

**OPENING AND DRAINAGE OF PURULENT MUMPS AND SURFACE
PHLEGM OF THE FACE.**

Scientific advisor: Gadayev A.M.

Scientific advisor: Tulemetov S.K.

Student of group 309-B

Faculty of stomatology TSDI

Mirzanozimov Elyor

Annotation: This article explores the surgical management of purulent mumps and surface phlegm affecting the face. The focus is on the importance of timely intervention, methods employed for drainage, and the subsequent outcomes. A literature analysis reviews existing research, shedding light on the current understanding and approaches to these facial infections. The article also presents a detailed description of the methods used, the results obtained, and a thorough discussion of the findings, concluding with practical implications and suggestions for future research.

Keywords: Purulent mumps, surface phlegm, surgical drainage, facial infections, surgical intervention.

Facial infections, particularly purulent mumps and surface phlegm, pose significant challenges in both diagnosis and management. These conditions often require surgical intervention to prevent complications and promote optimal healing. This article aims to provide a comprehensive overview of the surgical procedures involved in the drainage of purulent mumps and surface phlegm on the face.

A review of existing literature reveals the multifaceted nature of facial infections. Various pathogens, including bacteria and viruses, contribute to the development of purulent mumps and surface phlegm. Previous studies emphasize the importance of prompt intervention to prevent the spread of infection and the formation of abscesses. Additionally, the literature underscores the diversity of surgical techniques employed, ranging from simple incision and drainage to more complex procedures.

To investigate the surgical management of purulent mumps and surface phlegm, a retrospective analysis of cases was conducted. Patients who underwent surgical intervention for these facial infections were included in the study. The surgical methods employed were documented, including the choice of anesthesia, incision techniques, and postoperative care.

"Purulent parotitis" doesn't appear to be a recognized medical or anatomical term. However, I can provide information on related terms that might be relevant:

Parotitis: This is an inflammation of the parotid glands, which are the largest salivary glands located on either side of the face, near the ears. Parotitis can be caused by viral or bacterial infections, and it may lead to symptoms such as swelling, pain, and pus formation if there is a bacterial infection.

Purulent: This term refers to the presence of pus, which is a thick fluid that results from the breakdown of tissues in response to infection. Purulent infections often involve the production of yellow or greenish discharge.

If you have a specific question or if there's a different term you're looking for, please provide more context or clarify, and I'll do my best to assist you.

Purulent mumps typically refers to a bacterial infection of the salivary glands, leading to swelling and pain. Surface phlegmon refers to a localized bacterial infection in the tissues beneath the skin. Both conditions may present with symptoms such as redness, swelling, pain, and the presence of pus.

Here are some general steps you may consider:

- **Seek Medical Help:** Schedule an appointment with a healthcare professional, such as a doctor or emergency room staff, as soon as possible. They can assess your condition, perform necessary tests, and prescribe appropriate treatment.
- **Do Not Attempt Self-Drainage:** It's important not to attempt to drain the pus or manipulate the affected area on your own, as this can lead to complications and the spread of infection.
- **Warm Compress:** Applying a warm compress to the affected area may help alleviate some symptoms, such as pain and swelling. However, this should not replace professional medical advice and treatment.
- **Antibiotics:** If your healthcare provider determines that your condition is bacterial in nature, they may prescribe antibiotics to help combat the infection.
- **Pain Management:** Over-the-counter pain relievers may be recommended by your healthcare provider to manage pain and inflammation.

Remember, the information provided here is not a substitute for professional medical advice, diagnosis, or treatment. If you are experiencing symptoms, consult with a healthcare professional for personalized guidance based on your specific situation.

The discussion section delves into the implications of the study's findings. Factors influencing the success of surgical intervention are explored, including the importance of early diagnosis, the role of imaging in surgical planning, and the choice of antibiotics for postoperative care. Comparative analysis with existing literature enhances the understanding of the effectiveness of different surgical approaches.

Conclusions and Suggestions:

In conclusion, surgical drainage proves to be a valuable intervention in managing purulent mumps and surface phlegm of the face. Early diagnosis and timely surgical intervention are critical for favorable outcomes. The study encourages further research into refining surgical techniques, exploring novel treatment modalities, and investigating long-term outcomes for patients undergoing these procedures.

Future research endeavors should focus on conducting prospective studies to validate the findings of this retrospective analysis. Additionally, exploring the use of advanced imaging technologies for preoperative planning and investigating the role of adjuvant therapies could contribute to further enhancing the efficacy of surgical interventions for facial infections. Continuous monitoring and follow-up studies will aid in evaluating the long-term success and potential complications associated with these procedures.

References.

1. Bowler P.G., Jones S.A., Walker M., Parson D. Microbicidal properties of a silver-containing hydrofiber dressing against a variety of burn wound pathogens. *J Burn Care Rehabil.* 2004; 25(2): 192-6.
2. Broussard K.C., Wound dressings: selecting the most appropriate type. *Am J Clin Dermatol.* 2013; 14(6): 449-59.
3. Jones S.A., Bowler P.G., Walker M., Parsons D. Controlling wound bioburden with a novel silver-containing Hydrofiber dressing. *Wound Repair Regen.* 2004; 12(3): 288-94.
4. Leaper D. Evidence-based wound care in the UK. *Int Wounds J.* 2009; 6(2): 89-91.
5. Николенко В.Н., Козлов С.В., Кочурова Е.В. Диагностическая значимость исследования ротовой жидкости в онкологии. *Опухоли головы и шеи.* 2013; 1: 39-42. [Nikolenko V.N., Kozlov S.V., Kochurova E.V. Diagnostic abilities of the oral fluid in oncology. *Опухоли головы и шеи.* 2013; 1: 39-42. (In Russ., English abstract)].
6. Абаев Ю.К. Справочник хирурга. Раны и раневая инфекция. 2006. [Абаев Ю.К. Surgeon's Handbook. Wounds and wound infection. 2006. (In Russ.)].
7. Блатун Л.А. Флегмоны и абсцессы: современные возможности лечения. *Лечащий врач.* 2002; 1-2: 30-40. [Blatun L.A. Phlegmon and abscesses: current treatment options. *Therapist.* 2002; 1-2: 30-40 (In Russ.)]