PARODONTAL JARROHLIKDA LAHTAKLI OPERATSIYALAR. VIDMAN-NEYMAN USULI. MILK RESESSIYALARINI BARTARAF ETISH. ERKIN YUMSHOQ TO'QIMA LAHTAKLARINI KO'CHIRIB O'TKAZISH

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ANNOTATSIYA

Dolzarbligi: Parodont to'qimalarining destruktiv kasalliklari va milk resessiyasi zamonaviy stomatologiyada estetik hamda funksional muammolardan biri bo'lib qolmoqda.

Maqsad: Parodontal cho'ntaklarni yo'qotishda modifikatsiyalangan Vidman-Neyman usulining klinik samaradorligini va milk resessiyalarini bartaraf etishda erkin yumshoq to'qima lahtaklarini (FGG/CTG) ko'chirib o'tkazish natijalarini kompleks baholash.

Material va usullar: Tadqiqotda 18 yoshdan 55 yoshgacha bo'lgan 42 nafar suyak va milk patologiyasi mavjud bemorlar 2 guruhga bo'linib o'rganildi. I guruhga Vidman-Neyman lahtakli operasiyasi, II guruhga esa erkin yumshoq to'qima lahtagini plastika qilish amaliyoti o'tkazildi.

Natijalar: Vidman-Neyman usuli qo'llanilgan guruhda parodontal cho'ntak chuqurligi o'rtacha $4.8 \pm 0.3 \text{ mm}$ dan $2.1 \pm 0.2 \text{ mm}$ gacha qisqardi ($p < 0.05$). Erkin yumshoq to'qima lahtagi autotransplantatsiyasida ilonizi resessiyani yopish ko'rsatkichi 88.5% ni tashkil etdi, keratizatsiyalashgan milk kengligi o'rtacha 2.4 mm ga oshdi.

Xulosa: Vidman-Neyman va erkin yumshoq to'qima lahtakli operasiyalari parodont jarrohligida suyak to'qimasini saqlash, ildiz yuzasini regeneratsiya qilish va estetikanı tiklashda yuqori natija beradi.

Kalit so'zlar: Parodontal jarrohlik, Vidman-Neyman usuli, milk resessiyasi, erkin yumshoq to'qima lahtagi, keratizatsiyalashgan milk, ildiz yuzasini yopish.

ABSTRACT

Background: Destructive periodontal diseases and gingival recessions remain significant aesthetic and functional challenges in modern periodontics.

Aim: To evaluate the clinical efficacy of the modified Widman-Neumann flap operation in eliminating periodontal pockets and assess the outcomes of free soft tissue graft (FGG/CTG) transplantation in managing gingival recession.

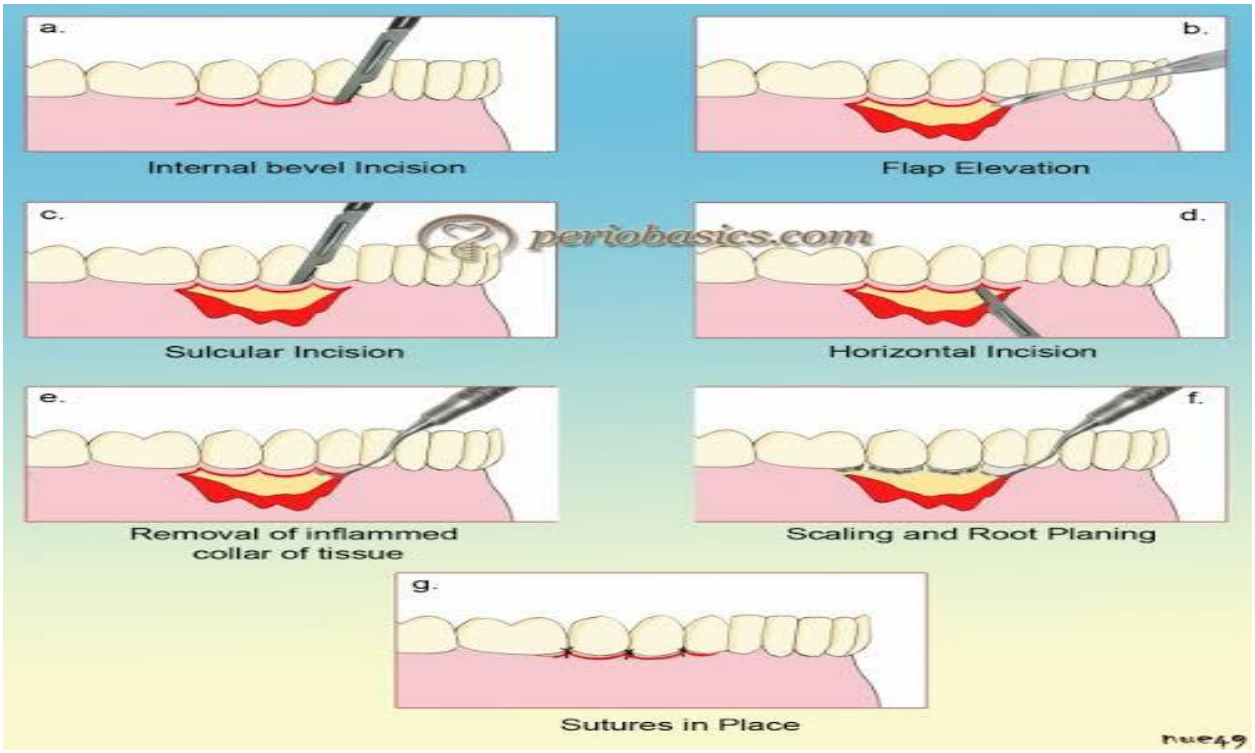
Materials and Methods: A total of 42 patients aged 18 to 55 with periodontal tissue defects were assigned to two treatment groups. Group I underwent the Widman-Neumann flap procedure, while Group II received free soft tissue autografting.

Results: In the Widman-Neumann group, probe depth significantly decreased from $4.8 \pm 0.3 \text{ mm}$ to $2.1 \pm 0.2 \text{ mm}$ ($p < 0.05$). The root coverage rate using free soft tissue autografts reached 88.5%, with an average increase of 2.4 mm in keratinized tissue width.

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Conclusion: Combined surgical approaches utilizing Widman-Neumann flap and free soft tissue transplantation offer predictable outcomes for periodontal pocket elimination, bone preservation, and soft tissue augmentation.

Keywords (English): Periodontal surgery, Widman-Neumann flap, gingival recession, free soft tissue graft, keratinized gingiva, root coverage.



Vidman-Neyman lahtakli operasiyasi kesim chiziqlari. Источник: Periobasics.

Kirish (Introduction)

Parodont kasalliklari kattalar orasida tish yo‘qotilishining asosiy sabablaridan biridir. Konservativ davolash usullari chuqurligi 5 mm dan ortiq bo‘lgan parodontal cho‘ntaklarni to‘liq subgingival tozalash va ildiz yuzasini silliqlash (SRP) imkonini bermaydi. Shuningdek, biriktiruvchi to‘qimaning emirilishi va suyaksizlanish natijasida milk resessiyasi (ildiz yuzasining ochilib qolishi) rivojlanadi, bu esa gipesteziya hamda estetik nuqsonlarga olib keladi.

Parodontal jarrohlikda **Vidman-Neyman (Widman-Neumann)** usuli va uning zamonaviy modifikatsiyalari patologik cho‘ntaklarni bartaraf etish va ko‘rish ostida ildiz yuzasini tozalashda oltin standart hisoblanadi. Shuning bilan birga, **erkin yumshoq to‘qima lahtaklarini (Free Gingival Graft — FGG / Connective Tissue Graft — CTG)** ko‘chirib o‘tkazish mukogingival nuqsonlarni bartaraf etish va keratizatsiyalashgan milk zonasini kengaytirishning eng samarali usulidir.

Material va usullar

Tadqiqot Andijon davlat tibbiyot instituti klinik bazasida va ixtisoslashtirilgan parodontologik markazda o‘tkazildi.

- **Bemorlar kontingenti:** 42 nafar bemor (22 ayol, 20 erkak, yoshi $18-55$).

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- **Guruhlar taqsimoti:**
  - **I guruh ($n=21$):** Surunkali o'rtacha va og'ir darajadagi parodontit tufayli suyak osti va milk osti cho'ntaklari mavjud bemorlar — Modifikatsiyalangan Vidman-Neyman operasiyasi o'tkazildi.
  - **II guruh ($n=21$):** Miller bo'yicha I va II sinf milk resessiyasi mavjud bemorlar — Tanglay sohasidan olingan erkin yumshoq to'qima (biriktiruvchi to'qima) lahtagini ko'chirib o'tkazish amaliyoti bajarildi.

Operativ texnika:

1. **Vidman-Neyman usuli:** Milk chetidan $0.5-1 \text{ mm}$ chekinib ichki qiya kesim bajarildi, sulkulyar va transvers kesimlar orqali suyak va ildiz yuzasi ochildi. Patologik granulatsiyalar va subgingival tish toshlari olib tashlanib, ildiz yuzasi silliqlandi. Lahtak tish bo'yniga moslab choklandi.
2. **Erkin yumshoq to'qima lahtagi (FGG/CTG):** Qabul qiluvchi o'rin tayyorlanib, tanglay sohasidan 1.5 mm qalinlikdagi autotransplantat olindi, resessiya sohasiga fiksatsiya qilindi va 5-0 / 6-0 monofilament ip bilan chok solindi.

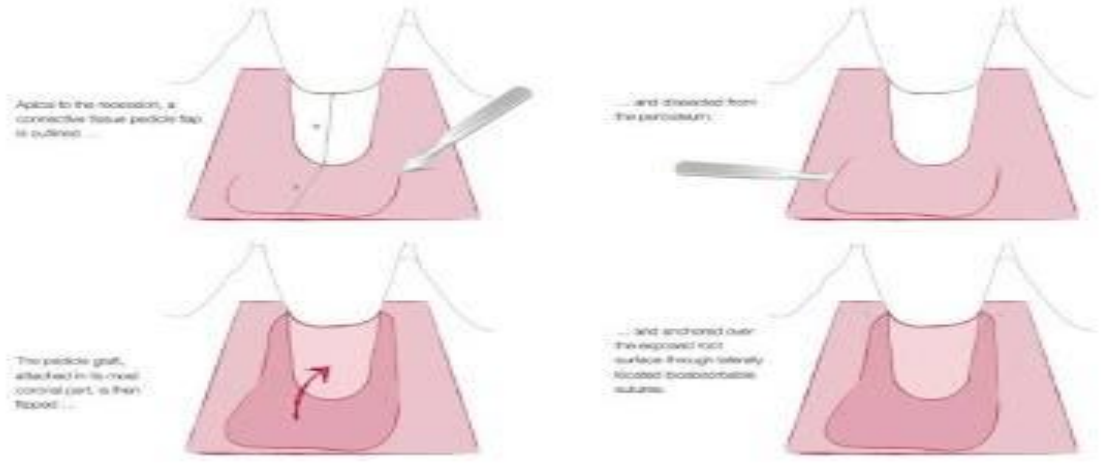
Natijalar

Jarrohlik amaliyotidan 6 oy o'tib olingan klinik ko'rsatkichlar dinamikasi quyidagi jadvalda va tahlillarda aks ettirilgan:

Jadval: Klinik ko'rsatkichlarning operasiyagacha va 6 oydan keyingi dinamikasi

Guruh / Ko'rsatkich	Operasiyagacha	6 oydan so'ng	O'zgarish (p-qiymati)
I Guruh (Vidman-Neyman)			
— Cho'ntak chuqurligi (PD, mm)	4.8 ± 0.3	2.1 ± 0.2	$p < 0.01$
— Birikma yo'qotish darajasi (CAL, mm)	5.2 ± 0.4	3.0 ± 0.3	$p < 0.05$
II Guruh (Erkin lahtak / FGG-CTG)			
— Milk resessiyasi balandligi (REC, mm)	3.6 ± 0.4	0.4 ± 0.1	$p < 0.01$
— Keratizatsiyalashgan milk kengligi (KGW, mm)	1.2 ± 0.2	3.6 ± 0.3	$p < 0.01$
— Ildiz yuzasining yopilish foizi (%)	—	**88.5%**	—

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Erkin yumshoq to‘qima autotransplantatsiyasi. Источник: European Federation of Periodontology.

Vidman-Neyman operasiyasi o‘tkazilgan bemorlarda 6 oylik kuzatuvda parodontal cho‘ntaklarning sezilarli darajada qisqargani va yallig‘lanish belgilari to‘liq yo‘qolgani kuzatildi. Erkin yumshoq to‘qima ko‘chirib o‘tkazilgan II guruh bemorlarida resessiya maydoni 88.5% ga yopildi va keratizatsiyalashgan milk zonasi 2.4 mm ga kengaydi.

Muhokama

Vidman-Neyman usulining asosiy afzalligi shundaki, u epiteliyning chuqur to‘qimalarga o‘sib kirishiga to‘sqinlik qiladi va ildiz yuzasiga qayta birikish (long junctional epithelium yoki yangi biriktiruvchi to‘qima birikmasi) uchun qulay sharoit yaratadi. U an'anaviy gingivektomiyaga qaraganda estetik zonasini yaxshi saqlab qoladi hamda suyak to‘qimasini ortiqcha rezektsiya qilishdan holi.

Erkin yumshoq to‘qima lahtaklari (autotransplantat) esa milk resessiyasini bartaraf etishda eng ishonchli usul bo‘lib qolmoqda. Tanglay to‘qimasining vaskulyarizatsiyasi yuqori bo‘lgani sababli, qabul qiluvchi o‘ringa birikish ko‘rsatkichi yuqori bo‘ldi. Bu tish sezuvchanligining yo‘qolishiga va uzoq muddatli estetik barqarorlikka olib keldi.

Xulosa

1. **Vidman-Neyman modifikatsiyalangan lahtakli operasiyasi** parodontal cho‘ntaklarni 2.1 mm gacha qisqartirish imkonini berdi va suyak-to‘qima birikmasini barqarorlashtirdi.
2. **Erkin yumshoq to‘qima lahtaklarini ko‘chirib o‘tkazish** milk resessiyasini 88.5% holatda to‘liq yopishni va keratizatsiyalashgan milk qavatini sezilarli darajada oshirishni ta'minladi.
3. Mazkur ikkala jarrohlik amaliyotining to‘g‘ri ko‘rsatma bo‘yicha majmuaviy qo‘llanilishi parodontit va mukogingival nuqsonlarni kompleks davolash sifatini oshiradi.

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