RETROSPECTIVE ANALYSIS OF CONGENITAL ANOMALIES WORLDWIDE

Khatamov Ulugbek Altibayevich,
Khatamova Shahlo Altibayevna
Tashkent State Dental Institute
hatamovulugbek@yahoo.com,
ORCID ID:0000-0001-8466-3036

ABSTRACT

Contemporary literature review of the prevalence and birth rate among children with congenital cleft lip or palate (CCLP) in different countries will provide this article. In this circumstances, one child in 1000 newborns has born - 0.04% of total population the planet. In general, there have been confirmed that CCLP among dental diseases remains in the top places taking 3-4th place between congenital anomalies. The ratings of its prevalence have ranged from 11.4% to 80%. Therefore, in the face of the development of approaches necessary to prevent the spread of congenital anomalies of the maxillofacial region, improve the quality of comprehensive medicine and social rehabilitation of children with a pathology and their parents and, in our opinion, this problem will be applied. in one of the first places in the health system across the world.

Key words: *congenital cleft lip and palate, dentoalveolar anomalies, prevalence, birth rate, children.*

Improper factors make it one of the most serious health and social problems due to their high frequency, severe disease and poor quality [28,29]. When considering the different types of anomalies of the maxillofacial area, the 3-4 places are those of the lips and the mouth and the mouth (CCLP), leading to the severity of the functional and anatomical diseases, which show the importance of the problem in dentistry. and maxillofacial surgery [11, 15, 22].

The review of foreign and domestic literature shows a growing interest in this damage, undoubtedly it is associated with a large media and multifactorial character. CCLP, in terms of prevalence and disability, is in one of the first places among the disorders of the development of the maxillofacial region [27].

According to the World Health Organization, "...the birth rate of cleft palate patients worldwide is 0.6 to 1.6 in 1,000 newborns. In a group of abnormal males,

CCLP represents 12 to 30% and tends to increase the frequency of this anomaly..." [31].

According to contemporary literature, today, there is a lot of information about the frequency of births of children with CCLP, however, this presentation varies between countries and regions within different limits. In many different ways, CCLP appears in all countries and countries [1]. The highest rates are found among American Indians (0.79 to 3.4 per 1,000), followed by Japanese and Chinese (0.85 to 2.68 per 1,000). For Europeans, it is often expressed a few times (from 0.91 to 2.51 per 1000), for the Negroid race - the lowest (from 0.18 to 1.77 per 1000) (according to the content of the thesis. Yakovleva S.V., 2000). Therefore, births with CCLP are: in Hong Kong, Singapore, Santiago - 1.4 - 1.6 per 1000, in Bogota, Melbourne, Belfast - 0.9 - 1.3 per 1000; The average number in Europe is 1:500 to 1000, in the USA 1:600, and in the African continent 1:2440 [10,11,13,18,21,30]. The frequency of this anomaly is estimated in Shanghai to reach 1.2 in 1000 newborns, in the Philippines - 1.5 per 1000 live births, in Japan there are 2 cases in 1000 babies [7]. Abualfaraj R et al (2017) showed that in Europe, the number of patients with CCLP has doubled in the last 40 years [2].

The highest birth rate of children with this disease is in Czechoslovakia (1.81/1000), France (1.75/1000), Finland (1.74/1000), Denmark (1, 69/1000), and Belgium and the Netherlands (1.47/1000), in Italy (1.33/1000), in California (USA) (1.12/1000), in South America (1. 0/1000).

In Russia, the birth rate ranges from 1:630 to 1:1280 [22,25,30]. An epidemiological study of CVLP in the Republic of Sakha (Yakutia) over the past 13 years was conducted by a group of authors from the North-Eastern Federal University. MK Ammosov (Yakutsk) and Far Eastern State Medical University (Khabarovsk) [30]. A retrospective analysis showed that the data on the birth of children with CCLP during the study period from 13 to 40 recorded per year and the frequency is one case in 752 babies. For comparison: the frequency in the Kirov region is 1: 1078, or 0.92 per 1000 newborns, in the Orenburg region - 1: 850 (1.18), in the Vladimir region - 1: 700 (1.42), in the Lipetsk region - 1. : 700 (1.42). : 800 (1.25) [9].

Birth frequency of children with CCLP according to Ad.A. Mamedova, GI Ochnevoy (2001) for the Orenburg region is about 1 in 700-750.

The ratio of CCLP in the Lipetsk region was 1: 566 in 2000 and 1: 800 in 2003. The frequency of births of patients with cleft lip and palate is higher in the region than in the city from Lipetsk. 44% of children with cleft lip and palate live in rural areas, 25% live in rural areas. Between 1994 and 2004, 90 children had cleft lip and palate in

the region, 23% of whom were children with cleft lip; 33% - have cleft lip and palate; 10% - with lip bells and two mouths; 33% were children with cleft palate [26].

According to L.E. Frolova et al., (1986), S.V., Belyakova et al., (1996) in Moscow for 1979-93. This pathology ranges from 0.60 to 1.17 per 1000 newborns, according to VI Ismailova et al. (1996) in the Volgograd region - 1: 745 infants. As of 3.0. Vadachkoria (1996) about the CCLP in the Republic of Georgia in 1981-1990. is 1.05 per 1,000 live births.

In Russia, the number of anomalies studied increased, especially after the accident at the Chernobyl nuclear power plant in 1986 (B.Ya. Reznik, 1990, V.V. Vertai, 1991; Yu. Korneev, 1992; N.N. Vaganov, 1994; Mamedov Ad. A. ., Varfolomeeva L.G., 2002; M. Drennen, Lancet 1990). Based on the scientific work of LG Varfolomeeva, the expected increase in the number of births of children in the Tula region with anomalies of the maxillofacial region combined with the living conditions of parents in the region increases the level of influence and its territory. . after the Chernobyl accident. Therefore, from 1993 to 2001, their number increased from 0.853 to 1.166 in 1000 live births. Most children with CCLP are born in the summer (1.5%0) and fall (1.3%0). During the summer (0.8%) and winter (1%), children with CCLP are born less often.

Every year, per 1,000 newborns, the number of births of children with congenital anomalies of the maxillofacial region increases by a quarter in the Republic of Belarus. Scientists say that this is a Chernobyl accident, where 20% of the land is still contaminated with long-lived radionuclides.

Now, as Z.A. Nureeva (1989), this is clear that it is because both in fact and numerically stable increase in the frequency of pathologies and quality in the quality of registration and accountability. Among the factors that cause perinatal pathology, special attention is paid to the increase in the amount of heredity, which, in turn, is associated with real changes in the structure of perinatal pathology, and on the other hand, to improve. and the diagnosis of his conditioned hereditary type.

For the period 2010-2016 in the city of Volgograd and the Volgograd region, the frequency of congenital anomalies was 1:630, or 1.6 per 1000 live births. Moreover, in industrial areas, the frequency of congenital anomalies was significantly higher than in rural areas. Left-sided clefts accounted for 68.7%, and right-sided - 31.3%. In boys, pathology was 2.5 times more common than in girls (71.01% and 28.89%, respectively) [3].

According to Chuikin S.V. et al. (2018) "…annually the number of newborns with CCLP increases by 1.38 for every 100 thousand of the population, and data are given on the prevalence of CCLP in children of the Krasnoyarsk Territory, Kirov

Region, Tatarstan, Khabarovsk Territory and other subjects of the Russian Federation…" [8].

Comprehensive epidemiological studies of the prevalence of children with CCLP in various subjects of Russia, Uzbekistan, Kazakhstan and Poland indicate an increase in the number of newborns with congenital anomalies of the maxillofacial region and predict a twofold increase in this pathology compared to the beginning of the 20th century [5,6,11,12, thirty]. This forecast is also confirmed by the fact that every year for every 100 thousand of the population, the birth rate of children with congenital cleft lip and palate (CCLP) increases by 1.38 times [12].

According to the statistics for the Republic of Kazakhstan, the frequency of birth of children with congenital anomalies of the maxillofacial region in the country remains high and amounts to 1:880. More than 6,000 children are registered with the dispensary, and about 400 children are born with this pathology every year [24].

In Uzbekistan, the prevalence of CCLP according to Amanullaev R.A. (2005) account for 1 case per 745 live births, and in the territory of the Aral region 1: 540 [3].

According to A.Sh. . The authors of the article consider it important to touch upon the problem of risk factors in the occurrence of CCLP and come to the conclusion that "... the main teratogenic factors contributing to the development of congenital pathology of the maxillofacial region of the fetus in women are: environmentally unfavorable factors (25.8%), aggravated infectious anamnesis (22.04%), hereditary burden (15.05%), influence of drugs with teratogenic effect (16.1%), influence of combined teratogenic factors (21.0%). Among children with CCLP in the Bukhara and Navoi regions, the most severe forms prevailed - clefts of the upper lip, alveolar process, hard and soft palate…" [17].

Kasimovskaya N.A. (2020) also emphasizes that various biomedical, environmental and social factors can act as determinants of risk. Thus, 38.1% of the examined women noted the use of antibiotics, salicylates, sulfanilamide and other pharmacological agents in the first trimester of pregnancy [19].

Conclusion. Thus, a close study of the frequency and etiology of cleft lip and palate is a priority, as it allows to effectively address the issues of their prevention [20]. In this regard, monitoring the birth rate of children with CCLP and determining epidemiological indicators in dynamics becomes one of the necessary initial components for solving problems related to the optimization of surgical treatment, prevention and rehabilitation of children with CCLP. Research in this area is urgently needed. Despite the successes of modern maxillofacial surgery, treatment, prevention and elimination of postoperative complications remain an urgent issue [14,23,32]. Therefore, further development of methods and approaches is required to prevent the

prevalence of congenital anomalies of the maxillofacial region, improve the quality of the comprehensive medical and social rehabilitation of children with this pathology and their parents, and, in our opinion, this problem should be placed in one of the first places for the system health care throughout the world.

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