Volume 3, Issue 7, July 2025 ISSN (E): 2938-3765

BLOCKING IN THE TREATMENT OF CHRONIC CLEFT LIP

Kamilov Khaidar Pazylovich
Doctor of Medical Sciences, Professor,
Department of Hospital Therapeutic Stomatology, Tashkent Medical Academy

Rakhimova Mukhabbat Azzamat kizi
Candidate of Medical Sciences

Abstract
Chronic cracking of the lips is currently considered a chronic disease of the red border, mucous membrane of the lips, and corners of the mouth, accompanied by a linear disruption of lip tissue integrity.
To date, numerous methods for diagnosing and treating chronic cleft lip have been proposed, including both general and local treatment regimens.
However, the number of patients with this pathology tends to constantly increase, therefore, the search for new drugs and methods for its treatment is important and justified. The article presents a clinical case of local treatment of chronic lower lip fracture, including local anesthetic blockade and the application of a collagen-containing drug, which showed good clinical results.

Keywords: Lip cracking, treatment, blockade, epithelialization.

Introduction

E.V. Zoryan and M.V. Matavkina (2012) propose an innovative treatment method in contrast to conservative treatment: using Traumel C gel - a complex homeopathic drug. It is based on the elimination of homotoxins from the body, increasing the body's immunobiological activity, which leads to a stable positive result [7]. Additionally, an individually selected psychotropic drug prescribed in conjunction with a psychoneurologist based on a verified diagnosis by a psychiatrist can be included in the comprehensive treatment of CRTG. Thus, the risk of constantly damaging the red border through biting the lips or irritation by foreign objects (pen, pencil, etc.) is reduced to practically zero [3, 7].
Rybalkina E.A. describes the use of therapeutic bandages based on the polysaccharide of brown seaweed - alginate (algipore, algimaph, teralgym).
This polymer is biologically inert, stimulates reparative-regenerative processes, and easily combines with medicinal and other physiologically active substances.
According to G.R. Ruvinska et al. (2009) proposed a comprehensive treatment that includes conducting crack blockades with 0.3 ml of 1% lidocaine solution followed by the administration of 0.3 ml of heparin solution. The authors performed softening and removal of non-viable tissues from the lower lip surface, followed by applying "Celoform" powder as a sorbent to the lip surface, after which a suspension of clotrimazole was applied to the red border of the lower lip for 2

Web of Medicine: Journal of Medicine, Practice and Nursing
webofjournals.com/index.php/5

minutes, and then a keratoplastic ointment "Propolis" (10 minutes of application). Subsequently, physiotherapeutic treatment was prescribed using the "OptoDan" laser dental apparatus [9].

After treatment with these methods, all patients experienced short-term effects. Partial healing of the crack was observed, and unpleasant sensations during eating, smiling, and conversation decreased. In patients who had previously been treated with various ointments, disease recurrence manifested after an average of 3-4 months. Due to the low results of existing treatment methods for this pathology, the possibility of malignization of the process is relevant in searching for new drugs that have high effectiveness and provide a stable therapeutic effect in the shortest possible time.

Research material and methods. In the local treatment regimen for CRTG, we included blockades with an anesthetic without a vasoconstrictor based on articaine (Ultracaine D). Ultracaine D has a pronounced vasodilating effect at the site of administration by directly affecting the smooth muscle elements of arterioles, blocking vasoconstrictor nerve impulses that enter through sympathetic fibers belonging to group C. The anesthetic quickly penetrates the unmyelinated nerve fibers of group C and has a therapeutic effect at the site of administration. The injection is made from the side of the skin, but it is possible to perform a blockade from the side of the oral mucosa, which is more painful. The drug depot should be formed under the affected area - a chronic crack in the lip. After the blockade, collagen-containing enamel gel is applied, which contains dimexide, which accelerates the penetration of medications, allantoin, which has anti-inflammatory and local anesthetic properties.

Patients are advised to use hygienic moisturizing agents, especially in cold, windy weather, not to lick their lips and not to chew on their scales. After epithelialization, professional hygiene is carried out, and rational oral hygiene is taught, with individual selection.

hygiene products and items, as well as oral cavity sanitation.

This treatment showed high effectiveness and was demonstrated using the example of a clinical case.

Patient M., 20 years old, came with complaints of aesthetic deficiency, dryness, pain in the lips, making it difficult to talk, smile, eat, and open the mouth wide.

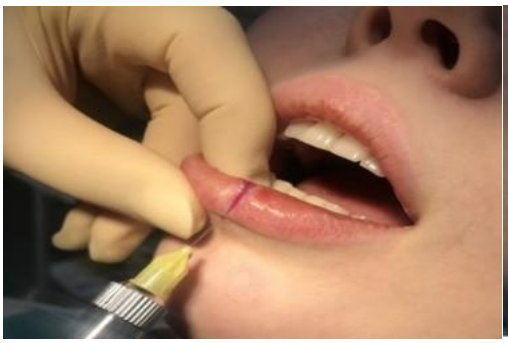

Fig.1

Fig2.

Objective examination revealed a single linear crack with a length of 1.2 cm and width of 6 mm, located transversely in the central part of the red border of the lower lip. Painful and bleeding on palpation (Fig. 1). Diagnosis: MKSB O23990, chronic cleft lip, K 13.08.

Web of Medicine: Journal of Medicine, Practice and Nursing
webofjournals.com/index.php/5

During the first visit, the procedure began with antiseptic treatment of the red border of the lips with a 0.05% aqueous solution of chlorhexidine bigluconate and application anesthesia with lidoxor gel. The crack was blocked with 0.3 ml of Ultracaine D solution, and then Emalan gel was applied to the crack surface (Figure 2). During the second visit, the blockade and gel application procedure was repeated. The patient was advised to use hygienic moisturizing agents, especially in cold, windy weather

Upon the second visit (3 days later), partial epithelialization of the edges of the crack was observed, with a crack length of 8 mm and a crack width of 5 mm, and on the third visit (7 days later), a crack length of 6 mm and a crack width of 3 mm. After 10 days, the crack length was 4 mm, the crack width was 2 mm, and after 14 days, upon re-examination, complete epithelialization of the crack was observed (Fig. 3).

Conclusion

Thus, the proposed treatment of CRTG, including a blockade with an anesthetic without a vasoconstrictor and the application of a collagen-containing drug, has shown its effectiveness. effectiveness in the near and distant periods after treatment, which allows recommending this method in the complex treatment regimen.

References

1. Лопатин А. С. – Болезни слизистой оболочки полости рта. – М.: Медицина, 2010.
2. Боровский Е. В., Агапов В. Н. – Стоматология: болезни слизистой оболочки полости рта. – М.: МЕДпресс-информ, 2021.
3. Артемов А. В. – Стоматология: патология слизистой оболочки полости рта и губ. – СПб.: СпецЛит, 2019.
4. Петров В. А. – Дерматология и венерология. – М.: ГЭОТАР-Медиа, 2020. (в части дифференциальной диагностики трещин губ)
5. Кузьмина Э. М. – Профилактика стоматологических заболеваний. – М.: МЕДпресс, 2012.
6. Васильева Т. Ю. – Хронические трещины губ: причины, патогенез и лечение // Стоматология сегодня, 2020, №4.

Web of Medicine: Journal of Medicine, Practice and Nursing
webofjournals.com/index.php/5