REHABILITATION OF PATIENTS WITH MULTIPLE AND COMBINED FRACTURES OF FACIAL BONES

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Annotation. *Rehabilitation of patients with multiple and combined trauma of facial bones with shape memory devices and endoprostheses made of porous titanium nickelide allowed us to achieve good cosmetic, anatomical and functional results in 96% of patients. The peculiarities of facial bone architectonics also require differently shaped fixators and endoprostheses depending on the localization and types of fracture. The methods of treatment of fractures and elimination of defects and deformities of facial skull bones developed by us for the first time in the world can serve as the methods of choice.*

Key words: *osteosynthesis, shape memory devices and fixators, porous titanium nickelide endoprostheses.*

Purpose of the study: general analysis of the rehabilitation period of patients with multiple and combined fractures of facial bones.

Material and methods of research: The study of materials of the clinic of maxillofacial surgery of the Tashkent State Dental Institute for the last 5 years showed that multiple and combined injuries make up 32.6% of the total number of facial bone injuries. Under our observation there were 876 patients aged from 15 to 69 years, and 33 of them had defects and deformations. The great achievement in maxillofacial traumatology was the portable devices and fixators with predetermined properties of different shapes depending on localization and types of fracture developed by us for the first time in the world; they are protected by copyright certificates and patents. Porous titanium nickelide in the form of disks

0.2-0.5 mm thick for the manufacture of endoprostheses for the elimination of bone defects of the middle zone of the face, which are easily modeled on the operating table, as well as porous plates with a thickness of 4 mm for the elimination of defects of the lower jaw.

RESULTS: In the clinic in cases of combined craniofacial injuries with craniocerebral trauma (concussion or cerebral contusion), surgical intervention was performed mainly within the first two days. Patients with fractures of the lower jaw, zygolabial complex, then with sub-basal and suborbital injuries, as well as with fractures of the alveolar process of the maxilla of various localizations prevailed. Multiple fractures of facial bones belong to the category of severe injuries. The severity of the condition of the victims is determined by the amount of damage to the bony structures of the facial skeleton. The tactics of treatment of multiple facial injuries is the sequence and continuity of therapeutic measures. The first stage was the intervention on the lower jaw, and the second stage was osteosynthesis on the middle zone of the face, giving great importance to the restoration of dental occlusion of the jaws. This approach allows us to exclude intermaxillary fixation from the treatment measures in most cases, which is important for victims with craniocerebral trauma with impaired external respiratory function. We attached great importance to stable osteosynthesis with shape memory devices.

Conclusions: Thus, in fractures of the mandibular body within the dentition and angle, we used both extraoral and intraoral access, in fractures of the branch and condyle - extraoral access without additional immobilization. For multiple fractures, an example is a patient with industrial trauma: chin detachment, fracture of the condyles, dislocation of the heads, fracture of the alveolar processes of the upper jaws - osteosynthesis with shape memory devices without additional immobilization was performed.

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