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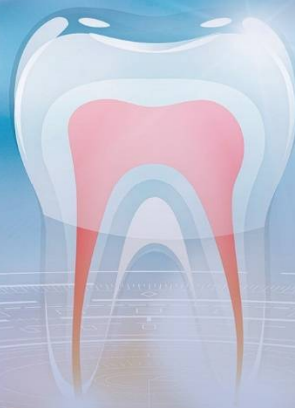
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Иминов Комилжон Одилжонович
Ташкентская медицинская академия**ОЦЕНКА ЭФФЕКТИВНОСТИ ПРИМЕНЕНИЯ “PLATE RICHED FIBRIN” ДЛЯ ЛЕЧЕНИЯ ТРАВМ СКУЛО-ОРБИТАЛЬНОГО КОМПЛЕКСА**<http://dx.doi.org/10.5281/zenodo.12531224>**АННОТАЦИЯ**

Сегодня в мире за последние годы повышенная частота транспортных, бытовых или криминальных травм привела к повышенному интересу к травмам скуло-орбитального комплекса (СОК). За последние 15-20 лет появилось много новой информации о методах обнаружения и лечения комплекса скулы и орбиты. По данным Всемирной организации здравоохранения (ВОЗ), средний возраст, наиболее подверженный травмам средней зоны лица, составляет 48 лет, что превышает 70.3% мужчин. В то же время, ощущается нехватка систематизированных руководств и учебных материалов, которые бы комплексно отражали аккумулированные знания и предоставляли объективный взгляд на причины, клинические аспекты, диагностику и подходы к лечению переломов в области орбиты.

Ключевые слова: Богатый тромбоцитами фибрин (PRF), скуло-орбитальный комплекс, переломы, факторы роста, трубка, сгусток, восстановление, иммунная система.

Iminov Komiljon Odiljonovich
Tashkent Medical Academy**EVALUATION OF THE EFFICACY OF “PLATE RICHED FIBRIN” FOR THE TREATMENT OF INJURIES OF THE ZYGOMATIC-ORBITAL COMPLEX****ANNOTATION**

In the world today, the increased frequency of transport, domestic or criminal injuries in recent years has led to an increased interest in injuries to the cheekbone-orbital complex (COC). Over the past 15-20 years, much new information has become available on how to detect and treat the cheekbone-orbital complex. According to the World Health Organisation (WHO), the average age most affected by midface injuries is 48 years, which is more than 70.3% of males. At the same time, there is a lack of systematised guidelines and educational materials that comprehensively reflect the accumulated knowledge and provide an objective view of the causes, clinical aspects, diagnosis and treatment approaches of orbital fractures.

Key words: Platelet-rich fibrin (PRF), Zygomatic-orbital complex, fractures, growth factors, tube, clot, recovery, immune system.

Iminov Komiljon Odiljonovich
Toshkent tibbiyot akademiyasi**YONOQ-ORBITAL KOMPLEKS JAROHATLARINI DAVOLASH UCHUN “PLATE REACHED FIBRIN” SAMARADORLIGINI BAHOLASH****ANNOTATSIYA**

Bugungi kunda dunyoda so'nggi yillarda transport, maishiy yoki jinoiy jarohatlarning ko'payishi zigomatik orbital kompleks (sharbat) jarohatlariga qiziqishning oshishiga olib keldi. So'nggi 15-20 yil ichida yonoq suyagi va orbital kompleksini aniqlash va davolash usullari haqida ko'plab yangi ma'lumotlar paydo bo'ldi. Jahon sog'liqni saqlash tashkiloti (JSST) ma'lumotlariga ko'ra, yuzning o'rta zonasida shikastlanishga eng ko'p moyil bo'lgan o'rtacha yosh 48 yoshni tashkil etadi, bu erkaklarning 70.3 foizidan oshadi. Shu bilan birga, to'plangan bilimlarni har tomonlama aks ettiradigan va orbitadagi yoriqlarni davolash sabablari, klinik jihatlari, diagnostikasi va yondashuvlariga ob'ektiv qarashni ta'minlaydigan tizimli qo'llanmalar va o'quv materiallarining etishmasligi mavjud.

Kalit so'zlar: fibrin trombositlariga boy (PRF), zigomatik orbital kompleks, yoriqlar, o'sish omillari, naycha, phti, tiklanish, immunitet tizimi.

Introduction. Scientific research is being conducted globally to optimise diagnostic and comparative diagnostic steps, and to date the technique of performing operations on the zygalo-orbital complex is improving day by day in many foreign schools of maxillofacial surgery (MFS)[1]. Oral and maxillofacial surgeons strive to perform the germ in a high-quality manner and to reduce the time the patient spends on the operating table[9]. Although there are many different treatment modalities for SOC injuries, the need for more advanced treatment is increasing every day due to the long operative and postoperative rehabilitation period[2]. Considering the above, one of the most pressing issues facing maxillofacial surgeons nowadays is to improve the surgical management of SOC injuries[3]. Thus, it is necessary to improve the methods of performing surgical interventions in the zygomatic-orbital complex in order to accelerate the regeneration of bone tissue and other tissues of the eye socket, which is one of the urgent problems that need to be solved in modern maxillofacial and operative surgery[4,11].

In the world practice at the present time despite the improvement of diagnostic methods, introduction in the clinic to improve the treatment of injuries of the zygomatic-orbital complex with the use of autologous fibrin membrane enriched with platelets[5]. In this connection the research aimed at retrospective analysis of the results of operations on treatment of injuries of the zygomatic-orbital complex, improvement of methods of obtaining qualitative fibrin membranes from the patient's blood to improve the regeneration aspects of wound healing, development of the method of using Plate riched fibrin in increasing the effectiveness of treatment of injuries of the zygomatic-orbital complex and evaluation of the effectiveness of Plate riched fibrin application for treatment of injuries of the zygomatic-orbital complex acquire special scientific and practical significance[6,10].

Objective of the study: to evaluate the effectiveness of Plate riched fibrin for the treatment of injuries of the zygomatic-orbital complex

Methods and materials . Before collecting blood samples, 29 patients supplied prior permission. All methods involving human subjects in this study adhered to the ethical standards set by the organizational as well as national scientific committees. All blood samples were taken at the Tashkent Medical Academy and used in compliance with Medical Ethics Standards and Guidelines. Factors influencing Genetics, acquired factors (e.g., platelet activation, hyperhomocysteinemia, abnormal thrombin and factor XIII levels in plasma, blood flow, oxidative stress, hyperglycemia, medications, and cigarette smoking), and environmental factors (e.g., temperature, reducing agents, chloride and calcium ion concentrations) all contribute to fibrin clot formation and structure. All patients confirmed that they did not have any of the aforementioned conditions. Prior to the studies, the CBCs were analyzed to confirm conventional cell count ranges. The PRF was produced using an Dilab centrifuge. Each of the 29 participants supplied 29 vials of blood in normal 10 mL glass collection tubes (vacutainers) [7]. We lead to common blood test till preparing PRF membranes. Unique side of this method is we complete all steps PRF preparation. Moreover, those steps we do in operation theatre simultaneously with performing reconstruction zygomatic orbital complex. During this performance surgeon use titanium plates for reconstruction the floor of orbital after “blow-out” fractures [8-12]. Titanium plate covered with fibrin membranes and cytokines produce from PRF then they useful for recovery bone structures of ZOC and regeneration soft tissue.

Results. As in the preceding group, all (n = 29) patients with varied SOC fractures who were treated with autologous fibrin membranes supplemented with platelets were classified strictly using the Manson 1990 classification.

Maxillofacial surgeons, ophthalmologists, and, if necessary, neurosurgeons examined the patients' conditions prior to surgery. In the second group (n = 29), all reconstructive procedures on the zygomatic-orbital complex were carried out making use of PRF membranes.

patients before the surgical period complained more than 25 about the aesthetic defect of the zygomatic-orbital complex, 22 complaints were related to enophthalmos, hypophthalmos was identified in 19 patients, the step symptom was identified in 15 patients, it is important to note that all complaints have a combined character. One of the features of our work, in addition to the general standard laboratory tests that the patient underwent in the emergency room, before each preparation of PRF membranes, we conducted a thorough general blood test with a detailed formula of 31 indicators on a hematological analyzer manufactured in 2022 by DF 50 DYMIND, which complies with the European standard in operating rooms. After an examination, the maxillofacial surgeon at the Tashkent Medical Academy's plastic surgery department orders laboratory and instrumental studies for patients, such as computed tomography with a 3D model of the skull (to determine the nature of the fracture, the volume of surgical manipulations which performed, and the size of the lower wall of the orbit). Laboratory tests include a general blood test (to determine the number of platelets, as it is difficult to obtain a high-quality fibrin membrane from a small number of platelets) and a coagulogram (particularly to determine the amount of fibrinogen, INR, and APTT), as well as standard studies such as blood biochemistry and blood tests for infection. An anesthesiologist is examined after obtaining anthropometric indicators by analyzing photographs of patients and MSCT data to determine the level of enophthalmos of the affected eye socket (enophthalmos is an ophthalmological pathology in which the eyeball sinks excessively into the socket in which the orbit is present). All SVC restoration procedures involve general anesthesia and tracheal intubation. The temperature in the operating room is regulated to 21-22°C once the patient is intubated (since ambient temperature is the most important component for separating fibrin membranes). The surgical field is processed, the surgical incision is made with a disposable surgery scalpel, exposing the fracture lines of the zygomatic bone along the zygomaticofrontal suture and the lower orbital edge through the skin incision, retreating 5 mm from the edge of the lower eyelash line, then coagulation of the vessels is performed, fixation of the upper edge of the surgical wound with a ligature, and this causes the muscle layer of the extraocular muscles to After reaching the bone structure of the eye socket, the eyeball is gently elevated using a short medical equipment to maximize visibility. Before administering anesthesia, venous blood is drawn from the ulnar region. After placing the tubes without anticoagulants at an angle of 45°, immediately start the centrifugation stage with a volume of 9-10 ml. The centrifugation step lasts 8 minutes and takes place at 1300 rpm. After centrifugation, the test tube is placed on a stand, and the room temperature should be 21-22°C to allow the fibrin plate to come into contact with oxygen in the air. The upper part of the resultant material, which is seldom plasma, must be removed using a syringe. Contact with oxygen must last at least 6 minutes. Using medical devices (tweezers), the fibrin membrane (PRF) with the red blood cell mass is gently pulled from the test tube, and the PRF is precisely separated from the red blood cell mass. Following separation, a liquid component may be visible in the fibrin membrane,

which includes a considerable number of leukocytes. To achieve a pure fibrin membrane, PRF is compressed with a metal plate for 10-15 minutes.

Conclusion: Analysis the results of traditional methods treatment of injuries the zygomatic orbital complex shown a high level of postoperative complications (20%) such as paraorbital edema, a feeling of discomfort when moving the eyeball, and severe symptoms of inflammation, caused by insufficient administration of anti-inflammatory drugs in the postoperative period and features of the course diseases due to the development of dysfunction in the zygoma. The use of PRF membranes with titanium polymer compounds in ZOC repair has resulted in improved postoperative outcomes.

According to the literature research, no method for preparing a PRF membrane intraoperatively in reconstructive procedures on the zygomatic-orbital complex has been created.

The widespread use of PRF membrane intraoperatively in reconstructive procedures on the zygomatic-orbital complex reduces the percentage of postoperative complications and the proportion of radical operations on the ZOC, resulting in a 1.5-fold reduction in inpatient patient days in hospital.

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ЖУРНАЛ СТОМАТОЛОГИИ И КРАНИОФАЦИАЛЬНЫХ ИССЛЕДОВАНИЙ

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