About medical rehabilitation of patients with congenital cleft lip and palate

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Abstract: *Congenital cleft lip and palate, being one of the most common human malformations, is accompanied by severe anatomical and functional disorders from the first days of a child's life. The very birth of a child with visible developmental disorders is a severe socio-psychological trauma for the parents and the child himself. To provide qualified assistance to this group of patients, multi-stage surgical interventions and constant monitoring by an orthodontist, pediatrician, speech therapist and other specialists are required.*

Keywords: *cleft lip and palate, congenital pathology, functional disorders, cosmetic defect, impaired swallowing, chewing, speech disorder, medical rehabilitation*

I. Introduction

The most urgent medical and social problem is congenital malformations, due to their high frequency and severity. This is a significant problem for public health and justifies the need to continue studying the prevalence of this pathology in various regions. Every year, for every 100 thousand of the population, the number of newborns with RGN increases by 1.38 (Isakov.L.O., 2009). According to WHO, the frequency of birth of children with CCLP in the world is 0.6-1.6 cases per 1000 newborns. Congenital cleft lip and palate is one of the most common malformations of the maxillofacial area with a tendency to increase (Hong M. et al., 2017: Inoyatov.A.Sh., 2020).Congenital cleft lip and palate in combination with other defects is one of the causes of perinatal mortality and comes out on top in the structure of childhood morbidity and disability, representing not only a medical but also an important social problem. According to many authors, the number of children with this pathology is constantly increasing and in the next decade the frequency of such cases will be 2 times higher than 100 years ago.

Cleft lip occurs twice as often in boys as in girls. A cleft palate is twice as common in girls.

The frequency of births of children with CCLP ranges from 1 in 500 to 1 in 1000, depending on the place and time of the research (Ushnitsky I.D., et al., 2015: Mamedov A.A. et al., 2017: Arsenina. O.I., 2017). It should be noted that in the regions of the Russian Federation the frequency of developmental pathologies varies widely: from 1:653 to 1:1280, which may be due to the characteristics of the regions and the characteristics of populations.

Barillas (2009). B. Bergendal et al. (2008.2010), C.I.Emeka et al. (2017) showed a trend towards a steady increase in the incidence of VA, and in recent years, the proportion of cleft palate among the defects has increased. The system of complex treatment of children with VA provides for a multi-stage interdisciplinary interaction of specialists.

One out of five newborns with a cleft of the MFR has a syndromic pathology (Blokhina S.I.,

1992). Thus, in the Republic of Belarus, every fifth inhabitant suffered from the Chernobyl accident, and there is an annual increase in the number of children with congenital maxillofacial anomalies by 0.25 times per 1000 newborns. A.S. Artyushkevich et al. (2004) indicate that in the Republic of Belarus over the past 10 years, according to genetic monitoring, there has been an increase in the frequency of birth of children with this pathology.

In the article by A.Sh. Inoyatov et al. (2016) conducted an epidemiological study to study the spread of CVLP in the Navoi region (Uzbekistan, Bukhara) for the period from 2005 to 2009. 136 births of children with CCLP were identified, the average incidence of malformation was 1 chance every 620 births. A continuous growth in dynamics (by years) of the number of CVLPs was noted. In the Navoi region and the city of Navoi, there is a high frequency of CVLP.According to the USBC (United States Bureau of Census), the birth rate of children with congenital AFA in the world is on average 1:600. According to the statistical data of Kazakhstan, the frequency of birth of children with congenital malformations of the MFR in the republic is high and amounts to 1:880. More than 6,000 children are registered with the dispensary, about 400 children are born annually.

In the Republic of Bashkortostan, the birth rate of children with CCLP is higher than the average for the Russian Federation (Topolnitsky O.Z., Chuikin O.S., 2015). In the Perm region and the city of Perm, the frequency of congenital pathology of the maxillofacial area among newborns is 1:700 (Danilova M.A., 2006, 2013).

Children with congenital cleft lip and palate need long-term complex and systematic treatment and are registered at the dispensary (SimanovskayaE.Yu., Shcheglova A.P., 2002: Isakov L.O. 2013., 2015.

Congenital cleft lip and palate occupies a leading place in the structure of all antenatal anomalies and leads to a change in the aesthetics of the child's face, a violation in the immune system, nutritional function, respiration, speech defects (Bimbas E.S., et al., 2018: Tokarev.P. V., 2015, 2019: Yakubova. Z.Kh., et al., 2020: Willadsen E. 2012: Plsek P., 2013). And as a result, these are children with disabilities from birth until the complete elimination of functional disorders (Egorova.M.V. et al., 2010: Azimov.M.I., 2012: Persin.L.S., 2020).

According to statistics from a number of European countries, the frequency of births of children with cleft lip and palate is one in 500-1000 newborns (MaternaKiryluk A.et al., 2014: Meazzini M.C.et al., 2018). The overall frequency of morphological malformations in children under 1 year of age is approximately 27.2 per 1000 population.

Conclusion:Congenital cleft lip and palate (CCLP) is a severe malformation of the maxillofacial area, accompanied by gross anatomical and functional disorders. Difficulties in restoring impaired vital functions of nutrition, respiration and speech, anatomical restoration of the upper lip and, nose and upper jaw in a growing body are the cause of disability in children with cleft lip and palate for many years.

Treatment of cleft lip and palate is a complex multifaceted and unresolved problem. For optimal treatment results from birth to 14-16 years of age. Obviously, active monitoring of a child with CCLP is necessary from the moment of birth. Given the pronounced anatomical, functional, cosmetic problems, as well as the presence of comorbidities, dynamic monitoring and treatment by various specialists is necessary - an oral surgeon, an otorhinolaryngologist, a dentist, a pediatrician, and a speech therapist. Only the combined efforts of doctors of different profiles can achieve a good result in the treatment of

such children.

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