

**ANALYSIS OF THE RESULTS AND COMPLICATIONS OF URANOPLASTY IN  
CHILDREN WITH CONGENITAL CLEFT LIP AND PALATE**

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**Abstract:**After uranoplasty, 255 children with various forms of cleft palate, who were registered at the Andijan Children's Clinical Hospital, were examined. A comprehensive examination included the use of clinical (examination, palpation, percussion - assessment of surgical status) and functional (electromyography, rheography, magnetic resonance imaging, nasopharyngoendoscopy, speech therapy assessment of speech using a sound identification system) research methods.

**Keywords:**complications of uranoplasty, congenital cleft lip and palate, uranoplasty, petrochemical ecotoxicants, velopharyngeal insufficiency.

**INTRODUCTION:**Restoration of a cleft palate (uranoplasty) is necessary for the purpose of anatomical reconstruction of the tissues of the soft and hard palate and restoration of the movement of the velopharyngeal seal to ensure normal development of speech and nutrition for the child. In addition to poor speech, children after uranoplasty have postoperative complications leading to slower growth of the midface and secondary perforation of the palate tissue. Consequently, the results after cleft palate repair can be assessed in terms of surgical complications (palatal fistula, lack of isolation between the oral and nasal cavities), the development of velopharyngeal insufficiency (shortening and immobility of the palate, inability to create physiologically normal pressure, which leads to characteristic, hypernasal speech), restoration of speech functions (depending on the mobility and functioning of the velopharyngeal seal) and analysis of the growth of the middle third of the face [1].

**MATERIALS AND METHODS:**The first year of a child's life is fundamental to the acquisition of speech and language. Foreign scientific literature clearly states that surgical repair of cleft palate should be performed early, before the age of two [2].

One of the main objectives of uranoplasty is to restore adequate function of the pharynx to improve the child's communication capabilities, which are especially important for the formation of the child's psycho-emotional portrait in early childhood. For this purpose, various palatoplasty methods have been developed, including a two-stage uranoplasty protocol, in which the closure of the soft palate defect and the formation of a velopharyngeal seal are formed in the first months of the child's life, which allows achieving adequate palate length. Another aspect is the reorientation of the muscle fibers of the palate, which allows for continuity of the muscles of the soft palate and ensures the mobility of the velopharyngeal seal. For adequate functioning of the velopharyngeal mechanism, it is necessary that the soft palate and the posterior and lateral walls of the pharynx perform complete and synchronized movement, ensuring contact between these structures and complete separation of the oral and nasal cavities during the formation of vowel sounds. However, despite the progress of the world's leading practical schools in the study of reconstructive uranoplasty, it is difficult to predict the effectiveness of the muscle function of the tissues of the soft palate in influencing speech after palatoplasty. The chances of adequate speech development are significantly reduced with late uranoplasty [3].

**RESULTS AND DISCUSSION:**In order to study the characteristics and structure of complications after uranoplasty in children with congenital cleft lip and/or palate, 255 children were examined.

The examination of children was carried out in several stages.

1. Children with congenital cleft lip and/or palate were registered at a dispensary and, from the moment of birth, underwent clinical examinations with a maxillofacial surgeon,

orthodontist, and speech therapist-speech pathologist every 6 months, during which data on concomitant pathology and frequency were recorded in the medical history acute respiratory viral infections, ENT diseases, results of general and biochemical blood tests, criteria for jaw growth, speech therapy assessment of speech and mental development of the child. At this stage, the patients were conditionally divided into 2 groups depending on their place of birth and residence. Group 1 included children from areas with petrochemical enterprises and levels of emissions of pollutants into the environment (benzopyrene, nitrogen dioxide, nitrogen oxide, carbon tetrachloride, hydrogen chloride, ethylbenzene), according to the State Report on the State of Natural Resources and the Environment - environment of the Republic of Bashkortostan [9], exceeding the level of maximum permissible concentration. Children from regions without the petrochemical industry, in which the level of the analyzed chemical compounds in the environment did not exceed the maximum permissible concentration level, were included in group 2.

2. Immediately before planning operational

During the treatment, a photographic protocol of the initial congenital defect of the palate was carried out, the child's test data was recorded, and the data was scrapped from the medical record. Recommendations are given for maintaining a gentle regimen in the early postoperative period.

3. 8-10 days after surgical treatment (uranoplasty), before discharge from the hospital, the patient was examined and examined for the presence of surgical postoperative complications, such as fistulas, palate defects, and the condition of postoperative sutures.

4. 1 month after the uranoplasty, the patient was re-examined by the maxillofacial surgeon for the presence of complications of uranoplasty such as fistulas, palate defects, shortening of the palate, and impaired mobility of the velopharyngeal seal. The speech therapist assessed the child's speech functions using a sound identification system.

5. 2 months after the uranoplasty, clinical (examination, palpation, percussion - assessment of surgical status) and functional (electromyography, rheography, magnetic resonance imaging, nasopharyngoendoscopy, speech therapy assessment of speech using a sound identification system) examination methods were used.

**CONCLUSION:** Due to the presence of somatic diseases and abnormalities in blood counts at the preoperative stage, in the group of children with congenital cleft lip and/palate from regions with the petrochemical industry, more pronounced postoperative complications are noted, which indicates a violation of reparative regeneration after uranoplasty in this group of children.

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