### Modern Approaches to Surgical Treatment of Fractures of the Zyno-Orbital Region

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**Annotation.** The scheme of complex treatment of fractures of the zygomatic-orbital region included local ozone therapy by washing the cavity of the maxillary sinus on the side of the injury with ozonized distilled water. The results of clinical, radiological and microbiological studies indicate the high efficiency of the use of local ozone therapy for the prevention of post-traumatic maxillary sinusitis.

**Relevance of the topic.** The problem of surgical treatment of patients with fractures of the zygomatic and arch is far from its final resolution, due to the lack of rational surgical methods that meet all the necessary requirements, which determined the purpose of this study and showed the feasibility of searching for new methods of treating such injuries in surgical practice [1,3,4,10-13].

### Materials and research methods

In the period from 2018 to 2020, 73 patients aged from 18 to 55 years old with traumatic injuries of the COO of various localizations were treated. Of these, left-sided fractures accounted for 53.6% (44 people), right-sided - 46.4% (29 people). All patients, depending on the choice of treatment method, were divided into 2 groups: - the main group (45 people) who underwent complex treatment using local ozone therapy according to the method we developed. - control group (28 people), who were treated according to the traditional scheme. The research methods were: X-ray examination of the bones of the facial skeleton in the pre- and postoperative period; ultrasound Doppler sonography of the blood flow of the external carotid artery on the side of the injury and on the opposite side; microbiological examination of the lavage water of the maxillary sinus on the side of the injury before and after treatment; clinical analysis of blood and urine. The digital material was processed using the Microsoft Excel 2000 software product. The method of variation statistics was used with the calculation of mean values and standard deviation. To assess the significance of differences, the Student's coefficient was used.

### Results and its discussion.

**The nature of the complaints** presented in the main (1) and control (2) groups and their dynamics in the postoperative period are presented in Table 1 (in% of patients).

# Table 1Distribution of patients in% by the nature of the complaints presented in the main (1) and control<br/>(2) groups.

	Before o	peration	In 7-10	days.	In 1 month		
Complaints	1	2	1	2	1	2	
1	2	3	4	5	6	7	
Zygoi	maticdep	ression					
Not determined by edema	15,15	3,45	20,0	6,90			
No fall	3,03		77,14	68,97	100	97,14	
Minor	12,13	10,34	2,86	10,34		2,86	
Moderately pronounced	33,33	10,34		3,45			
Minor	36,36	89,66					
Enophtha	almos, ex	ophthalm	08				
Present	6,06	13,79	2,86	6,90			
Absent	96,97	86,21	94,29	93,1	100	2,86	
Swell	ing and b	oruising					
Absent	36,36	44,83	77,14		100	100,0	
Expressedslightly	42,42	10,34	22,86	3,45			
Significally expressed	12,12	10,34		3,45			
Numbness in the area of innervation of the item decreased							
	21,21		57,14	27,59	77,78	62,86	
Impaired nasal brea	athing on	the side of	of the inj	ury			
Present	9,09	3,45	2,86	17,24			
Absent	90,91	89,66	97,14	79,31	100	100	
Difficulty	y opening	the mout	h	1		1	
Present	75,76	82,76	14,29	34,48		2,86	
Absent	30,30	17,24	85,71	65,52	100	97,14	
Diplopiaoro	othervisu	alimpairn	nent	I		1	

Present	6,06	10,34	2,86	6,90		
Absent	96,97	86,21	97,14	79,31	100	100,0

As follows from the presented table, the leading complaints in fractures of the zygomatic-orbital region included depression in the zygomatic and infraorbital regions, the presence of edema and hematomas, difficulty opening the mouth, numbress in the zone of innervation of the infraorbital nerve. All the patients examined by us were in a satisfactory condition, clear consciousness, and an active position. No significant symptoms of internal organs were found.

**The nature of local changes** in the main (1) and control (2) groups and their dynamics in the postoperative period are presented in Table 2 (in% of patients).

## Table 2The nature of local changes in fractures of the zygomatic - orbital area in% of patients for the main(1) and control (2) groups.

Local changes		Before operation		In 7-10 days		In 1 month	
	1	2	1	2	1	2	
1	2	3	4	5	6	7	
Localizationofed	lemaand	hematon	nas		1	1	
Absent	30,30	34,48	80,0	10,34	100,0	75,86	
Lower eyelid	18,18	13,79	8,57	27,59		10,34	
Sclera+lower eyelid	18,18	13,79	5,71	10,34			
Upper and lower eyelids	6,06	13,79		6,90			
Zygomaticorinfraorbitalregion	12,12	10,34	5,71	31,03		3,45	
Multiplehemorrhages	9,09	17,24		10,34			
Thenatureof	bonedefo	ormities					
1. Thepresence	ofbonypi	rotrusion	S				
Not palpable			91,4	86,21	88,6	70,64	
Along the lower orbital edge	45,45	10,34	2,86	10,34	5,71	13,79	
Alongthecheekbone - alveolarridge	84,85	78,3	5,71	3,45	5,71		

Along the outer edge of the orbit	30,30	6,90				5,34
In the area of the zygomatic arch	15,15	3,45				
At 2 points	45,45	47,93				3,32
At 3 and more points	54,55	52,57				
2. Sinking	<u> </u>					
Not determined			77,2	27,59	88,6	31,03
Not determined by edema	3,03	13,79	22,9	48,28		
In the projection of the zygomatic bone or arch						
Singin	36,36	3,45			11,4	10,34
Moderate	9,09	31,03		6,90		10,34
Expressed	18,18	51,72				
Enophthalm	33,33	13,79	2,86	6,90	2,86	6,90
Overcorrection			6,06	10,34		
3. Difficultyopeningthemouth	<u> </u>					
no	15,15	13,79	85,7	34,48	97,1	68,97
3-5 sm	36,36	37,93	11,4	51,72	2,86	20,69
1-3 sm	45,45	34,48	2,86	6,90		3,45
Less than 1 sm	9,09	13,79				

As follows from this table, the main clinical symptoms of fractures of the bones of the zygomatic-orbital region are edema and hematomas in the zygomatic and infraorbital regions, hemorrhages under the sclera and skin of the eyelids, the presence of bony protrusions at 2-3 points, retraction in the projection of the zygomatic bone and difficulty opening the mouth up to 1-3 cm. The X-ray picture of fractures of the zygomatic-orbital complex in the examined patients for the main (1) and control (2) groups is presented in Table 3 (in% of patients).

Table 3
X-ray picture of fractures of the zygomatic-orbital complex at the stages of treatment in% of
patients for the main (1) and control (2) groups.

Defense on outline	Groups		A ften en enetien	In 7-10 days		In1month.	
Before operation	1	2	Alter operation	1	2	1	2
Nodisplacementoffragments	2,86	3,45	There is not secondary displacement	94,2	72,4	88,5	62,1
1 point offset	8,57	6,9	Minor	5,71	6,9	Н,4	13,8
At 2 points	48,6	24,1	With a violationofappearance		10,3		20,7
At 3 points	34,3	55,2	Returntoadditionalservi ce. position		3,45		3,5
Comminuted	2,86	10,3					
Fracture of the lower wall of the orbit	5,71	10,3					

From the presented table it follows that in most cases there are fractures of the zygomatic-orbital region at 2-3 points; secondary displacement of fragments was more often observed in the long-term period in the control group.



Figure 1. Reformatted and volumetric image of patient C.

The results of a microbiological study showed significant differences in the composition of the microflora of the sinuses on the side of the injury compared to the opposite side, depending on the duration of the injury.

With fresh fractures of the zygomatic-orbital region, quantitative counting of microorganisms showed a significant increase in their concentration:  $1.2 \times 103$  CFU / ml (at a rate of  $0.22-0.35 \times 103$  CFU / ml) (P <0.01) [2,5,8,9]. No differences in the species composition of microflora were observed: as well as from the intact sinus, St. saprophiticus, St. epidermidis, Str. viridans, in isolated cases -St. aureus, enterococcus in single quantities. Histological examination of the mucous membrane of the maxillary sinus in this group of patients showed the presence of hemorrhages, foci of necrosis, stromal edema. To control the effectiveness of the local ozone therapy, a repeated microbiological study of the wash water was carried out after the end of the course of treatment. The results of the study showed the high efficiency of local ozone therapy: When using this technique, in the case of fresh fractures, there was a decrease in the microbial colonization of the sinus from  $1.2 \times 103$  to  $0.85 \times 103$  CFU / ml (by 41%) (Fig.2). When using local ozone therapy in the complex treatment of old and viciously consolidated fractures, a decrease in microbial colonization of the sinus from  $3.2 \times 105$  CFU / ml to  $2.9 \times 103$  CFU / ml (P <0.001) was found. The species composition of the microflora has also changed with the predominance of St. epidermidis, Str. viridans at low concentrations.



Fig. 2 The ratio of the number of microorganisms in the flushing water from the maxillary sinus on the side of the injury before and after local ozone therapy for fractures of the zygomatic-orbital complex awith fresh fractures. When using local ozone therapy, a favorable course of the postoperative period is noted: the absence of diffuse postoperative edema and hematomas, their rapid resorption, and a low level of postoperative pain in the wound. The results of the study of LPO (lipid peroxidation) of flush waters from the maxillary sinus on the side of the injury with fractures of the zygomatic-orbital complex are presented in table. 3.

Index		Before treatment	After treatment	Р	
ОЛ		0,15±0,04	0,16±0,03		
OR, rel. units	/ mg OL	3,67±0,27	4,00±0,15	P>0.05	
дк	опт. пл.	0,56±0,03	0,54±0,03		
ТК	/мг ОЛ	0,24±0,03	0,25±0,01		
I max		2,11 ±0,05	0,91±0,01	P<0,001	
I max/S		0,09±0,015	0,22±0,01	P<0,001	

Table 3Change in LPO level before and after a course of local ozone therapy

It can be seen from the presented table that no significant changes in the level of both initial (DC, TC) and final LPO products (OR) were found. At the same time, biochemiluminescence data indicate a significant (P < 0.001) decrease in the level of maximum luminescence intensity Imax (by 2.3 times) and a statistically significant ((P < 0.001) increase in the Imax / S indicator (by 2.4 times) characterizing the antioxidant activity of the studied biosubstrate.

### Conclusions

1. According to the data of clinical and radiological examination of patients with trauma to the zygomatic-orbital region, it was found that in most cases fractures are multiple in nature and are combined with a violation of the integrity of the bony walls of the maxillary sinus on the side of the injury.

2. The results of clinical and radiological, microbiological and biochemical studies indicate the high efficiency of the use of local ozone therapy according to the technique developed by us for the prevention of post-traumatic maxillary sinusitis in the complex treatment of patients with fractures of the bones of the zygomatic-orbital region.

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