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MODERN DIAGNOSTIC METHODS FOR PHLEGMONS OF THE FLOOR OF THE ORAL CAVITY AND REHABILITATION AFTER SURGICAL INTERVENTION

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ABSTRACT

Phlegmon of the floor of the mouth is a severe infection that can lead to life-threatening complications if not diagnosed and treated in a timely manner. This article reviews modern methods of diagnosing phlegmon of the floor of the mouth and discusses the process of rehabilitation after surgery. We analyse the recent literature, discuss various diagnostic approaches and present surgical results followed by a comprehensive discussion and conclusions.

KEYWORDS

Phlegmon of the floor of the oral cavity, diagnosis, surgical rehabilitation, imaging methods, antibacterial therapy, dental care.

NTRODUCTION

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Phlegmon of the floor of the mouth, a deep-rooted infection in the oral cavity, is a serious clinical problem. Timely diagnosis is crucial to prevent life-threatening complications such as airway damage or septicaemia. In this article. We reviewed modern diagnostic methods and rehabilitation strategies for phlegmon of the floor of the mouth.

Current diagnostic methods have evolved significantly to allow more accurate assessment of phlegmon of the floor of the mouth. These methods include clinical examination, imaging techniques such as computed tomography (CT) and magnetic resonance imaging (MRI), and laboratory tests such as blood cultures and white blood cell counts. Recent studies highlight the importance of using advanced imaging techniques to accurately determine the extent and localisation of infection.

Surgical intervention is often necessary to drain the abscess and remove the source of infection, which may be a dental abscess, periodontal disease, or an infected tooth. The choice of surgical approach depends on the severity of the infection and the patient's overall health. Recent studies emphasise the benefits of minimally reduce invasive techniques, which can

postoperative improve recovery pain and outcomes.

Diagnostic methods:

- Clinical examination: A thorough clinical examination by an experienced oral and maxillofacial surgeon is essential for initial assessment.
- Imaging techniques: CT and MRI are the preferred imaging modalities to assess the extent of infection and its relationship to surrounding structures.
- Laboratory tests: Blood cultures and white blood cell counts can help identify the causative bacteria and determine the severity of the infection.

Surgical Rehabilitation:

- Abscess drainage: Incision and drainage of the abscess is often necessary to remove pus and relieve pressure, relieving the patient's symptoms.
- Tooth extraction: If the infection is associated with a tooth, extraction may be necessary to remove the source of the infection.
- Antibiotic therapy: Postoperative antibiotics are usually prescribed to treat the infection and prevent recurrence.

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Phlegmona of the floor of the mouth is an acute inflammation of the soft tissues inside the mouth. It is a serious infection that can affect the gums, cheeks, tongue, or other parts of the mouth. Oral phlegmon is usually caused by a bacterial infection and may present with the following symptoms:

- Swelling and redness of the area of inflammation.
- Pain and discomfort in the affected area.
- Hotness and general weakness.
- Loss of appetite.
- Throbbing or swelling in the area of inflammation.

Phlegmon of the floor of the mouth usually requires immediate treatment by a dentist or surgeon. Treatment may include rinsing and draining the pus-filled area, and the use of antibiotics to fight the bacterial infection. In some cases, surgical intervention may be required.

It is important to seek medical attention in a timely manner if phlegmon of the oral cavity is suspected, as this condition can lead to serious complications if not treated properly and in a timely manner.

Phlegmon of the floor of the mouth, also known as peritonsillar abscess, is a serious infection that usually occurs in the tissues surrounding the tonsils. It often requires immediate medical attention and surgical intervention. Here are current diagnostic methods and some rehabilitation approaches for phlegmon of the floor of the mouth

- Clinical examination: The first step in diagnosing phlegmon of the floor of the mouth is a thorough clinical examination. A health care provider, often an otolaryngologist (ear, nose, and throat specialist), will examine the patient's throat and tonsils for signs of infection such as swelling, redness, and pus formation.
- Throat swab: A throat swab may be taken to identify the specific bacteria responsible for the infection. This can help determine the most effective antibiotic treatment.
- Imaging studies: Imaging techniques such as ultrasound, CT scan or MRI may be used to assess the extent of the abscess and any potential complications such as abscess formation in deeper tissues.

Treatment and rehabilitation:

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- Incision and drainage: The primary treatment of phlegmon of the floor of the mouth involves incision and drainage of the abscess. This is usually carried out under local or general anaesthesia. The surgeon makes an incision to allow pus and infected material to drain from the abscess.
- Antibiotics: After drainage, antibiotics are usually prescribed to treat the infection. The choice of antibiotics is based on the results of the culture and the sensitivity of the throat swab.
- Analgesia: Patients are often prescribed analgesics to manage discomfort and pain after surgery.
- Fluids and nutrition: Adequate hydration and nutrition are critical to recovery. Patients may be advised to follow a gentle diet and practice good oral hygiene.
- Rest and recovery: Rest is essential to allow the body to recover. Most people can return to normal activities within a week or two, but full recovery may take longer.
- Follow-up care: It is important for patients to attend follow-up appointments with their doctor to monitor their progress and make sure the infection is being treated effectively.

- Treatment of complications: Some complications of phlegmon of the floor of the mouth, such as airway obstruction, may require immediate intervention and may be treated in a hospital setting.
- Preventive measures: Good oral hygiene is often recommended to prevent recurrence, especially if patients have a history of recurrent tonsillitis.

Реабилитация после операции по поводу флегмоны дна полости рта в первую очередь включает в себя заживление места операции при одновременном устранении боли и Пациенты инфекции. должны строго следовать инструкциям своего лечащего врача, чтобы обеспечить плавное выздоровление и снизить риск осложнений. Интеграция современных методов диагностики и хирургической реабилитации улучшила лечение флегмоны дна полости рта. Однако проблемы остаются, включая риск устойчивых рецидива появления антибиотикам Тщательное штаммов. наблюдение послеоперационное И постоянный уход за зубами необходимы для предотвращения будущих осложнений.

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Выводы: Таким образом, флегмона полости рта - потенциально опасное для жизни состояние, требующее своевременной диагностики эффективного лечения. Современные методы диагностики, включая передовые методы визуализации, повысили точность постановки диагноза, в то время как методы хирургической реабилитации улучшили результаты лечения пациентов. Тесное сотрудничество между медицинскими работниками жизненно важно для успешного Необходимы лечения этого состояния. дальнейшие исследования изучения для хирургических результатов отдаленных методов реабилитации и эффективности различных антибиотиков в предотвращении рецидива. Стоматологи челюстно И Rehabilitation after surgery for phlegmon of the floor of the mouth primarily involves healing the surgical site while eliminating pain and infection. Patients should strictly follow the instructions of their physician to ensure a smooth recovery and reduce the risk of complications. The integration of modern diagnostic techniques and surgical rehabilitation has improved the management of phlegmon of the floor of the mouth. However, including the risk of challenges remain, recurrence and the emergence of antibiotic-

resistant strains. Close postoperative follow-up and ongoing dental care are essential to prevent future complications.

Conclusions

Thus, phlegmon of the floor of the oral cavity is a potentially life-threatening condition requiring timely diagnosis and effective treatment. Modern diagnostic methods, including advanced imaging techniques, have improved the accuracy of while surgical diagnosis, rehabilitation techniques have improved patient outcomes. Close co-operation between healthcare professionals is vital for the successful treatment of this condition. Further studies are needed to examine the long-term results of surgical rehabilitation techniques and the effectiveness of different antibiotics in preventing recurrence. Dentists and oral surgeons must continue to stay abreast of the latest diagnostic and treatment approaches to provide their patients with the best possible care.-

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