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MODERN PRINCIPLES OF TREATMENT OF THE MAXILLOFACIAL AREA FURUNCULES IN VITEBSK REGION

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Introduction. The most common non odontogenic inflammatory skin disease is boils. And they are diagnosed in 19.4% of the total number of inflammatory diseases of the soft tissues of the specified region and neck. The basic principles in the treatment of boils in the maxillofacial area are adequate primary surgical treatment of infectious inflammatory focus, and effective rehabilitation of postoperative wounds from necrotic masses; ensuring normal conditions for the course of reparative regeneration processes, which is of great importance for reducing the number of complications and achieving optimal aesthetic results.

Aim: to study of the standard complex therapy of boils in the maxillofacial area and neck in Vitebsk region for the subsequent determination of the possibility of its improvement.

Materials and methods. A conductive retrospective study of the medical records of patients with boils in the maxillofacial area, was collected in the dental department of Vitebsk Regional Clinical Hospital from January 2016 to August 2018.

Results and its discussion. Patients with boils in the maxillofacial area received complex treatment measures, including surgical and conservative methods.

Conservative therapy consisted of a course of antibiotic therapy, mandatory for all patients for the studied pathology. It should be mentioned that a broad-spectrum antibiotics were prescribed from the first day of admission to the hospital. The first drug of choice is Cefotaxin (1.0 gram 3 times a day intramuscularly) which stands for 60% of the cases and in the rest 40% Cefazolin (1.0 grams 3 times a day intramuscularly). After analyzing the results of microbiological study, correction of the treatment is carried out based on the pathogen and the sensitivity to antibiotics.

Primary surgical treatment of an infectious-inflammatory focus was conducted by linear incision along the center of the inflammatory infiltrate along its entire length, necrotomy, instillation of the wound with antiseptic solutions and its subsequent drainage. Further daily applications were performed by wound instillation with an antiseptic solution and replacement of drainage.

The results of the analysis of medical records showed that in patients with boils of the maxillofacial region, primary surgical treatment of an infectious-inflammatory focus was carried out in 92%.

In addition, after removing the acute symptoms of inflammation and cleansing the wound from necrotic masses, patients were prescribed a course of physiotherapy. As a rule, this is a high-quality therapy which is based on restoration of the physiological functions to the affected area. The duration of the procedure is not more than 15 minutes.

Patients with boils of the maxillofacial area and neck, after discharge from the hospital, are recommended to visit a maxillofacial surgeon in the clinic at the place of residence for a week for further follow up. This is necessary to control the completion of wound epithelialization.

Conclusions. Comprehensive treatment of patients with boils in the maxillofacial area and neck at the dental department of Vitebsk Regional Clinical Hospital fully meets all the principles of modern therapy of this pathology.