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развитие грудной клетки и дыхательной системы у девочек. Обхват грудной клетки в покое увеличился на 20,7 см у пловчих и на 23,1 см у контрольной группы (P<0,05–0,001), при этом в 8, 11 и 15 лет показатели подвижности грудной клетки были достоверно выше у занимающихся плаванием (P<0,05). Диаметральные показатели (P<0,001) в большинстве возрастов существенно не различались, за исключением 11 и 12 лет (преимущество основной группы). Жизненная ёмкость лёгких у девочек-пловцов в 7–15 лет увеличилась на 1310,4 мл и в среднем превышала показатели контрольной группы на 180,3 мл; во всех возрастных группах значения ЖЕЛ были достоверно выше (P<0,05–0,001), с более ранним максимальный прироста в 8–9 лет.

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RETROSPECTIVE EPIDEMIOLOGICAL ANALYSIS OF ROUTES OF HIV TRANSMISSION IN THE REPUBLIC OF UZBEKISTAN

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The article presents the results of a long-term analysis of the dynamics of HIV infection in the Republic of Uzbekistan from the onset of the infection to the present day, including distribution by transmission routes, by gender, by geographic administrative regions, as well as a comparative analysis among risk groups.In the Republic of Uzbekistan, heterogeneity in the spread of HIV infection by gender and region has been recorded over the years. According to the classification of epidemic spread, during the concentrated epidemic stage, the number of infections does not decrease and remains stable. To prevent the spread of HIV among the population, especially women, it is necessary to strengthen epidemiological surveillance among the “other” risk group. It is also important to develop and implement specialized training platforms and courses for this group in collaboration with specialists from the HIV/AIDS Center.

Keywords: HIV infection, dangerous territory, unprotected sexual intercourse, risk group, geographic distribution, labor migrants, mobile population, modern digitalization system.

O’ZBEKISTON RESPUBLIKASIDA OIV INFEKSIYASI YUQISH YO’LLARINING RETROSPEKTIV EPIDEMIOLOGIK TAHLILI

Maqolada O‘zbekiston Respublikasida OIV-infeksiyasi paydo bo‘lganidan to hozirga qadar kasallanish dinamikasiga oid ko‘p yillik tahlil natijalari, jumladan yuqish yo‘llari, jinslar bo‘yicha, ma’muriy hududlar kesimida tarqalish, shuningdek xavf guruhlari orasida solishtirma tahlillar keltirilgan. O‘zbekiston Respublikasida OIV-infeksiyasining tarqalishi jinslar va hududlar kesimida turlicha bo‘lib, yillar davomida turlicha tendensiyalar qayd etilmoqda. Epidemik tarqalish tasnifiga ko‘ra, kontsentrlangan bosqichida kasallanish holatlari kamaymagan holatda barqaror saqlangan. Aholi, ayniqsa ayollar orasida OIV infeksiyasi tarqalishining oldini olish uchun «boshqalar» xavf guruhlarida epidemiologik nazoratni kuchaytirish zarur. Shuningdek, OIV/OITSga qarshi kurashish markazi mutaxassislari bilan hamkorlikda ushbu guruh uchun maxsus o‘quv platformalari va kurslar ishlab chiqish va joriy etish muhim hisoblanadi.

Kalit so‘zlar: OI- infeksiyasi, xavfli hudud, himoyasiz jinsiy aloqa, xavf guruhi, geografik tarqalish, mehnat migrantlari, mobil aholi, zamonaviy raqamlashtirish tizimi.

РЕТРОСПЕКТИВНЫЙ ЭПИДЕМИОЛОГИЧЕСКИЙ АНАЛИЗ ПУТЕЙ ПЕРЕДАЧИ ВИЧ-ИНФЕКЦИИ В РЕСПУБЛИКЕ УЗБЕКИСТАН

В статье приведены результаты многолетнего анализа динамики заболеваемости ВИЧ-инфекцией в Республике Узбекистан с момента появления инфекции до настоящего времени, включая распределение по путям передачи, по половому признаку, по географическим административным регионам, а также сравнительный анализ среди групп риска. В Республике Узбекистан регистрируется неоднородность распространения ВИЧ-инфекции по полу и регионам в разные годы. Согласно классификации эпидемического распространения, на стадии концентрированной эпидемии число случаев инфицирования не сокращается и остаётся стабильным. Для предотвращения распространения ВИЧ-инфекции среди населения, особенно женщин, необходимо усилить эпидемиологический контроль среди группы риска «другие». Также важно в сотрудничестве со специалистами Центра по борьбе с ВИЧ/СПИДом разработать и внедрить специальные учебные платформы и курсы для этой группы.

Ключевые слова: ВИЧ-инфекция, опасная территория, незащищенный половой контакт, группа риска, географический разрез, трудовой мигранты, мобильное население, современная система цифровизации.

Relevance of the study: HIV/AIDS was once considered «a gay disease» in the United States, but today it is increasingly claiming the lives of women both in the United States and around the world [14]. Global statistics are even more staggering: as of 2024, the total number of people infected with HIV was 40.8 million. Women and girls account for 53% of all patients living with HIV/AIDS [13]. By the end of the 20th century, Uzbekistan also faced the problem of HIV/AIDS key public health issue requiring an immediate solution. HIV infection was first recorded in 1987 among foreign students from

Panama, Uganda, and Zaire studying at higher education institutions in our country. According to the regulations in force at that time, after final confirmation of the diagnosis by the Western blot (WB) method at the Moscow AIDS Center, a patient diagnosed with HIV infection was sent back to his or her home country. Since 1989, HIV began to spread among the local population, and in 1999, the first case of AIDS-related death was recorded [1]. HIV/AIDS is a pressing and still unresolved issue in our country's healthcare system. It is essential to prevent the spread of the disease, improve the quality of medical services, prolong the lives of patients, and ensure adequate medical care for people living with HIV. As of 2024, the total number of registered HIV cases in the republic was 49,152. Among people living with HIV (PLHIV), 90% are aware of their HIV status. Of these, 85.0% are receiving antiretroviral therapy (ART), and more than 80.0% of patients maintain an undetectable viral load [5]. The current stage of globalization is characterized by the expansion of interstate socio-economic ties, a significant increase in migration processes, and the active development of international tourism [3].

In the general population, girls with insufficient education lack the skills to find employment, participate in the workforce, and compete economically. This makes them dependent first on their fathers and then, after marriage, on their husbands. Economic dependence, in turn, leads to social dependence. In the event of a husband's death or the lack of financial support due to his unemployment, such women find themselves in a vulnerable position and often live in poverty. To survive, many women are forced into sexual intercourse—not of their own free will, but to meet basic needs such as food, shelter, and child support. They often have no other choice [12]. The UN General Assembly's political declaration on HIV/AIDS proposed the strategy «Fast-Tracking the Fight against HIV and Ending the AIDS Epidemic by 2030». According to the UNAIDS initiative, implementation of this strategy, known as «95-95-95», should lead to the expected results. The essence of the «95-95-95» strategy is as follows: 95% of people living with HIV should know their HIV status. As of 2024, this figure in our republic was 79%. People who don't know their HIV status continue to be a source of infection for others, 95% of people who know their HIV status should be receiving antiretroviral therapy (ART). In our republic, this figure is 84%, in 95% of patients receiving ART, the viral load should be reduced to undetectable levels. Currently, this figure has reached 80%. An undetectable viral load not only prevents HIV transmission to others but also prevents the development of secondary infections.

In the future, it is planned to implement the following measures to modernize the online information system for monitoring identified cases of HIV infection, tracking in real time the movement of drugs, test systems and other resources: integration of AIDS centers with departments providing public services; implementation of the integration of information systems of other medical services (obstetric care, primary care, dermatovenereological service, etc.), as well as other organizations and departments; development of system and electronic questionnaires for serodiscordant couples; creation of an electronic module for managing system users; integration of the epidemiological surveillance module (sentinel monitoring); development and implementation of a mobile application intended for patients and specialists in the field of AIDS control, with the aim of organizing constant online communication with HIV-positive individuals [2].

The results of the study scientifically confirmed the impact of the above-mentioned social problems. In addition, factors characterizing a low level of social status also play an important role in the spread of HIV infection [11]. In recent years, the main social risk factor for the spread of HIV among women has been informal labor migration outside the Republic of Uzbekistan for work, leading to social problems and an unstable lifestyle. Migration flows are primarily directed to the Russian Federation, the Republic of Kazakhstan, and Turkey. Outpatient records of women living with HIV and involved in migration processes contain information indicating that close relatives received therapy under the state support program based on letters of guarantee. However, there is no way to monitor the patients' medication intake. To address this issue, special attention must be paid to the development of modern digital technologies and the implementation of remote epidemiological monitoring of migrant workers. The current level of development of internet networks, computer equipment, and software emphasizes the relevance of using digital solutions to prevent the spread of HIV among migrant workers. Digital technologies are the processes of collecting, processing, and transmitting data using tools and methods that provide qualitatively new information about the state of an object, process, or phenomenon. To effectively monitor and analyze the situation with HIV infection among labor migrants, it is advisable to develop a mobile application that will allow migrants to receive medical information and promptly seek the necessary medical care, helping to maintain their health [7]. The standard of living of the population is a socioeconomic category that includes such concepts as the satisfaction of material

and cultural needs of people, as well as the improvement of social living conditions. Furthermore, the higher the income relative to expenses, the greater the opportunities for improving the standard of living of the population. Consequently, the main factors determining the low standard of living are: a lack of sufficient knowledge and skills among the population living in rural areas, which leads to unemployment; an unhealthy lifestyle; poverty, and others. The results of scientific studies have shown that among respondents with a negative HIV status, the level of knowledge about the routes of infection transmission and risk factors is lower, which increases the likelihood of HIV infection compared to HIV-positive respondents [8].

As of January 1, 2022, according to an analysis of HIV transmission routes in the Republic of Uzbekistan, 65.4±0.24% of all cases were transmitted sexually. In recent years, epidemiological studies have confirmed that HIV is increasingly spreading sexually. Currently, a sharp increase in the number of newly diagnosed HIV cases is observed, especially among the working-age young population. Against the backdrop of a steady decline in parenteral transmission in women, a constant annual increase in sexually transmitted HIV is observed. [10]. When assessing the risk of HIV transmission through sexual contact, the anatomical and biological characteristics of the genitals are also taken into account. Women have a larger mucous membrane area in the lower genital tract, and compared to the partner's semen, infected sperm contain a higher concentration of HIV. Women are more susceptible to infection during the period before and during the menstrual cycle. The risk of HIV transmission from man to woman during sexual intercourse is twice as high as from woman to man [9]. For women living with HIV, studying the use of safe contraceptives to prevent transmission of the disease to a healthy sexual partner is relevant. Such couples are called serodiscordant, that is, couples with incompatible serological status. A serodiscordant couple is one in which the healthy sexual partner takes highly active antiretroviral therapy (HAART) according to a specific regimen to prevent HIV transmission and maintains a long-term sexual relationship. The term «serodiscordant» comes from the Latin words: «sero» - blood; «discordant» - inappropriate. The following types of discordant couples are distinguished: sexual partners know of each other's HIV status before the relationship begins and consciously decide to have an intimate relationship with an HIV-positive partner. Sexual partners who have had an intimate relationship during their life together, and during their life together, one of the partners becomes infected with HIV. For such couples, such events often turn out to be tragic, causing mutual reproaches, doubts, accusations, fears, and a sense of self-criticism. Such discordant couples are less stable in their life together compared to the first category, and issues of sexual relations are the most problematic for them [6]. From a psychological perspective, stigma and discrimination must be prevented in HIV-infected patients, and they require ongoing psychological support. Stigma—a «brand»—is a powerful social label that completely alters a person's attitude toward themselves and others. Stigma has a significant negative impact on patients' self-image. Discrimination—from the Latin «discriminatio»—means «unequal treatment» or «harassment». For example, it is prohibited to fire an employee based on their clinical status as HIV-positive [4].

Purpose of the study: study of the principles of an innovative approach to preventing social problems in the epidemic spread of HIV infection among women.

Research materials: Official data and statistical reports of the AIDS Control Center of the Republic of Uzbekistan for 2014-2024.

Research methods: epidemiological and statistical.

Results: According to a long-term retrospective epidemiological analysis conducted from 1987 to 1999, cases of HIV infection among women were rare; however, since 2006, the number of cases among women has gradually increased compared to men. Trend lines of wave dynamics, presented using mathematical formulas, reflect the geometric mean of indicators and help predict the epidemic process according to the laws of clinical epidemiology. The proportion of men infected with HIV in the period from 1987 to 1999 was relatively high and averaged 78.9%. In 2000-2001, the incidence rate increased sharply to 90.5%.

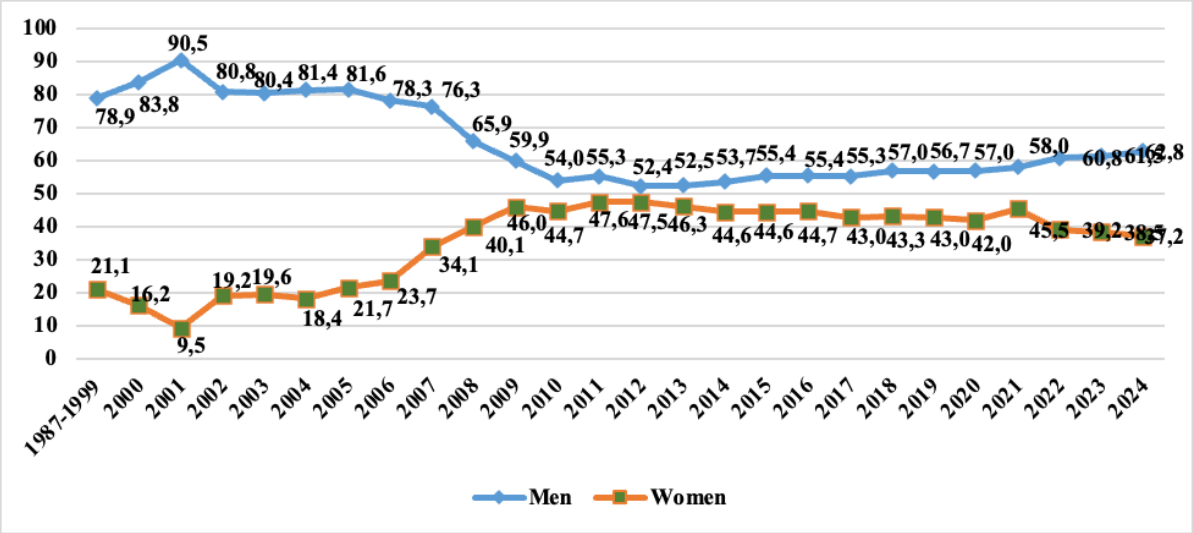

Fig. 1. Retrospective epidemiological comparative analysis of HIV-infected individuals by gender (1987–2024).

In recent years, especially since 2002, a decrease in the number of cases has been observed, and since the 2010s the rate has been approximately 50-60%. The trend shows a general tendency towards a decrease in the number of men living with HIV. From 1987 to 1999, the incidence rate among women was low (21.1%), but gradually increased from 2000 onward, stabilizing at 47-48% by the 2010s. In subsequent years, the incidence rate among women declined slightly, but the overall trend remains upward. According to the data in Table 1, the intensive incidence rate per 100,000 population in the Republic of Uzbekistan for the period 2018 to 2024, with a geographical breakdown and comparison of incidence among men and women, identified epidemiologically dangerous regions. The central region (Tashkent city, Tashkent and Syrdarya regions) was recognized as a high-risk zone.

1-table

Retrospective epidemiological analysis of HIV-infected individuals by geographic distribution and gender in the Republic of Uzbekistan (2018–2024) (intensive indicator per 100 thousand population)

Adm.terr.	2018		2019		2020		2021		2022		2023		2024	
	m	and	m	and	m	and	m	and	m	and	m	and	m	and
Central														
Tashkent	30.6	21.5	31.2	21.5	21.9	13.4	26.2	12.3	23.3	12.3	22.4	11.0	21.6	8.8
Tashkent region	19.5	17.6	19.9	16.5	14.6	12.9	18.0	14.0	24.2	17.6	22.7	17.8	23.2	16.1
Sirdarya	20.6	19.1	16.5	14.4	14.6	12.3	13.2	13.2	15.1	12.3	16.9	12.8	15.5	9.9
Southern														
Kashkadarya	5.9	4.4	6.9	4.1	4.5	3.1	6.4	3.4	8.0	3.8	9.4	4.9	9.7	5.0
Surkhandarya	12.2	9.2	8.9	7.5	7.0	6.2	7.3	5.6	8.8	7.3	12.3	6.7	11.1	6.3
Northern														
Khorezm	17.3	10.4	15.6	14.1	12.2	9.7	12.1	8.1	13.9	10.0	11.6	8.5	16.4	9.0
RSC	8.3	5.7	7.6	4.5	4.9	3.8	5.8	4.4	7.1	4.1	7.0	4.5	7.8	5.3
Oriental														
Andijan	18.6	15.1	20.2	15.6	10.8	7.8	12.7	10.7	14.9	11.0	14.0	9.4	14.9	10.4
Fergana	10.0	7.1	11.6	6.9	7.4	5.1	9.6	5.6	12.6	6.8	6.9	13.0	11.8	6.7
Namangan	6.7	5.2	7.6	4.7	6.5	4.3	7.7	4.4	11.6	6.9	10.2	5.8	9.0	6.2

West														
Navai	4.3	3.3	6.8	4.5	4.7	3.2	5.7	2.7	5.8	2.1	6.5	3.1	6.2	3.4
Bukhara	12.3	7.3	11.8	5.6	6.3	3.5	11.5	4.6	9.7	6.0	10.8	7.9	10.9	6.6
Jizzakh	5.0	7.2	7.7	6.6	7.3	4.0	7.0	4.9	7.7	4.6	8.5	5.6	10.8	4.7
Samarkand	13.1	11.3	12.8	10.0	9.3	6.0	11.0	7.9	12.5	9.5	13.1	9.0	11.9	9.0
Total RUz	**13.3**	**10.4**	**13.5**	**9.9**	**9.4**	**6.8**	**11.3**	**7.4**	**13.3**	**8.7**	**12.5**	**9.0**	**13.2**	**8.0**

A significant increase in the number of cases has also been observed in the northern region, including Khorezm, in the eastern region (Andijan), and in the western region (Samarkand region), indicating that these regions are at risk in terms of the development of the epidemic. The main drivers of the epidemic dynamics are high population density, urbanization, and the aggravation of migration processes. A long-term comparative analysis noted that the intensity of HIV incidence rates among the compared groups is not the same. One of the factors determining the intensity of the epidemic process is the age of patients. As of January 1, 2022, according to a comparative analysis of risk groups for HIV in the Republic of Uzbekistan, out of 20,743 women living with HIV and belonging to risk groups, 16,873 (81.1%) are classified as «other». It should be noted that in research and official statistics, the category «others» is used to describe individuals who are not included in any of the key risk groups but who have certain risk factors. For example, individuals with multiple sexual partners but who do not belong to key risk groups; cases where the source of infection has not been established due to a lack of sufficient information; low-risk healthcare workers; cases of perinatal transmission (from mother to child); infection through household injuries and other rare transmission routes. Thus, the «others» category does not include individual professions or specific groups of people, but rather individuals who are not included in the main classification categories or whose routes of infection and risk factors are unknown. Next in terms of numbers are: labor migrants - 1,761 people (8.4%), women providing intimate services for material compensation - 1,239 people (6.0%), women with venereal diseases - 364 people (2.0%), women serving sentences in penal institutions - 231 people (1.1%), injection drug users - 167 people (0.8%), homosexual men - 144 people (0.6%).

2-table

Epidemiological analysis of the geographical distribution of HIV risk groups in the Republic of Uzbekistan as of 01.01.2022 (%) (n=20743)

No.	Adm.terr.	PIN	LIUSZMV	ZhZPPP	TM	LIVING HOUSE	Others	Homosexuals
Central								
1.	Tashkent	33.5	11.2	23.0	9.8	46.7	22.6	43.0
2.	Tashkent region	14.9	3.7	26.6	9.7	14.7	17.4	4.1
3.	Sirdarya	-	1.2	1.3	4.2	5.1	4.4	3.4
Southern								
4.	Kashkadarya	4.1	0.4	3.2	2.4	0.4	3.8	2.7
5.	Surkhandarya	9.5	14.4	3.0	6.9	0.8	4.0	2.7
Northern								
6.	Khorezm	7.1	0.4	2.4	6.3	3.4	3.7	1.3
7.	RSC	1.7	1.1	4.9	7.8	0.4	0.9	1.3
Oriental								
8.	Andijan	4.7	3.2	7.6	8.7	7.7	19.3	-
9.	Fergana	1.7	4.1	4.9	5.6	8.6	9.1	11.1
10.	Namangan	0.5	14.1	12.9	5.2	0.8	3.5	2.0
West								
11.	Bukhara	1.7	0.8	6.0	3.6	2.1	3.0	1.3
12.	Jizzakh	1.7	8.1	0.2	4.6	0.4	1.0	9.0
13.	Navai	0.5	0.4	0.5	1.2	0.4	0.7	0.6
14.	Samarkand	17.3	36.4	2.7	23.3	7.7	5.8	16.6

Note: GIDU - persons who use drugs by injection

LIUSZMV - persons providing intimate services for material compensation
Women with sexually transmitted diseases (STDs)
TM - labor migrants
ЖИУ — women in penal institutions

Table 2 provides an epidemiological analysis by geographic region of women from risk groups living with HIV in the Republic of Uzbekistan as of January 1, 2022. Injection drug users are mainly concentrated in the central region - in the city of Tashkent (33.5%), Samarkand region (17.3%), Tashkent region (14.9%), Surkhandarya region (9.5%), Khorezm region (7.1%), Andijan region (4.7%) and Kashkadarya region (4.1%). The lowest rates were recorded in Namangan and Navoi regions - 0.5% each. According to statistics, the number of women providing intimate services for material reward is highest in the western region - Samarkand region (36.4%), Jizzakh region (8.1%); in the southern region - Surkhandarya region (14.4%); In the central region — the city of Tashkent (11.2%). Women with sexually transmitted diseases (STDs) are registered in the highest numbers in the central regions — Tashkent region (26.6%), Tashkent city (23.0%); in Namangan region — 12.9%; in Bukhara region — 6.0%; in the Republic of Karakalpakstan — 4.9%. In other regions, the indicators are as follows: in the south — Kashkadarya region (3.2%), Surkhandarya region (3.0%); in the north — Khorezm region (2.4%); in the western regions — Jizzakh region (0.5%), which is significantly lower compared to Samarkand region (2.7%). It was revealed that the lowest level of HIV prevalence among risk groups is characterized by Navoi region, located in the northern part of the country. It should be noted that the epidemiological spread of HIV infection is classified by WHO (2000) into three stages: In recent years, the term migration has been increasingly used in studying the current epidemiological characteristics of HIV infection. Research has shown that, among regions of the Republic of Uzbekistan where incidence rates are linked to migration factors, the Samarkand region (23.3%) is the most at-risk. Although labor migrants traveling abroad is not a direct risk factor, prolonged time away from family and their usual way of life, unfamiliarity with the language, local customs, and rules of the new location, and illegal presence in countries increase the likelihood of migrants finding themselves in difficult life situations, including the risk of contracting infectious diseases such as tuberculosis, hepatitis, and HIV. A certain proportion of migrants are involved in informal migration, which hinders their access to qualified medical care in health care facilities in their host countries. This poses a risk not only to the health of migrants themselves but also to the health of their families, contributing to the worsening of the HIV epidemic in our country. Furthermore, prolonged absences from family life, changes in behavior, and a promiscuous lifestyle lead to a sharp decline in social control, which in turn can contribute to HIV infection. Therefore, targeted preventive measures are needed to prevent the spread of HIV among migrant workers and their families, including systematic medical screening of migrant workers returning from abroad, regular epidemiological monitoring, and the early detection of infected individuals and the prevention of transmission. Cases of HIV transmission among homosexuals (men who have sex with men) are predominantly detected in the city of Tashkent (43.0%) and the Samarkand region (16.6%). As noted above, the «other» category does not represent a specific profession or a homogeneous group of people, but rather includes individuals outside the main categories for whom the route of infection or risk factors have not been identified. According to the analysis, this group accounts for over 80% of all individuals at risk. Among those infected in this category, the majority come from the central region—Tashkent city (22.6%) and Tashkent region (17.4%), as well as from the eastern region—Andijan region (19.3%). It is among this group that epidemiological surveillance must be strengthened to prevent the spread of the epidemic. In the Republic of Uzbekistan, heterogeneity in the spread of HIV infection by gender and region has been recorded over the years. According to the classification of epidemic spread, during the concentrated epidemic stage, the number of cases does not decrease and remains stable.

Conclusion: To prevent the spread of HIV among the population, especially women, it is necessary to strengthen epidemiological surveillance among the «other» risk group. It is also important to develop and implement specialized training platforms and courses for this group in collaboration with specialists from the HIV/AIDS Center.

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СОВРЕМЕННАЯ ДИАГНОСТИКА, ЛЕЧЕНИЕ И ОЦЕНКА КАЧЕСТВА ЖИЗНИ ПАЦИЕНТОВ С СОЧЕТАННОЙ ЧЕЛЮСТНО-ЛИЦЕВОЙ ТРАВМОЙ

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В статье изложены научные аспекты челюстно-лицевой хирургии во всем мире, изложены аспекты сочетанной черепно-мозговой травмы. А также современные методы хирургического лечения сочетанной челюстно-лицевой травмы. Дифференцированный подход в лечение сочетанной челюстно-лицевой травмы. Оценка качество жизни и болевого синдрома с помощью опросников. Определение эффективности хирургического лечения и влияние на качество жизни пациентов.

Ключевые слова: история развития, алгоритм, опросники, шкалы, сочетанная челюстно-лицевая и черепно-мозговой травма, дифференцированный подход.

BIRLASHGAN YUZ-JAG' JAROHATLARI BEMORLARINI HAYOT SIFATINI BAHOLASH VA DAVOLASH, ZAMONAVIY DIAGNOSTIKASI

Ushbu maqolada butun dunyo bo'ylab jag'-fasial jarrohlikning ilmiy jihatlari, shu jumladan birga keladigan travmatik miya shikastlanishi aspektlari keltirilgan. Shuningdek, u bilan birga keladigan jag'-fasial shikastlanishni davolashning zamonaviy jarrohlik usullari ham muhokama qilinadi. Birgalikda bo'lgan jag'-fasial shikastlanishni davolashda differentsial yondashuv o'rganiladi. Hayot sifati va og'riq anketalar yordamida baholanadi. Jarrohlik davolashning samaradorligi va uning bemorlarning hayot sifatiga ta'siri aniqlanadi.

Kalit so'zlar: rivojlanish tarixi, algoritm, so'rovnomalar, shkalalar, jag'-fasial va kranioserebral estrodiol travma, differentsial yondashuv.

MODERN DIAGNOSTICS, TREATMENT AND ASSESSMENT OF THE QUALITY OF LIFE OF PATIENTS WITH COMBINED MAXILLOFACIAL TRAUMA

This article presents the scientific aspects of maxillofacial surgery worldwide, including aspects of concomitant traumatic brain injury. It also discusses modern surgical methods for the treatment of concomitant maxillofacial injury. A differentiated approach to the treatment of concomitant maxillofacial injury is explored. Quality of life and pain are assessed using questionnaires. The effectiveness of surgical treatment and its impact on patients' quality of life are determined.

Keywords: developmental history, algorithm, questionnaires, scales, combined maxillofacial and craniocerebral trauma, differentiated approach.

Актуальность. Диагностика и лечение травматических повреждений верхней зоны лица продолжают оставаться одной из сложнейших проблем современной экстренной хирургии [4,13,14]. Данные расстройства в большинстве случаев сочетаются с тяжелой черепно-мозговой травмой и не всегда являются зоной компетенции и ответственности только челюстно-лицевого хирурга [3,4,12,13]. Черепно-мозговая травма является одной из актуальных проблем современной медицины. Травматическое повреждение черепа и головного мозга составляет 30–40% в структуре всех травм и занимает первое место по показателям летальности и инвалидизации пациентов трудоспособного возраста [3,8]. Многообразие повреждающих факторов и повреждений затрудняет возможность создания единой классификации,