

**EVALUATION OF EXAMINATIONS IN PATIENTS WITH CHEEK  
EYE AND ORBITAL CLEFT FRACTURES**

*Shukrullayeva Gulira'no Jobirovna*

*Bukhara State Medical Institute, assistant professor of Physiology Department*

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**Abstract**

Eye orbit and wall of the maxillary cavity, fractures of the cheek were studied and identified. The general record of examined patients is checked. The necessary statistical support up to the diagnosis was carried out and brought to the conclusion. Clinical-laboratory and radiological examinations were performed in trauma patients.

**Keywords:** double injury, alveolar obstruction, sagittal surface, sports injuries, household injury.

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When diagnosing injured patients with fractures of the wall of the cheek-eye and maxillary cavity, patients were urgently hospitalized in the department of maxillofacial surgery of the Bukhara regional multidisciplinary medical center. On the same day of hospitalization, patients with injuries of the wall of the cheek-eye and upper jaw cavity were examined by a number of specialists, including an ophthalmologist, a neuropathologist, and an otorhinolaryngologist. In this case, when we look objectively at injured patients with fractures of the wall of the cheek-eye and upper jaw cavity, we see local tissue lacerations, tearing, bruising of the skin, deformities of the middle part of the face on the side of the injured area, swelling and hemorrhages of the lower eyelids, and fractures of the side wall of the nose. damage to the eyeball leads to bleeding from the nose, partial limitation of mouth opening, violation of the bite when there is a fracture with an alveolar barrier, sometimes it causes difficulty in breathing through the nose when the walls of the nasal cavity are fractured, causing discomfort to the patient. In the case of injury to several anatomical areas, the general condition of the patient worsens, and the patient has nausea, numbness in the head, increased pain in the head, hemosis of the eyelids, exophthalmos, diplopia, laziness, shaking, compression of the brain. Tachycardia and bradycardia are observed in the cardiovascular system, and breathing is accelerated.

**Laboratory testing analyses**

Post-traumatic hemorrhagic conditions were observed as a result of the decrease in the number and quality of hematological indicators in the general blood analysis of patients with fractures of the walls of the cheek-eye and upper jaw cavity on the same day of hospitalization. On the 1st day, the amount of hemoglobin in the blood was 98 g/l. The number of erythrocytes is  $3.4 \times 10^{12} / l$  in men, and  $3.3 \times 10^{12} / l$  in women. The amount of platelets is  $245 \times 10^9 / l$  in men, and  $243 \times 10^9 / l$  in women. The number of leukocytes is  $6.8 \times 10^9 / l$  in men, and  $6.3 \times 10^9 / l$  in women. In patients with fractures of the wall of the cheek-eye and maxillary cavity, ECHT was found to be 5 mm/h in men and 6.2 mm/h in women. When re-examined with fractures of the wall of the cheek-eye and maxillary cavity, in the general blood analysis, the amount of hemoglobin in the blood of the patients increased to 100 g/l on the 3rd day. The number of erythrocytes changed to  $3.6 \times 10^{12} / l$  in men, and  $3.2 \times 10^{12} / l$  in women. The amount of platelets is  $247 \times 10^9 / l$  in men, and  $245 \times 10^9 / l$  in women. The number of leukocytes is  $6.8 \times 10^9 / l$  in men, and  $6.3 \times 10^9 / l$  in women. In patients with fractures of the wall of the cheek-eye and maxillary cavity, ECHT was found to be 5 mm/h in men and 6.2 mm/h in women. Monocytes did not rise from 2-5. In 21 patients, hematological changes were detected in the general blood analysis.

### X-ray methods of examination

With fractures of the walls of the cheek-eye and upper jaw cavity, patients were examined by X-ray diagnostics, frontal and side projection radiography, CT, and MRI examinations. Direct and indirect radiological signs in the study were examined. In the general X-ray image, the cheek-eye and upper jaw cavity and the cheek alveolar tumor were examined. In some patients, semi-axial X-rays were performed. In case of fractures of the walls of the cheek-eye and maxillary cavity, patients were effectively diagnosed on the basis of X-ray examination. Through X-ray examinations, we analyzed the clear area for placement of Foleya catheter in patients. In the preoperative period, all patients were sent for orthopantomography and X-ray computed tomography. The latter made it possible to reconstruct the skull in a three-dimensional projection, to clarify the localization of the traumatic fracture of the skull. The length of the fracture, its location, the most important anatomical structures - the vessels and nerves in the middle zone of the face - were determined; Picture No. 1,2,3,4,5,6,7,8,9.



Расм №1 Ёноқ кўз комплексининг рентгенологик тасвири



Расм № 2 Ёноқ кўз комплексининг ҳажимли 3D компютер рентгенографияси



Расм №3 Ёноқ кўз орбитаси синиши



Расм №4 Юз териси қопламларининг бутунлиги бузилиши билан ёноқ кўз комплексининг синиши



Расм№5 Ёноқ кўз комплексининг МРТ тасвири кўндаланг кесмаси



Расм №6 Ёноқ кўз комплексда минни пластиница ёрдамида синик булақларини остеосинтезлаш.



Расм№7 Икки йўлли сликовли Фолея катетери



Расм №8 Фолея катетерини беморда ўрнатилгандан кейинги ҳолат

In addition, based on the results of computed tomography of the walls of the maxillary cavity during surgery through 3D reconstruction, determining the number of broken bone fragments and eliminating bone defects played an important role.

### Statistical testing methods

The analysis of the research results was carried out according to the generally accepted method of medical biostatistics using a personal computer and specialized statistical programs MSWindows 7/and EXCEL 2010. A general idea of the quantities that a variable receives is descriptive and descriptive statistics. Arithmetic mean ( $M$ ), standard error ( $\mu$ ), median ( $Me$ ), and range – 5–95% were calculated. One-way analysis of variance was used to determine inter-group and intra-group differences when comparing mean values, calculating Student's two t tests; Repeated-measures analysis of variance using Student's paired t-test. The difference is considered reliable when  $r < 0.05$  and less, where the probability of difference is greater than 95%.

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