



LYMPHADENITIS AND ADENOPHLEGMONS OF THE FACE-JAW AREA AND NECK IN CHILDREN

*Teacher of public health technical college
named after Republic No. 1 Abu Ali Ibn Sina
To'raqulova Dilfuza*

Annotation: *Various factors causing lymphadenitis of the maxillofacial area and neck often lead to difficulties in diagnosing the underlying disease. Differences in the etiology of lymphadenitis, first of all, may affect the cause of the disease, which is not always observed during treatment.*

Keywords: *face-jaw, neck, lymphadent, adenophlegmon*

Material and methods. The history of 150 children with lymphadenitis and adenophlegmon of the face-jaw area and neck was studied according to the previously developed scheme. Gender, age, the frequency of individual forms of the disease and the relationship between the main diseases and their secondary manifestations were analyzed.

Research results. A correlation between the age of patients and the frequency of inflammatory processes in local lymph nodes was noted. The incidence of lymphadenitis and adenophlegmon decreases with age, which is explained by the differentiation of the lymphatic system. In boys (58.1%), right submandibular and upper neck lymph nodes were more affected. Similar observations are described in the works of a number of authors. 59 of 150 patients (39.3%) had a clinical presentation of acute purulent lymphadenitis, 74 (49.1%) had adenophlegmon. According to V.V. Roginsky and others, the predominance of purulent forms at all stages of the disease indicates that patients with lymphadenitis did not receive timely rational treatment in the clinic.

The relationship between localization of lymphadenitis and adenophlegmon and the main disease is of interest. In children, especially submandibular and upper neck lymph nodes are affected by bronchopulmonary, tonsillogenic and odontogenic inflammatory processes. It was also typical for skin damage due to acute respiratory viral diseases, chicken pox, exudative diathesis, pyoderma and furunculosis. In addition, unlike odontogenic lymphadenitis, the above diseases often cause bilateral damage to lymph nodes (in 88 patients -55.3%), complicated by adenophlegmon, especially in severe cases.

Analysis of the causes of lymphadenitis in newborns and children in the first months of life showed that sometimes the disease occurred during or after omphalitis or umbilical sepsis (4 observations - 2.6%). 1 out of 21 children older than 5 months was bottle-fed, which undoubtedly affected the children's resistance to infection. Lymphadenitis of odontogenic origin was observed in 18 (12%) children and did not cause any difficulties in diagnosis for dentists.

The main contingent of patients was sent to inpatient treatment without correct diagnosis, often with one clinical symptom - enlarged and inflamed lymph nodes of the face-jaw area and neck, or the presence of advanced adenophlegmons for urgent care. In the



first 2 days after admission, 123 (82%) patients underwent incisions for purulent lymphadenitis and adenophlegmon.

The capabilities of the maxillofacial surgery department do not allow for a complete examination of patients with non-main pathologies, which sometimes leads to recurrence of lymphadenitis or exacerbation of the main disease.

Samples from follow-up patients.

Patient G., 2 years old, suffers from flu, after which a swelling appeared in the right submandibular area. At the same time, the child has a cough and a runny nose. He was examined by a pediatrician. Epidemic parotitis was diagnosed. Dry heat and a dairy-vegetable diet are recommended. No improvement was observed after 5 days. After re-examination by the pediatrician, the diagnosis was changed to submandibular lymphadenitis. UVC was prescribed for the submandibular region. After 4 days, the girl began to have difficulty breathing, with the diagnosis of stage II laryngeal stenosis, the patient was taken by ambulance to the ENT department and treated with intensive drugs. Symptoms of laryngeal stenosis stopped. On the 5th day, he was transferred to the children's somatic department with the diagnosis of pneumonia.

Thus, in patients with lymphadenitis and adenophlegmon of the face-jaw area and neck, failure to detect the underlying disease in time can cause serious complications, while the optimal period of treatment is missed. Anamnesis together with other examination data of the patient allows to understand the etiology of the disease and provides important help in diagnosis. Even in cases where the inflammatory process in the lymph node takes the character of an independent disease, its treatment is effective only in combination with the treatment of the main disease.

REFERENCES:

1. Барчуков М. П.- В кн.: Хирургическая стоматология. Киев, 1973, вып. 6. с. 152-153.
2. Бердыган К. И., Замотаева З. Т., Шубина Е. Т.- В кн.: Всесоюзный съезд стоматологов. 5-й. Труды. Киев. 1968, с. 149-150.
3. Рогинский В. В., Ильина С. Б., Калмахелидзе Р. А., и др. - В кн.: Актуальные вопросы стоматологии детского возраста. М., 1978, с. 172-178.
4. Рогинский В. В., Ильина С. Б., Вашкевич В. П., Вайлерт В.А.-Стоматология, 1983, № 6, с. 30-32.
5. Bakhtiyorovna R. S., Anvarovna A. M. Features Of the Course and Treatment of Aggressive Forms of Paradontitis //Texas Journal of Medical Science. – 2021. – Т. 1. – №. 1. – С. 76-82.
6. Bakhtiyorovna R. S., Alisherovich M. G. CARIES IS THE APPEARANCE OF BLACK SPOTS //Galaxy International Interdisciplinary Research Journal. – 2022. –Т. 10. – №. 12. – С. 432-435.
7. Botirovna S. J., Qizi Z. M. A., Qizi R. S. B. Dental periodontitis //Texas Journal of Medical Science. – 2021. – Т. 3. – С. 38-39.



8. Bakhtiyorovna, Rahimberdiev Rustam Abdulnosirovich Razzakova Shokhista. "FREQUENCY OF DENTAL ANOMALIES IN ARTIFICIALLY FED CHILDREN." Journal of Modern Educational Achievements 5.5 (2023): 180-184.