



FORMATIONS OF CONGENITAL DEFECTS OF FACE OF EXOGENOUS CHARACTER

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ABSTRACT

Influences of exogenous factors on congenital defects (malformations) of the face and neck have been analyzed in this article, as occurrence in practice of children and teenagers and even aged people with such pathology experienced quite often and, unfortunately, increases every year. Major factors of development of maxillofacial system of children are probably varied from that that mother is a passive smoker. Prospective mothers do not have concepts about balanced diet. Places of employment of the parents are of colossal importance. Malformations of the face and neck are not only a medical problem, but also a psychological problem that requires conducting of complex measures oriented to prevention of these diseases, as well as psychological counseling of the child and their parents.

KEY WORDS: *defects (Malformations); prevalence; folic acid; passive smoking; balanced diet; exogenous factors; teratogenic factors.*

INTRODUCTION

Congenital malformations of face, nasolabial triangle, jaws and teeth are rather prevailing and serious diseases, which are very complex problems for dentists in oral surgery. These malformations in children are not only medical, but are also a social problem that requires close study of the factors influencing these defects (malformations), organization of preventive measures, introduction of sanitary-educative activities among young people preparing to become parents.

Biological inferiority of germ cells (father and mother) is possible consequently of life-style (use of narcotic drugs, alcohol, smoking, medical drugs), absence of individual protective devices in X-ray apparatuses and their use during X-ray examination, unplanned pregnancy, influence of hazardous factors, and food ration.

Spread of congenital malformations of the face and neck, population rate vary from 2.7 up to 16.3 on 1000 newborns. Cheilognathopalatoschisis rank second among all human CM (Congenital Malformation) and often combined with malformations of other systems [1]. Such defects in child attend malfunction of feeding process, processes of breathing, swallowing, occurrence of frequent possetting, often it is necessary to feed the child by special probes. In consequence, such malformation leads to the frequent pyoinflammatory diseases of epipharynx organs, inflammation of middle ear, can attend by hearing disorder. In addition, absence of timely correction of CC (Congenital Cheilognathopalatoschisis) or poor-quality surgical service lead to malfunction of shaping of speech habit, that in turn brings negative contribution to processes of socialization and child



training, all that aggravated by expressed cosmetic defects. According to the literature recently, frequency of occurrence of CC (Congenital Cheilognathopalatoschisis) has considerably increased.

The age of parents matters for posterity health. As any biological being, human being outlives stages of maturation, heyday (prime of live) and withering. [2].

In obstetrical and neonatology practice there is relation between level of health of newborn child and such maternal factors, as an age, old gynecological and somatic diseases in anamnesis, diseases during pregnancy, complications of pregnancy and delivery [3, 4, 5].

With that, in some cases birth of children with CM (Congenital Malformation) of face and neck observed with families with unburdened heredity. In the literature, there are data on influence of the most various teratogenic factors on formation of such defects. Considerable influence on abnormalities of formation of the fetus can give passive smoking, virus diseases of mother at early stages of pregnancy (rubella, measles, flu), as well as avitaminosis and insufficient or unbalanced diet. There are data about influence of age of the parents, rate of pregnancies and even seasonal pregnancies on development of CM (Congenital Malformation).

METHODOLOGY

We developed a questionnaire where we considered all possible factors beginning from way of life (life-style) of parents and till pregnancy term, there were such questions as: Education of parents, their ages, occupational hazards, pernicious habits of parents, contact of the father with chemical substances and physical factors before conception of child, family history (anamnesis) on hereditary pathology unburdened, burdened, if there are patients with genetic illnesses in the family, a pregnancy course, infectious diseases in the first trimester of pregnancy, exacerbation of chronic diseases, whether there was a contact with toxic substances, dentist visit what kind of treatment conducted, went for X-ray, MR-imaging, Multislice-Spiral-CT (Computed Tomography) in the first trimester, medicine taken in the first trimester, whether the pregnant woman took folic acid, vitamins and during what period, diet of the mother (protein diet).

We surveyed 20 children of different age with various defects of the maxillofacial system.

RESULTS

We have faced with the most various problems. One of them is that the pregnancy was unplanned; many of mothers do not remember the way of their life on the first trimester, what they took, whether they had a contact with chemical substances, some of mothers hide their way of life and their husbands. We have revealed that out of 20 children - 80 % of them had burdened anamnesis by exogenous factors.

Factors	Quantity of children exposed to exogenous factors
Family well-being	Below the average - 13 families
Mother education Level	Mother with higher education - 3 families
Frequent receiving of medication during pregnancy	All pregnant women took various medical drugs
Infectious diseases at early terms of pregnancy	15 mothers had infectious diseases
Consumption of food with protein	At all families carbohydrates and fats prevailed
Whether the mother is a passive smoker	18 mothers were passive smokers

Medical case of childbirth with CC (Congenital Cheilognathopalatoschisis) in the family revealed without hereditary pathologies, the reason of the CM (Congenital Malformation) development in this case was insufficient receiving of folic acid as well as unreadiness of the organism of mother for third unplanned pregnancy, her two previous pregnancies ended with birth of healthy children. Nor age of mother (all children were born in optimums for a birth of posterity period of reproductive maturity, from 20 to 32 years), nor diseases she had during the period of pregnancy (mother never consult a doctor in medical institutions owing to absence of complaints to level of health), nor other exogenous factors in this case did attend the pregnancy. Another, not less significant exogenous factor influencing

normal development of fetus, according to many authors -avitaminosis.

On the end of February, parents applied to the clinic with a child having a congenital left-side cut-through cleft upper lip and palate. In anamnesis, the patient is the third child of the third pregnancy. The first and the second pregnancies ended with a birth of healthy children. Right away after the second pregnancy, an intrauterine device had been fitted. After fitting of the intrauterine device, the woman did not see the gynecologist. The intrauterine device perforated the uterus and moved under skin. The woman did not spot specific causes for the punching. The husband was on business trip, did not lift weights.



Three months and 17 days later after fitting of the intrauterine device pregnancy revealed. Gap between 1st and 2nd pregnancy was 374 days, between 2nd and 3d was 388 days (frequent childbirth). Pregnancy proceeded imperceptibly; delivery was on time with weight of 4 kg. The Mother throughout this and all three pregnancies in order to increase the level of hemoglobin took alcoholic beverage “Kogar” and a number of vitamins, such as: Elevit (Элевит), Frontal (Фронталь), Ferrevit (Ферревит).

Birth of children with anomalies of development was not detected in families of both parents that allow to eliminate hereditary (genetic) dependency of the pathology.

However it should be noted, that the pregnancies in the given instance occurred with a short period of time and the gynecologist, who observed the pregnancy, recommended to the prospective mother to take of folic acid in order to ensure the normal development of fetus. The woman ignored the recommendation, referring to receiving of complex vitamins.

It is known, that the folic acid strengthens an organism, normalizes metabolic processes and favorably influences reproductive system. Doctors recommend to receive a preventive course of folic acid during pregnancy planning and necessarily prescribe this medicine for period of pregnancy. Thus, the maximum doses of folic acid (up to 800 µg a day) are recommended in the first trimester of pregnancy, a little less – up to 600 µg/day, in the second trimester of pregnancy. Receiving of folic acid considerably reduces probability of birth of child with congenital malformations.

DISCUSSION

Absence of planning of pregnancy in the family, not following medical advice of the obstetrician-gynecologist doctor during pregnancy, negligent attitude of mother to the pregnancy can cause a development of various defects of maxillofacial system and lead to a birth of sick child. Likewise, it is very important that the population takes most responsibly the family planning of the future generation and are competently grounded. It is very important to conduct sanitary-educative activities among the population.

CONCLUSION

1. Each woman, whom an intrauterine device was fitted, shall see regularly a gynecologist in order to be ascertained of position of the intrauterine device and protect herself against unplanned pregnancy.

2. It is necessary to begin a preventive course of receiving of folic acid for couple of months even before pregnancy planning for preparation of reproductive system as of mother and the father for

forthcoming pregnancy and prevention of possible congenital malformation of the face.

3. Each pregnant woman shall be followed up by the obstetrician-gynecologist and strictly follow prescriptions of the doctors.

4. Prospective mother shall eat healthy, that food is balanced, to keep a healthy life-style.

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