliklari uchun foydalanishga bag'ishlangan oz sonli ishlar mavjud. Yuz-jag' soxasi o'tkir odontogen yiringli yallig'lanish kasalliklari operativ muolajaidan so'ng kinosiyoteyplash usulidan foydalanish yallig'lanish shishishi darajasini va og'riq sindromining intensivligini sezilarli darajada kamaytirishga imkon berdi. Chop etilgan adabiyotlarni ko'rib chiqish natijalari shuni ko'rsatadiki, kinosiyoteyplashi - bu yuz-jag' soxasining o'tkir odontogen yallig'lanish kasalliklarini operativ davolashidan so'ng rehabilitatsiya qilishning istiqbolli, sodda, shikast yetkazmaydigan usuli hisoblanib, u nojo'ya ta'sir va asoratlarni yuzaga keltirmaydi va bemorlarning hayot sifatini sezilarli darajada yaxshilaydi. Taqdim etilgan ilmiy nashrlarning materiallarini tahlil qilish natijasi, hozirgi vaqtda yuqorida keltirilgan ta'sir mexanizmlariga hamda og'riq va shishishni kamaytirish imkoniyatiga qaramay, yuz-jag' soxasining o'tkir odontogen yallig'lanish kasalliklarida kinosiyoteyplashlarini qo'llash bo'yicha tadqiqotlar yetarli emasligini ko'rsatib berdi.

Kalit so'zlar: Yuz-jag' soxasi o'tkir odontogen yallig'lanish kasalliklari, yuz-yuz sohasi, og'riq sindromi, operatsiyadan keyingi shish, rehabilitatsiya, kinosiyoteyplashlari

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СОВРЕМЕННОЕ ЛЕЧЕНИЕ И ИСПОЛЬЗОВАНИЕ КИНЕЗИОТИПОВ ПРИ ОДОНТОГЕННЫХ ВОСПАЛИТЕЛЬНЫХ ЗАБОЛЕВАНИЯХ

АННОТАЦИЯ

Представлен обзор литературы, посвященный актуальной проблеме челюстно-лицевой хирургии и хирургической стоматологии — повышению эффективности реабилитации пациентов с переломами нижней челюсти с использованием кинезиотейпирования. Цель — изучить материалы публикаций, посвященных кинезиотейпированию при воспалительных заболеваниях челюстно-лицевой области. Методология. Подробно описаны механизмы действия кинезиологического тейпа, наложенного в виде аппликаций на кожу, которые

приводят к созданию благоприятных условий для саногенетических процессов, реализующихся в нормализации микроциркуляции, уменьшении отека и выраженности болевого синдрома. Отмечен рост числа публикаций по применению данного метода в профилактике и лечении травм опорно-двигательного аппарата у спортсменов. Более того, в настоящее время кинезиотейпирование применяется и в клинической медицине, например, в практике неврологии и ортопедии. По данным современных научных исследований, применение кинезиотейпов у пациентов с хронической болью в спине, субакромиальным импинджмент-синдромом, острой хлыстовой травмой шейного отдела позвоночника позволяет существенно снизить выраженность болевого синдрома. Несмотря на довольно широкое применение метода кинезиотейпирования в спортивной и клинической медицине, в доступной литературе имеется незначительное количество работ, посвященных его использованию в челюстно-лицевой хирургии, в частности при переломах нижней челюсти. Применение метода кинезиотейпирования после операции остеосинтеза отломков нижней челюсти позволило существенно снизить уровень воспалительного отека и интенсивность болевого синдрома. Представленные результаты обзора литературы свидетельствуют о том, что кинезиотейпирование является перспективным, простым, нетравматичным методом реабилитации после хирургического лечения переломов нижней челюсти, не имеющим побочных эффектов и осложнений и существенно улучшающим качество жизни пациентов. Однако научных исследований, посвященных анализу использования кинезиотейпирования при травматических повреждениях челюстно-лицевой области, на данный период недостаточно.

Ключевые слова: ООГВЗ, челюстно-лицевая область, болевой синдром, послеоперационный отек, реабилитация, кинезиотейпирование

Introduction. Acute odontogenic purulent inflammatory diseases (AOPGI), including periostitis, osteomyelitis, phlegmon and others, account for 95-98% of all acute purulent inflammatory diseases. At the same time the number of hospitalized patients with odontogenic inflammatory diseases makes up 60-70%, the majority of them (up to 60-80%) suffer from phlegmon of face and neck (Supiev T.K., 2001; Timofeev A.A., 2002; Durnovo.) EA, 2003).

This is a serious group of patients with facial and jaw area, and in many cases the process spreads, resulting in fatal outcome. The aggravation of maxillofacial phlegmon occurs in 3-28% of cases (Soloviev M.M., Bolshakov O.P., 2001; Gubin M.A., Lazutikov O.V., 2002; Levenets A.A., Chugunov A.A.), 2006). The lethality rate is 28-50%, and in the development of mediastinitis, sepsis and intracranial complications - 34-90% (Gubin M.A., Lazutikov O.V., 2002; Hudson J.W., 1993).

The increase in the severity of COPD leads to a significant increase in the frequency of temporary disability, and in some cases - to early disability of patients (A.G. Shargorodsky, 2001; T.G. Robustova, 2005). Thus, the considered problem has not only medical, but also important social and economic value.

At the same time none of the methods available today for the treatment of DHE does not satisfy the specialists to the full extent. Therefore, the issues of their treatment remain topical, and the relevance of research aimed at the development of new methods of treatment and their socio-economic importance is obvious.

Structural peculiarities of the FLF (large volume of tissue, well-developed blood supply) determine general characteristics of inflammatory processes, which are accompanied by rapidly increasing and growing collateral edema and tissue infiltration. With this in mind, antibacterial and anti-inflammatory therapy for the prevention and treatment of complications, as well as for the necessary surgical intervention. However, an increase in the number of drugs and physical therapy methods used to treat the consequences of the inflammatory process does not always lead to the desired result. The search for new effective treatment methods, preventing the development of complications, is one of the urgent tasks of facial and jaw surgery. In turn, there is a growing interest in non-pharmacological treatment. Examples include physical therapy, which is widely used to reduce

pain, accelerate resolution of edema and tissue infiltration, and improve blood circulation in the area of inflammation.

Kinesiotapes can be one of the most modern methods of treating OHVS. This method was developed in 1973 by Kase K. (USA). This method helps permanently stimulate muscles and ligaments, reduce pain and inflammation, as well as relax overloaded muscles and accelerate their natural healing process. It is now widely used not only in sports, but also in rehabilitation medicine (Kasatkin M.S., 2017; Kase K., 1998).

Kinesiology tapes are elastic adhesive tapes made of high-quality cotton covered with a hypoallergenic acrylic-based adhesive layer that is activated at body temperature. The elastic properties of the kinesio tapes are close to those of the epidermis. The cotton backing of the kinesio tapes does not prevent the skin from breathing and evaporating from its surface, which allows it to be used in water sports and to be left on the skin for five days or more [8]. As a result of their clinical research, Kase K. et al. identified several applications of the kinesiotape method:

- Facial tissue flattening;
- to increase the gap in the area of inflammation and pain by lifting the fascia and soft tissues;
- providing sensory stimulation to restrict movement;
- Assist in eliminating tumors by directing secretions to the lymphatic system [8].

Subsequently, another result of the use of kinesio tapes was revealed: enhancement of proprioception due to increased stimulation of mechanoreceptors of the skin [7, 9].

Since 1995 this method was included in some protocols of medical aid and rehabilitation first in the USA, and then in some European countries. [7]. The mechanism of action of the kinesiotape is based on the creation of favorable conditions for sanogenetic processes, which are carried out with normalization of microcirculation in the connective tissues of the skin, reduction of pain syndrome, optimization of afferent impulses at the segmental level. Corrective methods include mechanical, lymphatic, functional and fixation [10]. The following mechanisms of action of kinesiology tape applied in the form of application (rubbing) on the surface layer of the skin are described:

- Taking into account the elastic properties of the tape, the skin and subcutaneous fatty tissue are mechanically raised in the place of application, which creates favorable conditions for activation of microcirculation in the connective tissue and intercellular substance and, as a result, contributes to removal of metabolic products and improvement of lymphodrainage. It is important to reduce the interstitial pressure directly under the kinesiology tape adjacent to the skin. But it is the state of connective tissue and intercellular substance (intercellular matrix) of the above structures that largely determines normal microcirculation. These structures play the leading role in realization of metabolism and fulfill trophic, plastic, protective and mechanical functions. It is the internal environment of the body together with blood and lymphatic capillaries passing through it, the intercellular matrix provides all other tissues with nutrients and removes metabolic products, provides trophic and metabolic functions;

- Due to the fact that the human body is firmly attached to the connective tissue and has a thermosensitive adhesive layer, the kinesiology tape actively stimulates the apparatus of many skin receptors, thus affecting the underlying tissue structures and organs [11]. The obvious pain reduction is mediated by two mechanisms: activation of afferent flow of thick myelin A-fibers (A-beta) and activation of microcirculation in the connective tissue. Pain arises because of the ability to affect nociceptors, which are free nerve endings, most of which are located in the upper layers of the skin. Impulses from the nociceptors travel to the spinal cord through the thin myelinated A- (A-delta) and thin myelinated C-fibers. Impulses from mechanoreceptors (slow-moving and fast-moving) and baroreceptors, as well as from those located in the superficial layers of the skin, enter the posterior horns through thick A-fibers of myelin. According to the "gate control" or afferent access theory, pain interactions reduce pain syndrome due to impulses coming from thick myelin A-fibers in the gelatinous substance located on the second posterior horn plate, i.e. sensory and baroreceptors [11].

The second mechanism of pain reduction arises from activation of microcirculation in the tissues. Tissue damage is accompanied by inflammatory mediators, such as histamine, serotonin and prostaglandins, entering the intercellular substance. These substances increase the sensitivity of C-

fiber nociceptors, which lowers their excitation threshold and increases the painful afferent current. The kinesiology tape applied to the skin increases the space in the connective tissue under the application, activates microcirculation and promotes the removal of inflammatory mediators [11].

In recent years the number of publications has increased, although there is no unequivocal conclusion about the effectiveness of this method in the prevention and treatment of musculoskeletal injuries in athletes, the use of this method in static and dynamic state management [12]. Nevertheless, the majority of authors are inclined to use kinesiotapes in sports medicine [9, 13 - 15].

In addition, kinesio teips are currently used in clinical medicine. Thus, the use of kinesio teips in the treatment and rehabilitation of patients with osteoarthritis, according to reviews, the application of kinesio teips for 3 days improves joint function, reduces the severity of pain and reduces pain in the knees. Contributes to the stability of the image. The property of kinesio teips to improve lymph drainage and reduce edema has also proven reliable [8, 16, 17].

Recently, the kinesiotape technique has been actively developed in the practice of neurology and orthopedics. Currently, the kinesiotape is based on the mechanisms of therapeutic action of physiotherapists, which consists in the restoration and modulation of some physiological processes, as well as the creation of favorable conditions for sanogenetic processes in tissues. KinesioTapes influence the sensitive function of joints, muscle function, increase their bioelectrical activity and range of motion, reduce the level of pain, increase the activity of the lymphatic system and endogenous analgesic mechanisms, and improve microcirculation [18].

On the other hand, according to Parreira Pdo S. et al. (2014), the efficacy of kinesio teips in patients with musculoskeletal disorders was compared with placebo and did not exceed the effectiveness of other treatments aimed at relieving pain [18].

A number of authors suggest that kinesio teips may be more effective when used in combination with more traditional treatment methods, as well as in combination with balneo-, electro-, and cryotherapy, and therapeutic exercise [18-20].

Although the kinesiotape method is widely used in sports and clinical medicine, there are few studies in the available literature devoted to its use in facial surgery, especially in mandibular fractures. Thus, Ristov O. et al. (2013) showed that the use of kinesioTape after clear repositioning within 5 days after surgery and mandibular fracture after internal fixation reduced the number of tumors by more than 60% in the first two days after surgery. The authors note that pain sensations in the patients were significantly reduced. Thus, the presented results showed that kinesio teips are a promising, simple, non-traumatic method of treatment that does not cause side effects and complications after surgical treatment and significantly improves patients' quality of life [18, 21-23].

Later, Ulu M. et al. (2018) noted that the use of kinesio teips in maxillofacial surgery reduces pain and edema in the postoperative period. It was concluded that it can be used as an alternative to other methods used to reduce postoperative complaints [24].

Dos Santos KW. et al. (2019) found that an electronic search of key co-authors' databases of therapeutic research on improving mobility and reducing pain and swelling showed that the kinesiotape method reduced swelling immediately after surgery. However, they noted that the number of enrolled participants in each study was small [25].

Conclusions. The results of the literature review show that the kinesioTape is a promising, simple, non-invasive method of rehabilitation of patients with acute odontogenic inflammatory diseases of the face and jaw region after surgery. It causes no side effects and complications and significantly improves the quality of life of patients. The analysis of the materials of the presented scientific publications shows that in spite of the described mechanisms of action and ability to reduce pain and edema, it is not enough to use kinesio teips for acute odontogenic inflammatory diseases of the face and jaw region.

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