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Реферати

СТАН РЕПАРАТИВНОЇ РЕГЕНЕРАЦІЇ ТКАНИН ПІДНЕБІННЯ У ДІТЕЙ ПІСЛЯ РАДИКАЛЬНОЇ УРАНОСТАФІЛОПЛАСТИКИ

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Метою роботи стало вивчення стану репаративної регенерації м'яких тканин піднебіння після проведення радикальної ураностафілопластики шляхом оцінки клінічної ситуації і морфологічних структур піднебінних слизово-окисних клаптів. Комплекс взаємообумовлених порушень гомеостазу, який виникає після проведення ураностафілопластики, значно впливає на процес формування рубця і характер загоєння рани. Вивчення процесів репаративної регенерації м'яких тканин піднебіння на 13-14 і 29-30 добу після проведення радикальної ураностафілопластики дає можливість на ранніх етапах спрогнозувати ймовірність формування грубого рубця і вплинути на цей процес шляхом підбору індивідуального плану лікувально-профілактичних і реабілітаційних заходів для цієї категорії хворих.

Ключові слова: піднебіння, м'які тканини, діти, ураностафілопластика, репаративна регенерація.

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СОСТОЯНИЕ РЕПАРАТИВНОЙ РЕГЕНЕРАЦИИ ТКАНЕЙ НЁБА У ДЕТЕЙ ПОСЛЕ РАДИКАЛЬНОЙ УРАНОСТАФИЛОПЛАСТИКИ

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Целью работы стало изучение состояния репаративной регенерации мягких тканей нёба после проведения радикальной ураностафилопластики путём оценки клинической ситуации и морфологической структуры нёбных слизисто-надкостничных лоскутов. Сложный комплекс взаимообусловленных нарушений гомеостаза, который возникает после проведения ураностафилопластики, значительно влияет на процесс формирования рубца и характер заживления раны. Изучение процессов репаративной регенерации мягких тканей нёба на 13-14 и 29-30 сутки после проведения радикальной ураностафилопластики даёт возможность на ранних этапах спрогнозировать вероятность формирования грубого рубца и повлиять на этот процесс путём подбора индивидуального плана лечебно-профилактических и реабилитационных мероприятий для этой категории больных.

Ключевые слова: небо, мягкие ткани, дети, ураностафилопластика, репаративная регенерація.

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FREQUENCY AND STRUCTURE OF BENIGN SOFT TISSUE FORMATIONS IN THE MAXILLOFACIAL AREA

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The article considered our own observation results and retrospective analysis of archival material of the Maxillofacial Department of M.V. Sklifosovsky Poltava Regional Clinical Hospital and Surgical Department of the Poltava City Children's Clinical Hospital from 2008 to 2018. It was found that among adults the number of patients with benign soft tissue formations of the face and neck is 4.9%, and in children – 7.8% of the total number of inpatients. Most of them were bronchiogenic cysts of the lateral part of the neck (152 – 26.3%) and atheromatous plaques (147 – 25.4%). They mostly occurred at the age of 22 to 60 years, men suffered more often (205 - 35.5%). The largest number of discrepancies in the diagnosis at the prehospital phase were patients with epidermal cysts – 38 (7.9%). As for pediatric population, their number was 7.8% of the total number of inpatients. Neoplasms of dysontogenetic origin predominate, among which the most common were dermoid cysts – 92 patients (32.4%) and haemangiomas – 74 patients (26%). Less common were ranulae – 36 cases (12.7%), bronchiogenic cyst – 17 cases (6%) and atheromatous plaque – 16 cases (5.6%). They were found more often in the nursery age – from 1 to 3 years.

Key words: adults, children, benign formations, tumor-like formations, cysts of the maxillofacial area, soft tissues.

The work is a fragment of the research project "Integrative-differentiated substantiation of the choice for optimal methods of surgical interventions and scope of treatment in surgical pathology of the maxillofacial area", state registration No. 0116U003821.

According to various authors, the proportion of cystic lesions ranges from 25% to 40% in the structure of the maxillofacial area diseases, including within the Poltava region. Benign tumors and tumor-like neoplasms of the soft tissues of the face and neck account for 29% of all human tumors, of which 25% are cysts of the lateral surface of the neck. [1, 2, 4, 5].

There is no separate classification of maxillofacial tumors in the modern literature. Currently, oral and maxillofacial surgeons most often use O.O. Kolesov (primary tumors and tumor-like formations of

facial bones); I.I. Yermolaev (odontogenic tumors and tumor-like formations) and V.V. Panikarovskiy (salivary gland tumors) classifications [3, 4, 5].

The proportion of their nosological forms is diagnosed in patients of different ages, but the ratio and clinical manifestations of individual diseases can vary significantly [7, 9, 10]. It should be noted that between true tumors and cystic lesions of the maxillofacial area there is a similarity of clinical manifestations during the initial examination, while after additional and pathomorphological studies, their essence differs significantly [6, 7, 8]. Therefore, with high probability, it is possible to assert about discrepancy of diagnoses at various examination stages in these patients. In addition, cases of recurrence and postoperative complications were determined, which is associated with topographic and anatomical features of the maxillofacial area. Therefore, in order to improve and enhance the effectiveness of surgical care for patients with this pathology, a significant place is given to the use of the latest diagnostic methods, which made it possible to carry out a differential diagnosis, establish a final diagnosis and plan the surgery scope.

The purpose of the work was to perform a retrospective analysis of archival material to establish the frequency and structure of benign soft tissue tumors in adults and pediatric population of Poltava region to plan organizational measures to provide them with specialized care.

Materials and methods. In accordance with this purpose, we analyzed the archival material relating to 12,850 medical history sheets of patients who were hospitalized in the Department of Maxillofacial Surgery of the M.V. Sklifosovsky Poltava Regional Clinical Hospital. In addition, a similar situation was studied in relation to 3,642 medical history sheets of inpatients of the Surgical Department of the Poltava City Children's Clinical Hospital from 2008 to 2018.

We performed a detailed analysis of the content of all case histories for the respective years, the cystic formations percentage to the total number of patients with benign cysts of different anatomical localization and established their frequency.

Results of the study and their discussion. Studying archival materials of the Department of Maxillofacial Surgery, the content of the presented case histories and our own observations allowed establishing the number of patients with benign soft tissue formations of the maxillofacial area, which amounted to 636 patients (4.9%) of the total number of treated. Their distribution by nosological form of the disease, age and sex are presented in table 1.

Table 1

Distribution of benign soft tissue formations of the face and neck by age and sex in adults

Sex, Age, Nosology	male, 16-21		female, 16-20		male, 22-35		female, 21-35		male, 36-60		female, 36-55		male, 61-74		Total	
	abs.	%	abs.	%	abs.	%	abs.	%	abs.	%	abs.	%	abs.	%	abs.	%
Bronchiogenic cyst	10	1.6	10	1.6	46	7.2	35	5.5	25	3.9	26	4.1	-	-	152	23.9
Dermoid cyst	-	-	2	0.3	37	5.8	29	4.6	12	1.9	3	0.5	1	0.2	84	13.2
Epidermal cyst	-	-	1	0.2	23	3.6	10	1.6	9	1.4	2	0.3	1	0.2	46	7.2
Median neck cyst	12	1.9	13	2	8	1.3	7	1.1	8	1.3	9	1.4	-	-	57	9
Salivary gland cyst	2	0.3	2	0.3	19	3	2	0.3	-	-	-	-	1	0.2	26	4.1
Haemangioma	2	0.3	4	0.6	2	0.3	2	0.3	35	5.5	15	2.4	4	0.6	64	10
Lymphangioma	-	-	-	-	1	0.2	3	0.5	3	0.5	3	0.5	-	-	10	1.6
Atheromatous plaque	4	0.6	3	0.5	10	1.6	20	3.1	61	9.6	34	5.3	15	2.4	147	23.1
Ranula	15	2.4	17	2.7	6	0.9	5	0.8	-	-	3	0.5	4	0.6	50	7.9
Total	45	7.1	52	8.2	152	23.9	113	17.8	153	24	95	15	26	4.1	636	100

It was found that the most common nosological units among patients were bronchiogenic cyst of the neck – 152 patients (23.9%) and atheromatous plaque – 147 patients (23.1%). Fewer patients were treated with dermal cyst of the neck – 84 patients (13.2%), haemangioma – 64 cases (10%), median cyst of the neck – 57 patients (9%), ranula – 50 patients (7.9%). Epidermal cyst occurred in 46 patients (7.2%), salivary gland cyst was found in 26 patients – (4.1%), and lymphangioma accounted for the smallest number – only in 10 patients (1.6%).

Regarding age, the largest number of such diseases was detected in young and middle-aged people – from 22 to 60 years and it affected 418 patients (65.7%), most of whom were male – 305 (48%). Regarding topographical anatomy localization, most neoplasms were localized on the neck in 376 (59.2%) cases, in the cheeks – in 76 (12%), in the frontal area – in 73 (11.4%), in the temporal area – in 70 (11%), in the lower lip area – in 26 (4.1%), in the upper lip – in 15 patients (2.3%).

For further study, we took 480 (75.5%) of the 636 patients, which were fully examined, according to our algorithm [5]. A comparative analysis of the correspondence between the clinical diagnosis and the data obtained during additional examination methods: ultrasound, cytological, biochemical and histological.

Comparative analysis revealed that out in 108 (22.4%) of 480 patients, the clinical diagnosis did not coincide with the final one after additional studies. Among the analyzed number of case histories, 22.4% of discrepancies between the established diagnoses were revealed during the initial treatment with clinical ones. The largest number of such cases was in the group of patients with epidermal cyst of the lateral part of the neck – 38 people (7.9%), bronchiogenic cyst of the lateral part of the neck accounted for 28 people – (5.8%), with ranula – 12 (2.5%) and dermal cyst of the lateral part of the neck – 10 (2.1%) (table 2).

According to our observation regarding the discrepancy of diagnoses at different study phases for each nosological form of the disease, it was found that in patients with bronchiogenic cysts at the initial treatment such a diagnosis was established in 105 cases (21.9%), and after histological examination of the operative material such a diagnosis was confirmed only in 77 cases (16%).

Table 2

Comparative analysis of the diagnosis conformity at the phases of examination

Nosological form	Initial examination		After ultrasound		After cytological examination		After histological examination		Discrepancy	
	Abs.	%	Abs.	%	Abs.	%	Abs.	%	Abs.	%
Bronchiogenic cyst	105	21.9	87	18.1	84	17.5	77	16	28	5.8
Dermoid cyst	79	16.5	86	17.9	79	16.4	89	18.5	10	2.1
Epidermal cyst	39	8.1	50	10.4	86	17.9	77	16	38	7.9
Median neck cyst	50	10.4	47	9.8	46	9.6	46	9.6	4	0.8
Salivary gland cyst	16	3.3	15	3.1	12	2.5	14	2.9	2	0.4
Haemangioma	58	12.1	51	10.6	50	10.4	50	10.4	8	1.7
Lymphangioma	3	0.6	3	0.6	3	0.6	7	1.5	4	0.8
Atheromatous plaque	100	20.8	105	21.9	90	18.8	102	21.3	2	0.4
Ranula	30	6.3	36	7.5	30	6.3	18	3.8	12	2.5
Total	480	100	480	100	480	100	480	100	108	22.4

In patients with a dermoid cyst at the initial examination such diagnosis was established in 79 cases (16.5%), after a morphological study it concerned in 89 patients (18.5%). The diagnosis of epidermoid cyst at the initial treatment was established in 39 patients (8.1%), but after histological examination its features were found in 77 cases (16%). A lower percentage of discrepancy between the primary and final diagnosis was found in patients with median neck cyst – 50 (10.4%) at the initial treatment, and 46 cases (9.6%) after histological examination of postoperative material. Also, minor deviations were observed in patients who were diagnosed with a salivary gland cyst in 16 cases (3.3%) at the initial treatment, and 14 cases (2.9%) after morphological examination. With regard to haemangiomas, at the initial treatment it was diagnosed in 58 people (12.1%), and after histological examination in 50 (10.4%). In patients with lymphangioma at the initial treatment, such a diagnosis was established in 3 patients (0.6%), after histological examination of the surgical material, the number of patients increased to 7 (1.5%). A comparative analysis of the clinical diagnosis and the results of postoperative morphological examination of removed tumors revealed that in 108 cases (22.4%) there was a discrepancy between the primary and final diagnoses.

Recurrence after the surgery was recorded in 12 patients (1.9%) of the total number of operated patients. In 8 patients (66.7%) it occurred after removal of the median neck cyst, and in 4 patients (33.3%) – after removal of the bronchiogenic cyst.

The analysis of the archive material of the Surgical Department of the Poltava City Children's Clinical Hospital, which we performed for a certain period, allowed us to state that the number of children with benign soft tissue formations of the maxillofacial area was 284 patients (7.8%) of the total number of treated patients, which structure is presented in table 3.

According to our estimates, the most common nosological forms in childhood were dermoid cysts – 92 patients (32.4%) and haemangiomas – 74 patients (26%). Less common were ranulae – 36 cases (12.7%), bronchiogenic cyst – 17 cases (6%) and atheromatous plaque – 16 cases (5.6%). They were found more often in the nursery age – from 1 to 3 years.

Regarding the localization of the soft tissues neoplasms of the maxillofacial area, in 71 cases (25%) the pathological focus was localized in the neck, in the forehead pathological focus – in 34 cases (12%), in the soft tissues of the oral cavity – in 34 cases (11.8%), in the lower lip area – in 24 cases (8.4%), in cheeks

– in 24 cases (8.4%), in the upper lip – in 20 cases (7.1%), in the chin – in 10 cases (3.5%). It should be noted that in 68 cases (23.8%) haemangiomas covered several anatomical areas.

Table 3

Distribution of benign soft tissue formations of the face and neck by age and sex in pediatric population

Sex, age Nosological form	Early infancy, up to 1 year		Infancy, 1-3 years		Nursery, 3-7 yrs		School age, 7-13 yrs		Adolescence, 13-17 yrs		Total	
	Abs.	%	Abs.	%	Abs.	%	Abs.	%	Abs.	%	Abs.	%
Bronchiogenic cyst	–	–	8	2.8	5	1.8	2	0.7	2	0.7	17	6
Dermoid cyst	26	9.15	19	6.7	21	7.4	18	6.3	8	2.8	92	32.4
Epidermal cyst	–	–	5	1.8	3	1	4	1.4	1	0.3	13	4.6
Median cyst	–	–	2	0.7	2	0.7	10	3.5	–	–	14	4.9
Salivary gland cyst	–	–	–	–	3	1	5	1.8	7	2.5	15	5.3
Haemangioma	37	13	25	8.8	2	0.7	6	2.1	4	1.4	74	26
Lymphangioma	3	1.1	–	–	4	1.4	–	–	–	–	7	2.5
Atheromatous plaque	5	1.8	–	–	3	1	8	2.8	–	–	16	5.6
Ranula	–	–	7	2.5	6	2.1	8	2.8	15	5.3	36	12.7
Total	71	25	66	23.3	49	17.2	61	21.5	37	13	284	100

Recurrences of neoplasms after planned surgery were observed in 17 cases (6%). Of these, 8 patients (47%) had a cystectomy for a median neck cyst and 4 patients (23.6%) had a haemangioma and 5 patients (29.4%) had a ranula removed.

Comparative analysis of diagnoses at the initial treatment and after histopathological examination revealed that 44 children (15.5%) found a discrepancy between the clinical diagnosis and the primary. The most common diagnostic errors were found in epidermoid cysts – 17 patients (39%), lymphangiomas – 14 patients (32%) and dermal cysts – 13 patients (29%).

In fundamental works, monographs of both domestic and foreign specialists periodically provide data on the study of the frequency and prevalence of various nosological forms of benign tumors. But the statistics of monitoring the health of the population need constant updating due to the variability of diseases in different regions, and this allows to some extent to objectively assess the situation and plan a program of specialized medical care.

Congenital cysts of the neck are quite rare. Comparative analysis of statistical data with indicators of A.A. Kolesov, Yu.I. Vorobyov, N.N. Kasparova [4] allowed us to state certain changes in the frequency and prevalence of these neoplasms of the lateral side of the neck in adults and children. According to the authors (for more than 20 years), 51 patients (27 males and 24 females) with median and lateral cysts and fistulas of the neck were observed. Among them, median cysts and fistulas of the neck were observed in 24 patients, and lateral cysts and fistulas of the neck were observed in 27 patients. The mean age of these patients was 23.5 years. For the period from 2008 to 2018 in Poltava, 152 patients (23.9%) with bronchiogenic cysts and 57 (9%) with median neck cysts were hospitalized. The mean age of this category of patients was 25 years for bronchiogenic cysts and 17 years for median neck cyst.

Dermal cysts, according to A.M. Solntsev, V.S. Kolesov [5] had 50 (47.3%) patients with localization in the area of the bottom of the oral cavity out of 106 patients observed with epidermoid and dermoid cysts of the maxillofacial area. The second most common were dermoid cysts of the neck – 22 (20.8%) patients. Regarding our own observations, there were 84 patients with dermoid cysts (13.2%), which indicates an increase in the number of patients with this pathology in contrast to epidermoid cysts, the number of which in A.M. Solntsev [5] accounted for 56 (52%) patients, according to our observations – 46 patients (7.2%). The mean age ranged from 21 to 35 years.

Cysts of the salivary glands are quite rare. We observed 26 patients (4.1%) with ectopic salivary gland cysts of the lateral side of the neck and 50 (7.9%) patients with ranulas. The mean age of patients with salivary gland cysts was 25 years, with ranula – 16-21 years. According to the results of A.M. Solntsev, V.S. Kolesov [5], 86 patients were observed (35%) with ranulas, 9 (3.7%) patients with cysts of the submandibular salivary gland. According to the age criterion, ranulas manifested at the age of 24.3 years, salivary gland cysts – at 30 years. Accordingly, it can be argued that the number of patients with salivary gland cysts has increased in contrast to patients with ranula, whose number has decreased.

Regarding the prevalence and incidence of haemangiomas, lymphangiomas and atheromatous plaques, data were not given even in more modern sources, which emphasizes the feasibility and relevance of our work.

Conclusions

1. It was found that among adults the number of patients with benign formations of soft tissues of the face and neck was 4.9%. Most of them were bronchiogenic cysts of the lateral part of the neck (152 – 26.3%) and atheromatous plaques (147 – 25.4%). They mostly occurred at the age of 22 to 60 years, men suffered more often (205 - 35.5%). The largest numbers of discrepancies in the diagnosis at the prehospital phase were patients with epidermal cysts – 38 (7.9%).

2. Neoplasms of dysontogenetic origin predominated in pediatric population, among which the most common were dermoid cysts – 92 patients (32.4%) and haemangiomas – 74 patients (26%). Less common were ranulae – 36 cases (12.7%), bronchiogenic cyst – 17 cases (6%) and atheromatous plaque – 16 cases (5.6%).

Prospects for further research are based on the fact that the analysis of archival material has permitted establishing the number of discrepancies in diagnoses at the initial treatment stage with the final clinical diagnosis. This indicates the need for additional examinational methods according to our algorithm to properly assess the situation and plan the necessary measures.

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Реферат

ЧАСТОТА ТА СТРУКТУРА ДОБРОЯКІСНИХ УТВОРЕНЬ М'ЯКИХ ТКАНИН ЩЕЛЕПНО-ЛИЦЕВОЇ ДІЛЯНКИ

Ткаченко П.І., Резвіна К.Ю., Швець А.І., Попело Ю.В.

В статті розглядаються результати власних спостережень та ретроспективного аналізу архівного матеріалу щелепно-лицевого відділення Полтавської обласної клінічної лікарні ім. М.В. Скліфосовського та хірургічного відділення дитячої міської клінічної лікарні м. Полтави з 2008 по 2018 роки. Встановлено, що серед дорослих кількість пацієнтів з доброякісними утвореннями м'яких тканин обличчя та шиї складає 4,9%, а у дітей 7,8% від загальної кількості стаціонарних хворих. Більшість із них припадає на бронхіогенні кісти бічної ділянки шиї (152 – 26,3%) та атероми (147 – 25,4%). Вони переважно зустрічаються у віці від 22 до 60 років, частіше хворіють чоловіки (205 – 35,5%). Найбільшу кількість невідповідностей діагнозу на догоспітальному етапі складають хворі з епідермоїдними кістами – 38 (7,9%). Щодо дітей, їх кількість складає 7,8% від загальної кількості стаціонарних хворих. Превалюють новоутворення дизонтогенетичного походження, серед яких найпоширеніші дермоїдні кісти – 92 хворих (32,4%) та гемангіоми – 74 хворих (26%). Рідше зустрічалися ранула – 36 випадків (12,7%), бронхіогенна кіста – 17 випадків (6%) та атерома – 16 випадків (5,6%). Їх виявляли частіше в ясельному віці – від 1 до 3 років.

Ключові слова: дорослі, діти, доброякісні утворення, пухлиноподібні утворення, кісти щелепно-лицевої ділянки, м'які тканини.

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ЧАСТОТА И СТРУКТУРА ДОБРОКАЧЕСТВЕННЫХ ОБРАЗОВАНИЙ МЯГКИХ ТКАНЕЙ ЧЕЛЮСТНО-ЛИЦЕВОЙ ОБЛАСТИ

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В статье рассматриваются результаты собственных наблюдений и ретроспективного анализа архивного материала челюстно-лицевого отделения Полтавской областной клинической больницы им. М.В. Скліфосовского и хирургического отделения детской городской клинической больницы г. Полтавы с 2008 по 2018 годы. Установлено, что среди взрослых количество пациентов с доброкачественными образованиями мягких тканей лица и шеи составляет 4,9%, а у детей 7,8% от общего количества стационарных больных. Большинство из них приходится на бронхиогенные кисты боковой области шеи (152 - 26,3%) и атерома (147 - 25,4%). Они преимущественно встречаются в возрасте от 22 до 60 лет, чаще болеют мужчины (205 - 35,5%). Наибольшее количество несоответствий диагноза на догоспитальном этапе составляют больные с эпидермоидными кистами – 38 (7,9%). В отношении детей, их количество составляет 7,8% от общего количества стационарных больных. Превалируют новообразования дизонтогенетического происхождения, среди которых самые распространенные дермоидные кисты – 92 больных (32,4%) и гемангиомы - 74 больных (26%). Реже встречались ранулы - 36 случаев (12,7%), бронхиогенная киста - 17 случаев (6%) и атерома - 16 случаев (5,6%). Их обнаруживали чаще в ясельном возрасте - от 1 до 3 лет.

Ключевые слова: взрослые, дети, доброкачественные образования, опухолевидные образования, кисты челюстно-лицевой области, мягкие ткани.

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