

**Complex treatment of boils of the maxillofacial region.**  
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**Abstract:** The problem of purulent infection in maxillofacial surgery remains relevant due to the increase in the number of patients with inflammatory processes in this area and the frequency of severe generalized infections. Existing diagnostic methods, including clinical ones, do not always allow you to effectively monitor the pathological process, which makes it difficult for the doctor to adjust treatment in a timely manner. This applies to both microbiological and laboratory diagnostic methods.

**Keywords:** abscess, boil, enzyme, lavage, inflammation.

**Material and methods of research:**

The materials of the study were data on 43 patients diagnosed with abscessed boil of the LO, who received outpatient treatment in the polyclinic of surgical dentistry of the Tashkent State Dental Institute. All patients were divided into two groups: the main group where treatment was carried out with the use of the enzyme-containing drug **Daltrex Trypsin**, and control - with the use of traditional antiseptics for wound treatment after opening the purulent-inflammatory focus (chlorhexidine and Levomecol). In turn, the groups were divided into subgroups according to the severity of the disease. The following clinical parameters were selected for a comparative assessment of the results of treatment in the main and control groups: the timing of granulation, the timing of infiltrate resorption, the duration of purulence, and the timing of edema relief. The main diagnostic method of research was a PCR test to monitor changes in the microflora after antiseptic treatment of a purulent wound.

**Results of the study:**

As a percentage of the mild course of the disease, the number of patients was 85% of the studied and 15% with moderate severity, respectively. The full distribution of patients is shown in Table 1.

Table 1

**Group distribution of the subjects**

<b>Subgroup</b>	Core Group	Comparison Group	Altogether
<b>I</b> Mild course	<u>17 people</u>	<u>19 people</u>	<u>36 people (85%)</u>
<b>II</b> medium severity of the course	<u>4 people</u>	<u>3 people</u>	<u>7 people (15%)</u>
<b>Total</b>	<u>21</u>	<u>22</u>	<u>43</u>

When comparing clinical recovery rates in the two groups, the study showed that the core group that used the enzyme Daltrex Trypsin showed a clear advantage over the control group in all measures of recovery, with consistently shorter improvement times (Figure 1).

**Fig1. – comparison of the timing of changes in patients in the subgroup with a mild**

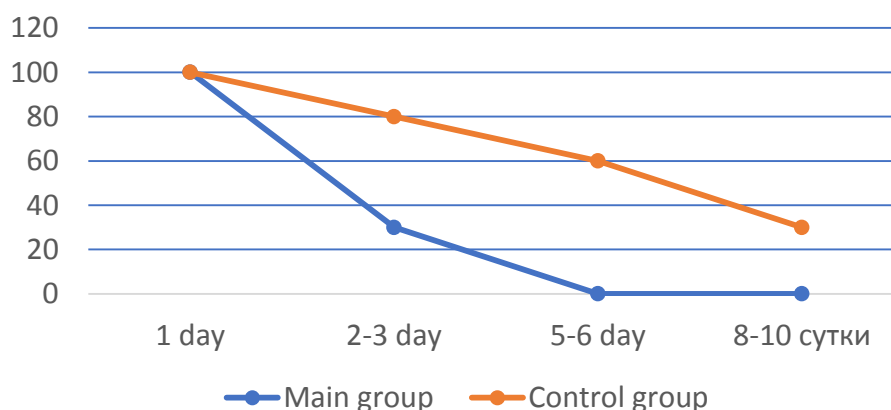


**degree of the disease.**

The indicators included: the timing of granulation, the timing of infiltrate resorption, the duration of purulence, the timing of edema relief, and observations were carried out until the patients fully recovered. With regard to the appearance of granulation, it took more than 10 days for the control group to completely fill the wound with granulation tissue, whereas the study group achieved complete filling before day 6 of follow-up, which represents a 30% reduction in recovery time. Similarly, it took more than 6 days for the control group to resolve the infiltration, whereas the study group showed improvements earlier than day 4. The duration of purulent discharge was also significantly shorter in the study group. While it took more than 4 days for the control group to completely stop the suppuration of the wound, the main group halved this figure, and in patients in this group, purulent flow ceased after 2 days of therapy. Reducing swelling was also more effective in the study group, taking 2 days compared to 4 days in the control group.

In the diagnostic method of research, a PCR test was used to detect pathogenic microflora in the wound after surgical emptying. The results of PCR tests (in percentage) for two groups were analyzed for four periods: 1 day, 2-3 days, 5-6 days and 8-10 days (Fig. 2).

## Comparative evaluation of PCR test results, %



**Fig. 2. - Comparative assessment of PCR test results, %**

Both groups showed a decrease in positive PCR test results, indicating a decrease in pathogenic microflora in the wound, but the result of the main group was achieved much faster. On the first day, a positive result was observed in 100% of the studied both groups, which indicated the presence of pathogenic microflora in the wound immediately after surgical opening of the abscessed boil of the LO. On the 2nd-3rd day in the study group, the indicators decrease to 20%, which indicates a rapid reduction in the number of people with pathogenic microflora in the wound after sanitization of its enzyme with a drug-containing preparation, while in the control group they remain at the level of 60%. On the 5th-6th day in the study group, all patients have negative results, this indicates the absence of pathogenic microflora and the body can direct all resources to the healing of the wound itself, without the cost of fighting pathogens, while in the control group, positive tests remain in 40% of participants. By 8-10 days, there are no more positive cases in the main group, while about 20% remain in the control group. Thus, the main group demonstrates a faster and more complete recovery, which emphasizes the effectiveness of the treatments used in it.

**Conclusions:** The complex use of the probiotic "Euflorin" and the enzyme preparation "Dalzex-Trypsin" in the treatment of purulent wounds of the maxillofacial region made it possible to reduce the time of inflammation relief, accelerate granulation and epithelialization in comparison with traditional methods by 3-5 days, and purulent flow decreased by 2-3 days compared to the control group. Dalceks-Trypsin effectively removed necrotic tissues without damaging healthy tissues, which contributed to rapid healing. The main causative agents of purulent wounds were *Staphylococcus aureus*, *Streptococcus pyogenes* and *Pseudomonas aeruginosa*. Probiotics inhibited pathogenic flora and restored a normal microbiome. The inclusion of probiotics in standard treatment regimens has been shown to be effective, reducing the duration of treatment and reducing the need for antibiotics.

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