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**RECONSTRUCTIVE PLASTIC SURGERY IN THE COMBINED
TREATMENT OF A MALIGNANT TUMOR OF THE ORAL CAVITY.**

(literature review)

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Abstract: The Republic of Uzbekistan has seen an increase in oncological diseases in recent years. But in the structure of cancer of the oral cavity and pharynx, there are some lower morbidity rates due to large-scale preventive measures among the population. According to the statistical report, 2522 patients with malignant tumors of the oral cavity and pharynx were registered in the Republic of Uzbekistan in 2015, which amounted to 8 per 100 thousand of the population. In 2019, there was a slight decrease in the incidence and amounted to 2376 patients per year, but per 100 thousand people it was 7.1.

Keywords: malignant tumors, oral cavity, surgical treatment, chemical therapy.

Unfortunately, despite the visual accessibility of oral organs, the detection rate of patients in III - IVstage III- IVx in 2015 was - 52.8%, and in 2019 - 43.2 %. , cmany patients in these stages of receive chemotherapy and radiation therapy, and the possibilities of surgicaloro inter ventionsare there forelimited. (Choynzonov E. L. et al., 2015). It should be noted that the surgical method is the main one in the treatment of malignantx tumors of the oral cavity and often requires the removal of the tongue or its resection, the lower jaw, the hard palate, the oral mucosa, cheeksand lips and the skin of the chin area. Such operationsüare mainly в performed for locally advanced oral cancer. Such operations often lead to impairedü ability to the . There fore, in these cases, due to the vastness of the resulting defects, reconstructive plastic surgery is required. Patients with locally advanced stages (T3-T4) malignant tumors of the oral cavity are often treated usingя combined methods-radiation therapy and chemotherapy in combination with extensive surgical intervention. The use of recons tructiveplastic surgeries with elements of the microsurgical method expands the possibilities of radical surgical interventions in common forms of oral There are also locally commonem cancers of the oral cavity (tongue and floor of the oral cavity, softü jaw, oral mucosa and softx tissue, jaw).

Patients with locally advanced forms of oral cancer are treated with a combined or complex method of treatment. At the same time, chemical or radio therapy is used as part of combined and complex treatment foremin. According to M. G.'s data.Jumaeva, A. Ya.Byashemova (2021), 169 patients with malignant neoplasms of the oral mucosaunder went complexe treatment with the use of post operative chemotherapy and radiation therapy in variousx modes. According to the authors, the use of the latest methods of surgical interventions allowed improving the results of two-year treatment up to 57% and five-year treatment up to 51%. Extendedнcombined surgery aftero chemo radio therapy for locally advancedoro head and neck cancer allowed for locoregional control in 42% of patients. Surgical interventions in 150 (88.7%) patients were radical in nature, postoperative complications occurred in 60 (35.5%) patients, but the response to complex treatment, regardless of the stage of the tumor, was - 51.4_ + 7.7%. In most patients, the operations were "life-saving" in nature. It should be noted that the use of more advanced operations withe reconstruction and the useя of micro surgical methods

can significantly improve the long-term results and survival of patients. According to A. A. Ganiev (2021), all malignant tumors of the oral cavity, depending on their localization, are divided into groups and they have different prognoses. According to the author, the first form of localization includes: tumors of the tongue and behind the oral cavity (40.2%), the second localization includes the alveolar processes of the upper and lower cheeks and the mucous membrane of the cheeks (24.8%), the third localization of the tumor of the soft and hard palate 27.0%, the fourth localization of the tumor of the root of the tongue and pharynx (8.0%).

The author developed and implemented in clinical practice a new method of surgical treatment for locally advanced cancer of the posterior parts of the mouth and oropharynx using modified mandibulotomy and the formation of a preventive, orostoma, which allowed expanding the indications for surgical removal of the tumor.

The developed types of surgical interventions significantly reduced the frequency of purulent-inflammatory complications (17.1% versus 33.6%). At the same time, reconstructive plastic surgery in the volume of mandibulotomy with orostoma is a priority, since its implementation contributed to rapid social adaptation and improved the quality of life, as well as the survival rate of patients. The survival rate in the absence of complications in the main group was 76.1%, and in their presence, not a single patient lived the specified milestone.

As shown by the results of a study by D. E. Kulbakin et al. (2018) in combined resections for reconstruction and defects of the lower jaw (lower jaw floor of the mouth and tongue or lower jaw) a fibular cutaneous-bone or cutaneous-musculoskeletal flap (chimeric variant) was used. In the reconstruction of the upper jaw, we used (alveolar process + hard palate) more often a fibular skin-bone flap. According to the author's data, complete flap necrosis was observed in 15% of patients. Most often (up to 10%), necrosis of the fibular flap was noted, in addition, this complication led to the formation of saliva leaks in the region and microvascular anastomosis and led to thrombus formation. The authors revised the approach to flap collection and during analysis of the microsurgical stages of the operation was able to reduce the complication rate to 5%.

The authors concluded that the reconstructive stage of radical surgical treatment contributes to the full-fledged social rehabilitation of patients with oral cancer.

To reduce postoperative complications during the reconstructive stage, it is necessary to choose an adequate graft, taking into account the localization of the lesion and the spread of the tumor (Cheoyznov E. L. et al., 2019).

According to the data of I. A. Body reconstructive surgery is a necessary component in the treatment of head and neck tumors and in 85-90% of cases will improve the aesthetic appearance of anatomical and functional organs and tissues. But often that complication was up to 24%.

Among various reconstructive plastic surgeries for malignant tumors of the oral cavity in recent years, a sub-section of the rodchny method has been used flap for defect replacement. OA Saprino et, (2016) used this flap in 9 patients with oral tumors - 4, tongue - 4 and in 1 case with a tumor of the alveolar process of the mandibular margin. The need to perform this type of operation arose after resection of the tongue and tissues of the bottom of the oral cavity. According to the authors, performing surgical intervention at the first stage of treatment in patients with oral cancer allows simultaneous use of plastic material in order to achieve functional and aesthetic rehabilitation. The use of a chin flap in the reconstruction of defects after oral surgery fully meets the above requirements.

In D. Yu. (2013) analyzing the data of chemotherapy of squamous cell carcinoma of

the oropharyngeal region in patients with T1-2 N0M0 comes to the conclusion that combined treatment should be started with surgery. Performing surgery at the first stage improves the outcomes of combined treatment, improves survival rates and reduces the frequency of relapses.

Similar data were obtained in studies with In (2013). According to his recommendations combined treatment according to the following schemes: surgery + radiation therapy, overall 5-year survival rate was 65% and according to the scheme HT+LT+ operation + 32%.

For reconstructive plastic surgeries, various auto-grafts are used with or on a free leg with or without a vascular fragment. Surgical interventions in the microsurgical variant with the displacement of the vascular fragment and the imposition of a vascular anastomosis are considered the most appropriate. In recent years, a skin-muscle-bone flap from the iliac crest and strained broad fascia has been used to replace defects in the upper jaw.

According to S. Iyer, M. Kuriakos (2009) in general, the above flap is a reliable and safe method for reconstructing maxillary and orbital defects, and compared to other flaps, it gives fewer complications.

In addition, in recent years, the lateral brachial flap has been widely used to reconstruct defects after resection of the tongue and bottom of the oral cavity.

The method is effective in 94% of cases. After the operation, the functional state and aesthetic effect were high. Speech and swallowing after reconstruction are good, excellent cosmetic and functional results were obtained.

According to the data of D. Keu et al. (2009) reconstructive plastic surgery significantly expanded the effectiveness of surgical interventions for malignant tumors of the oral cavity and maxillofacial region. Based on the analysis of a large clinical material (from 1977-2004) in 5046 patients, the authors studied the results of reconstructive operations in oral and maxillary tumors.

Free flaps were used to repair defects in 45.4% of cases, displaced flaps with axial blood supply in 34.4% of cases, and other flaps in 8.3% of cases. Among the free flaps, a radial (1567 cases), less frequently an ileal (195 cases) and a fibular (168 cases) flap were used. Among the mixed flaps with axial blood supply, the most commonly used skin-muscle flap is the large thoracic muscle. The efficiency of free flap grafting was 96.5%.

T. Kydyrboeva et al. (2009), when reconstructing defects of the oral floor, preference is given to skin - muscle flaps and combined plastic surgery. The frequency of complications was also noted when using flaps with the inclusion of the large thoracic and trapezoid muscles, the most common being a flap from the subcutaneous muscle.

According to Sh. Khabibullayeva et al. (2009) for locally advanced cancer of the oral cavity and oropharynx, it is recommended to perform simultaneous combined plastic surgery of defects with skin-fascial and skin-muscle flaps on the leg. At the same time, 2 or 3 sterilized grafts are provided, one for the inner lining, the other for the outer one. In 4.8% of cases, complications in the form of necrosis of the a flap and in 95.2% of cases, transplants were effective.

By data M. A. Kraopotova et al. (2018) The use of a displaced chin flap and a free radial flap is the method of choice for replacing defects in the oral mucosa and soft tissues in patients with malignant tumors.

By data Dobrokhatova V. Z. (2006) simultaneous reconstruction of defects in patients with malignant tumors of the oral cavity is accompanied by a high risk of complications. When performing operations with a mixed flap, the complication rate was 47.7%. The results of the study showed that the musculocutaneous flap with the inclusion of the

pectoralis major is the optimal plastic material. The complication in this sposis about be plastic surgery in 44.2% of cases, and deep necrosis -5%. Nasolabial flap surgery has limited applications and the complication rate is 6.6%. When using a musculocutaneous flap on the anterior longneck muscles, the complication rate was 95% . The use of preoperative antibiotic therapy significantly reduces the complication.

In their research Sikarsky V. V. (2015) showed that in oropharyngeal malignant tumors, the lowest rate of complications in the group of patients after surgery with displaced skin-targetmflaps was noted among patients using a flap from the large pectoral muscle - 44%, and extensive necrosis of the large pectoral muscle developed in 5% of patients. The disadvantage of the pectoral flap is a significant amount of condyle and fattissue in hypersthensics and women is often excessive, especially with the detection of end-to-end defects of the cheek and lower lip.

Results of A.V.'s research Karilko et al. (2012) showed that the use of free revascularized flaps in the surgical treatment of malignant oral tumors significantly improved the functional status and quality of life of patients.

According to the authors, the use of radio fascial skin flaps significantly improves the results and reduces the incidence of complications compared to other methods (anterolateral femoral, thoracodorsal musculocutaneous, laparoteal bone-skin flap).

Z. A.Radjabova and soarvt, (2015) 28 cases of reconstructive plastic surgery in patients with malignant tumors of the tongue and oral mucosa concluded that the use of skin and muscle flaps is justified for closing extensive defects of the face and oral cavity, especially after chemoradio therapy under a radical program.

The authors used 6 variants of flaps: torocodorsal flap, rhomboid cervical-facial skin-bear flap, skin-bear flap with a non-lacrimal pedicle and using a large subcutaneous neck target, skin-muscle flap on the vascular pedicle using a negative target, skin-bear flap on cacy the using short neck muscles, ray flap by formation of microvascular anastomosis. The rate of postoperative complications was 10.7%.

T. V.Ostrinskoy, A.M. Zhumankulov (2014) analyzing various types of reconstructive plastic surgery for defects in the head and neck after removal of malignant neoplasms, we came to the conclusion that the use of a radiation skin-muscle flap on a revascularized vascular pedicle using microsurgical techniques can significantly improve functional and cosmetological results, improves the quality of life of the patient with a large diameter in donor sasudov, the radial flap of the forearm significantly facilitates anastomosis.

According to Reshetov I. V. (2003), in patients with traditional musculocutaneous flaps and sasudostoy flaps for tumors of the oral mucosa, it is recommended to use locally mixedarteriol-ized tablets. loskutov cheeks in the mouth. In addition, it is possible to use microsurgical flaps with thin elastic skin of the forearm and shoulder with the inclusion of a sensitive cutaneous nerve in the flap to reconstruct the surface of the tongue and oral cavity (Moren P.. et al. 2002).

In cancer of the pharynx and the posterior and posterior segments of the tongue, plastic material is used from the mucous membrane of the stomach and intestines (small and thin).

Thus, the analysis shows that the reconstruction of the head and neck organs with arterialysis flaps is from 85 to 95%, and the use of a migrating skin-fat flap is no more than 70-80% .

An important result of using various variants of immobilized skin-fascial muscle and other flaps is the possibility of simultaneous reconstruction of the defect without pre - preparation of plastic material.

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