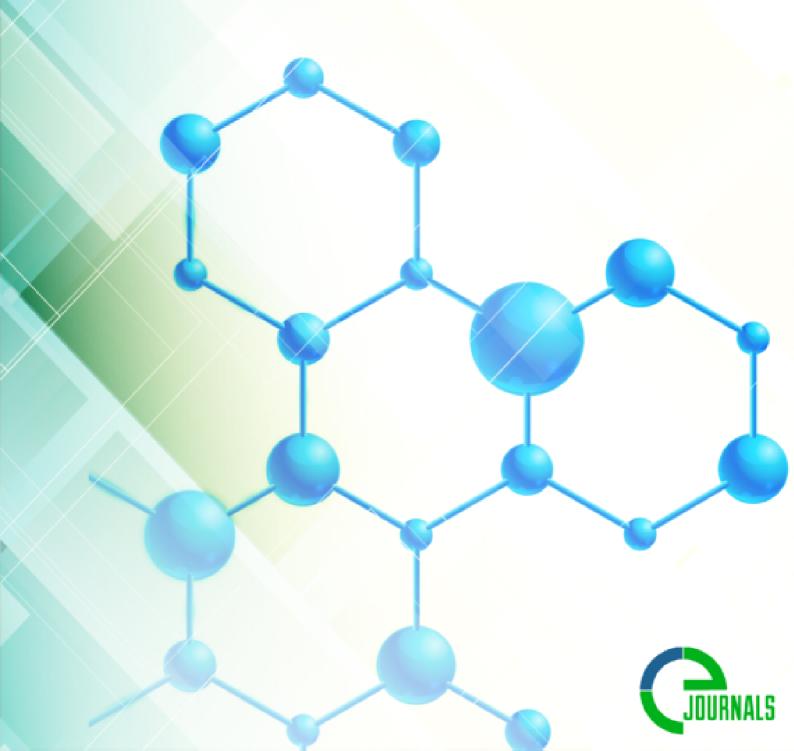
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DIAGNOSING COMBINED FACIAL AND JAW INJURIES IN THE EMERGENCY SYSTEM

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The Relevance of the research: In recent years, along with an overall increase in injuries, injuries to the face and jaw have increased. Soft tissue injuries account for 9.9-13.5% of all patients, with facial skeleton fractures accounting for 86.5-88.2%. Lower jaw fractures are the most prevalent (79.7%), followed by upper jaw fractures (9.2%), nasal bone fractures (4.6%), cheek bone and arch fractures (4.1%), and only 2.4% fracture of both jaws. Men are almost 8 times more likely than women to sustain maxillofacial injuries. The majority of the victims (70%) are between the ages of 20 and 40, and in recent years, there has been a "getting younger" trend among the victims. Patients with maxillofacial injuries are typically classified as severe because damage to the bones of the facial skeleton is frequently followed by damage to the vision, brain, and paranasal sinuses. A quick and complex evaluation of patients aids in determining the prognosis of the condition and developing effective treatment strategies.

The purpose of the research: Our research aims to provide a quick, modern way to early detection of maxillofacial injuries.

Materials and methods: The significance of modern examination procedures for the uncomplicated passage of wounds in patients seen and treated by a maxillofacial surgeon in the reception-diagnostic department of RSHTYoIM FF in 2022 was investigated.

Results: In 2022, about 2298 people applied to the maxillofacial surgeon's office of the reception-diagnostic department of RSHTYoIM FF, including 1576 (68.7%) men and 722 (31.3%) women. There were 599 (26.5%) patients aged 1-18, 1361 (58.7%) between 18 and 40, and 338 (14.8%) above the age of 40. According to the cause of trauma, 1138 patients (49.56%) were involved in an automobile accident, 410 (17.82%) in a criminal offence, 741 (32.2%) in a domestic incident, and 9 (039%) in a fall from above. Le Fort investigated the weak parts of the upper jaw and classified fractures into three types: Le Fort I fracture (upper type subbasal fracture), Le Fort II fracture (middle type suborbital fracture), and Le Fort III fracture (upper jaw breaking from below). A.A. Limberg defined the middle (suborbital) form of fracture as facial-jaw separation, while the upper (subbasal) type is facial separation from the skull. In 2022, 86 (3.74%) patients at RSHTYoIM FF were found to have upper jaw fractures. Of these, 13 (14.44%) Le Fort I type patients, 40 (46.5%) Le Fort II type patients, and 33 (38.4%) Le Fort III type patients were seen and provided the necessary assistance. Fractures of the upper jaw are always considered open, because such fractures are often accompanied by tearing of the mucous membrane at the expense of the nasal cavity or its adjacent cavities. Fractures of the middle and, especially, the upper jaw are complicated by damage to the surrounding organs, including: eyeball, vision, oculomotor, abductor and facial nerves. When the base of the skull was broken, the membranes of the brain

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were torn, and CSF (cerebrospinal fluid) from the nose, ears, and nasopharyngeal vault was observed in 12 (13.33%) patients. 1. Lowering the head, straining, and squeezing the neck veins with a finger increased the flow of fluids from the nose in 8 (8.88%) patients. 2. Nine patients (10%) had tablecloth symptoms, whereas eleven (12.22%) reported medical serviette symptoms. 3. The neurosurgeon performed a lumbar puncture and discovered blood in the cerebrospinal fluid in 32 (37%) patients. X-ray, computer tomography, and multispiral computer tomography tests were performed on all patients, the clinical diagnosis was clarified, and the best treatment strategies were developed.

Summarization: Patients with upper jaw fractures should receive comprehensive care in collaboration with a neurosurgeon, ophthalmologist, otorhinolaryngologist, anesthesiologist, reanimatologist, and, if necessary, a neurologist in case of complications or specific characteristics of other damaged organs. Quick and thorough inspections are ultimately a guarantee of positive results.

References:

- 1. Surgical dentistry / ed. T.G. Robustova, M. Medicine. 2003 B.283-324.
- 2. Surgical dentistry / ed. V.V. Afanasyeva, M.: GEOTAR-Media, 2011. pp. 468-538.
- 3. Operative maxillofacial surgery and dentistry / Ed. V.A. Kozlova, M.: GEOTAR-Media, 2014, 539 pages.
 - 4. Maxillofacial Traumatology / Ed. M.I. Azimov, Tashkent 2011 P. 61-71