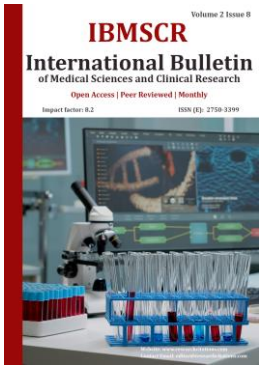

RESULTS OF PROPRONALOL TREATMENT OF FACIAL HEMANGIOMAS

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Resume. This article describes the clinic, prevalence, modern diagnosis, stages of development, classification and results of drug treatment of hemangioma located in the facial area. In the study, the results of treatment of 120 patients with facial hemangioma were analyzed.

Keywords. Hemangioma, propronalol, dopplerography, medical treatment.

Enter. Hemangioma is a benign tumor developed from blood vessels, which is observed mainly in the first 18 months of a child's life, characterized by rapid growth and invasion of surrounding tissues. Hemangioma (GA) changes the color, consistency and shape of the tissue during the growth period, causing varying degrees of cosmetic defects and functional disorders of organsHemangiomas of the face can be observed with a number of serious complications, such as cosmetic defects, suppuration, secondary infection and bleeding from the wound. The general frequency of GA in newborns is 10-15%, and 70% of them are observed in the head and neck area. The relative frequency in girls and boys is observed in the ratio of 5:1. 83% of GAs located in the head and neck region cause dysmorphophobia [4, 5, 10, 13].

Until now, there is no clear and proven opinion about the etiology of GA. It should be noted that among the factors that can lead to the development of GA, factors such as genetics, pregnancy on the background of contraceptives, chronic diseases, acute respiratory viral infection, toxicosis, premature birth, and a fetus smaller than 1500 grams are more common in the Central Asian region [2, 6, 11]. . The fetus is pregnant in the first 3 months of life, it is relatively sensitive because the blood-vascular system is being formed. The process of formation of blood vessels ends at the 7th month of pregnancy, then the endothelial lining of the vessels appears [1, 6, 11, 12]. Hemangiomas of the skin and mucous membrane appear in the form of a pink or bluish spot at birth in 80% of cases. This period is often confused with conditions such as birthmarks or postpartum cysts. Then during the first 2 weeks after delivery, there is an increase in the size of the hemangioma. A high degree of growth of GA is observed in the 4th week (manifested in the form of a red spot rising from the level of the skin or mucous membrane) [4, 7, 9, 11]. GA growth develops in 5 stages: initial, prodromal, proliferation, maturation and involution [3, 5, 10]. 15-20% absorption is observed in GA located on the skin. Hemangiomas of the facial area are often large in size, prominent, and cosmetic defects or complications cause organ dysfunction [1, 5, 10, 13].

Currently, there are more than 20 classifications of hemangiomas around the world according to their shape, character, histological structure, complications and other characteristics [4, 8, 9]. Some

of them are still used in the clinical practice of some clinics, for example, the simplified GA classification proposed by Kondrashin (1963) [1, 4, 5, 10, 11, 13].

- • Normal capillary
- • Normal hypertrophic
- • Cavernosis
- • Mix
- • Systemic hemangiomatosis

In international practice, the classification adopted by the International Society for the Study of Vascular Anomalies (ISSVA) at the 11th Symposium of the International Society for the Study of Vascular Anomalies held in Rome in 1996 is used to systematize vascular developmental defects [1 , 4, 5, 6, 10, 11, 13]. In 2007, 2016 and 2018, this accepted classification was supplemented [1, 10, 11]. According to him:

Vascular defects:

1. Vascular tumors:
1.1. Infantile hemangioma (baby hemangioma),
1.2. Congenital hemangioma:
1.2.1. Rapidly involuting congenital hemangioma (RICH)
1.2.2. Non-involving congenital hemangioma (NICH)
1.3. Tufted hemangioma,
1.4. Capsular hemangioendothelioma,
1.5. Malignant hemangioendothelioma,
1.6. Rare hemangioendothelioma,
1.7. Acquired vascular tumors:
- pyogenic granuloma,
- hemangioma in the form of a target,
- microvenular hemangioma,
2. Blood-vascular malformations:
2.1. Capillary malformations:
- "wine stain",
- telangiectasia,
- angiokeratoma,
2.2. Venous malformations:
- Usual sporadic,
- Bean syndrome,
- With congenital familial skin and mucous membrane changes,
- Glomongioma,
- Mafucci syndrome.
2.3. Lymphatic malformation.
2.4. High-speed vascular malformations
2.4.1. Arterial malformation.
2.4.2. Arterio-venous fistula.
3. Combined complex blood - vascular malformations.
4. Others.

The purpose of the study. Improving the results of treatment of facial hemangiomas with propronalol.

Materials and inspection methods. Scientific work during 2018-2022 at the Department of Surgical Diseases of the Tashkent Medical Academy (City Hospital No. 1) and the Department of Oncology and Medical Radiology of the Andijan State Medical Institute (Andijan Branch of the Republic of Specialized Oncology and Radiology Scientific and Applied Medical Center), It was performed in "Turon Tibbiyot" and "Davo" private clinics. Propronalol drug was used in scientific research to treat facial hemangiomas.

In the study, 100 patients were examined, 60 of them were treated according to the stage of development of hemangioma of the facial area, that is, treatment tactics were selected based on the new algorithm. The reference group consisted of 40 patients, the base of the "Oncology and Medical Radiology" Department of the Tashkent Medical Academy and the Andijan State Medical Institute, the Andijan branch of the Republican Specialized Oncology and Radiology Scientific and Applied Medical Center, and various treatment facilities of our Republic. methods were used.

The age contingent of patients is from newborn to 38 years old. 78% are girls and 22% are boys.

1-scale

Age distribution of patients with hemangioma in groups.

	Асосий гуруҳ		Солиштирма гуруҳ	
Age group	Number of patients	frequency (%)	Number of patients	frequency (%)
Those of breast age	37	61,6±4.9*	3	7,5±2,6
Preschool age	11	18,3±3,9*	18	45,0±5,6
School preparation and junior school age	7	11,7±3,2*	13	32,5±5,1
High school age, adolescence	5	8,4±2,8	6	15,0±4,0
total	**80**	**100**	**40**	**100**

* R < 0.05 compared to the comparison group

2-scale

Location of hemangiomas in groups.

location	**Main group**		**Comparison gruop**	
	number	**%**	**Number**	**%**
Forehead area	10	12,5±3,4	5	12,5±3,6
Upper and lower lip	37	46,3±5,1	25	62,5±5,2*
Lunge	21	26,3±4,4*	8	20,0±4,3
Nasal area	9	11,2±3,2	1	2,5±1,6
The Area around the eyes	3	3,7±1,7	1	2,5±1,2
total	**80**	**100,0**	**40**	**100,0**

* R < 0.05 compared to the comparison group

All 80 patients in the main group with facial hemangioma were treated with β-adrenoblocker (Propronalol). The main criterion for prescribing medical treatment is the

child's age, which should not exceed 6 months, after which the effectiveness of medical treatment does not exceed 20% (table 3).

3 - scale

Results of treatment of patients with OBG with β-adrenoblocker (propronalol).

result	Till 6 months	After 6 months
Good	47%	20%
saticfactory	42%	15%
unsaticfactory	11%	65%

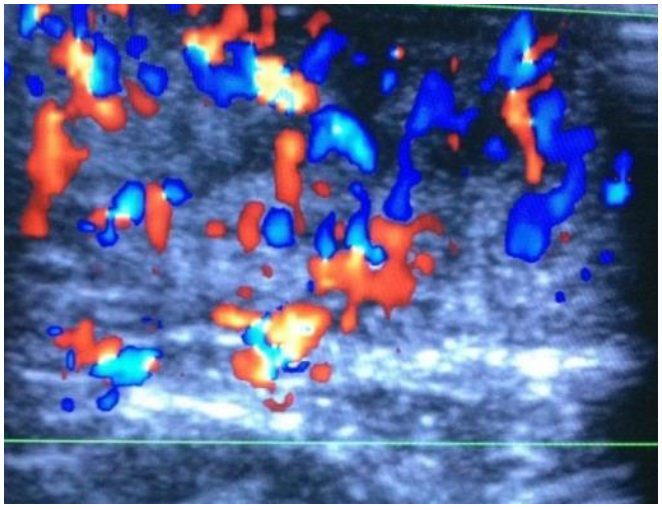
Medicinal therapy was often used in the amount of 1-2 mg/kg. The course of treatment was carried out for at least 2 months and continued up to 6 months after receiving positive results. Before starting the treatment and during the treatment, it is necessary to monitor the cardiovascular activity of the patient, such examination methods as ECG, heart rate measurement, blood pressure control and echocardiogram were performed. Sick children should be under the supervision of a cardiologist. 90% of treatment procedures were performed in outpatient and 10% inpatient settings.

A study of the long-term results of individual use of β-adrenoblockers showed that bradycardia was observed in some patients when using the drug. This was manifested externally by the child's sleepiness and physical inactivity.

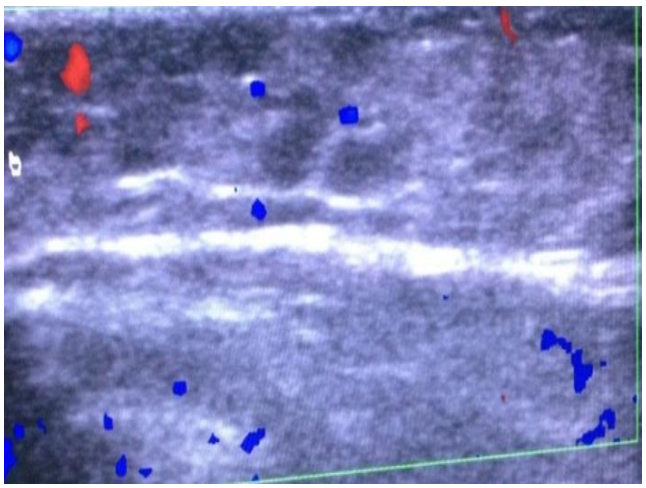
Treatment efficacy of GAs was evaluated by visual (Photographic data) and UTT data result. The degree of GA devascularization is determined by UTT dopplerography.

Venous blood flow before treatment was 8.6±1.1 cm/sec, after treatment 1.0±0.1 cm/sec ($R < 0.05$); in mixed GAs it is 18.7±2.2 cm/sec before treatment and 2.1±0.1 cm/sec after treatment ($R < 0.05$) (Fig. 1).

А



Б



B Г

Figure 1. Patient R. 4 years old. Diagnosis: hemangioma of the upper lip with wound complications (A) and Doppler image of the same condition (B). (V) and dopplerography (G) image of hemangioma after drug treatment (for 4 months).

CONCLUSIONS

1. In the diagnosis and selection of treatment tactics for hemangiomas of the facial area, color Doppler examination is important in determining the presence of blood flow in the hemangioma and its type (arterial, venous, capillary, mixed) and its speed in the presence of blood flow. serves as an important indicator in forecasting.
2. A new algorithm for diagnosis and treatment tactics of facial hemangiomas allows to achieve 90% complete cure with good cosmetic results, 98% good functional results.

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