The Effectiveness of Rehabilitation Centers on the Psych emotional State of Children of the First Period of Childhood with Congenital Cleft Lip and Palate

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ABSTRACT

The purpose of the study is to identify the effectiveness of rehabilitation centers on the psycho-emotional state of children in the first period of childhood with congenital cleft lip and palate. The study showed that specialized rehabilitation centers are very convenient for parents of a child with CCLP, who find it difficult to care for and develop a child after undergoing surgical manipulations. SRC for children with CCLP has proven to have an effective impact on the child not only psycho-emotionally but also on the physical development of the child.

The children were divided into 2 groups, group I consisted of children with CCLP who did not use the services of the SRC, group II consisted of children who applied to the SRC after surgical manipulations. In the II group of children, the children were calmer and gained weight, and in the I group of children no changes were detected.

Keywords: Cleft Lip And Palate, Palate, Morphometry, Maxillae.

The system of complex treatment of children with CCLP provides for multi-stage interdisciplinary interaction of specialists [1].

In this regard, it is important to follow the WHO definition, according to which health is a human condition that is characterized not only by the absence of diseases or physical defects, but complete physical, mental and social well–being. In turn, the quality of life is an integral characteristic of a person's physical, social, mental or emotional functioning, based on subjective perception. It is obvious that various components of the quality of life indicator, which include children's education at school and university, as well as labor and social activity, largely depend on the quality and results of treatment of children [2].

Assessment of the state of physical development is impossible without the data of anthropometric indicators of various age groups [3].

Congenital malformations (CM) constitute one of the most urgent medical and social problems due to their high frequency and severity, which in itself is a significant problem for healthcare and determines the relevance of studying the causes and features of the spread of CM in various regions. [Wangsrimongkol T, Manosudprasit M, Pisek P, Chittiwatanapong N. 2013] [4].

Congenital cleft lip and palate (CCLP) is one of the most severe types of congenital maxillofacial pathology (CMP). According to WHO data, the frequency of CCLP varies within first case per 500-2000 newborns, which makes this defect the third most common among congenital anomalies, after congenital defects of the cardiovascular system and clubfoot [5].

There is a tendency to increase the frequency of occurrence of this pathology all over the world [3]. Patients with congenital cleft palate have speech, hearing, swallowing and

breathing disorders associated with pathological attachment of the muscles of the soft palate and the development of palatopharyngeal insufficiency (PPI) in view of this. Quite often, patients with PPI have disorders of the growth of the skull bones, which in turn leads to aesthetic defects of the face [6].

The study and evaluation of these changes, their systematization leads to a decrease in the proportion of maxillofacial pathologies, contributes to the non-hormonal development of the child, the most significant increase in the frequency of health and development disorders, including the dental system and bite among the younger generation occurs in the I and II periods of childhood [7,8]. Uzbekistan has achieved some success in protecting the health of the population, reducing diseases, including the dental system and with congenital cleft lip and palate among children. At the same time, there were some problems in the healthcare system. Among them, the study of the morphometric characteristics of the craniofacial region in children with congenital cleft lip and palate was important.

To achieve medical and social rehabilitation of a child, methodical work of medical examination centers, provision of specialists, interconnection of medical examination centers, a single tactic in achieving successful assistance to children with malformations of the lip and palate is required. A multifactorial analysis of the activities of a specialized center for the medical examination of children based on unified programs will allow us to justify the criteria for improving the effectiveness of the center for providing assistance to children with congenital maxillofacial pathology. Nevertheless, there is still no consensus on the timing and methods of rehabilitation of children with congenital pathology of the face and jaws [9,10].

The purpose of the study: to study the effectiveness of rehabilitation centers on the psychoemotional state of children of the first period of childhood with congenital cleft lip and palate (CCPL).

Materials and methods of research: The children were divided into 2 groups. Group I consisted of children with different types of CCPL 25 children, including 11 girls and 14 children who did not use the services of the SRC, group II consisted of children with different types of CCPL 17 children, including 7 girls and 10 children who applied to the SRC after surgical manipulations.

Group I – parents of children with CCPL refused the services of the SRC and decided to actively participate in the upbringing of the child themselves after undergoing surgical manipulations. But all the same, it was not possible without the help of medical staff, nurses helped to take care of the child's meals and calmed the children when they were naughty. Group II – parents of children with CCPL, agreed after operational manipulations to use the services of the SRC. For 2 months, group II had significantly improved psychoemotional, physical and morphometric indicators.

Results of the study: the results of the study showed that group II of children after rehabilitation in a multidisciplinary rehabilitation center (MRC) were calmer and gained sufficient weight, in addition, with antrometric measurements of the parameters of the upper jaw, the indicators corresponded to those of healthy children. Using the services of the SRC, the II group of children, due to the multifunctionality of the center, learned to eat themselves (regardless of age), engaged in speech therapy classes for the development of speech function, and also morphometric parameters of the maxillofacial region were measured continuously.

In group I children, the above changes were not detected. There is also a lag in the morphometric parameters of teeth and dental arch. The study of the position of the upper jaw shows that in children of group II, in 60% of cases, there was an improvement in psycho-emotional, physical and morphometric indicators in a short time.

Conclusion: Thus, the study proved the effective effect of MRC in children with CCPL on the psychoemotional, physical and anthropometric state of the child. The development of parts of the face varies by

groups. In children with congenital cleft lips and palate of group I, there is a delay in the timing of eruption of permanent teeth, the formation of morphometric parameters of the jaws and facial skeleton.

With age, children experience various changes in the craniofacial region, which is associated with the nature of nutrition and the change of milk teeth. The use of the proposed services of the MCR will allow achieving optimal functional and aesthetic results in children with CCPL after surgery.

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