

REHABILITATION, AS INALIENABLE CONSTITUENT OF SYSTEM TO- AND POSTOPERATIVE ACCOMPANIMENT OF PATIENTS WITH DAMAGES OF VISCEROCRANIUM

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The complicated motion (CM) of damages of viscerocranium (DVC) are often registers oneself in the clinic of surgical stomatology. For the study of prognostic meaningfulness of separate genealogical, clinical and morphological factors in relation to forming of CM DVC two groups of patients (with the complicated and non-complicated motion) are formed. Group of patients with the complicated motion of DVC is formed from persons with operative (surgical) intervention is executed that for the replicas of bones. This group (98 persons) were characterized by the next structure of complications. Complications had most specific gravity in the early period (II the stage of the clinical monitoring). On the first place is a presence of hemorrhages and haematomas in (29.6 ± 4.6) on the second - inflammatory processes of soft tissues - (23.5 ± 4.3) , on the third is suppuration of bone wound - (12.2 ± 3.3) . In a remote period (III the stage of the clinical monitoring) in the structure of complications: on the first grade place is a presence of slow consolidation of fragments - (18.4 ± 3.9) on the second is development of the posttraumatic osteomyelitis - (16.3 ± 3.7) on the third is forming of deformation of the law jaw (11.2 ± 3.2) .

The analysis of character of break of the law jaw educed that combined and displacement of fragments took place in 52,0%, that in 38 causes supporting with the crack of break of teeth. Most frequent was a bilateral break of the law jaw with bringing of her body and branch. Among the factors of forming CM distinguish influence of constitutionally - biological factors, so-called the stigmas of disemбриogenesis (SDE), that is examined in quality of indicators of imperfection of bone metabolism, in particular as for regenerations. Except it, can be the constrained features of tissues metabolism and functioning of contact - protective systems: immune and antioxidant defence.

In basis of the method of prognostication of DVC worked out by us the task of increase of exactness is fixed due to registration of present for patient SDE and measuring of indexes structurally - the functional state of bone fabric.

According to technology of prognostication, measure speed of spreading ultrasound through a bone and index of him, determine displacement of elements of dental row and type of bite, and prognosis of CM DVC execute using the integral index of risk (IIR), that expect after the formula of $IIR = (PC1 PC2 PC3 PCn) / Q\alpha-\beta$, where PC1 - PCn is prognostic coefficients on each of n of the taken into account indicators, $Q\alpha-\beta$ is an index of level of infallibility of prognosis at the set level of his exactness; and when, at successive addition of prognostic coefficients, $IIR \geq 1.0$, are prognose high risk; at $IIR \leq -1.0$ is a subzero risk; in the interval of values from - 1.0 to 1.0 establish the presence of indefinite clinical situation.

Conclusions. A damage of viscerocranium is the difficult clinical states, that need not only highly skilled surgical help but also effective specialised tactics of conduct of

patients after the individualized prophylactic programs of warning of the complicated motion in a postoperative period and with individualization of the rehabilitation programs.