**Diagnostics And Treatment Of Purulent Inflammatory Processes
Of Parapharyngeal Area Of Odontogenic Origin**

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Inflammatory processes of the parapharyngeal area, due to the severe course and the possibility of aggravated complications, have been under the great interest of surgeons, otolaryngologists and dentists.

Studying the topography of the parapharyngeal area and attached tissues is an important practical factor for determining the spread of purulent swellings as well as makes it easier for them to be accessed. The intricate pathological structure of the parapharyngeal area results in the severity of the course of purulent processes.

Early diagnostics of parapharyngeal phlegmons and giving timely qualified assistance not only contributes to the rapid cure of patients, but in some cases also prevents the occurrence of dangerous complications.

The answer to the question of the primary purulent focus is not always included into the works devoted to the clinic and treatment of parapharyngeal phlegmons. However, this fact plays an important role in the differentiation of the disease, since phlegmon of the parapharyngeal space is sometimes combined with other inflammatory diseases of the soft

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tissues of the maxilla-facial region. Often parapharyngeal phlegmon is interpreted as a phlegmon of the wing-maxillary space, submandibular, back-maxillary region, peritonsillar abscess, etc.

It should be noted that the purulent process in the tissue of the near-pharyngeal space is not always limited only to the near-pharyngeal space, sometimes other areas such as cellular areas of the face, neck and mediastinum are involved in the process.

To find out statistical data on the frequency of parapharyngeal phlegmons, we studied the medical histories of 33 patients with inflammatory processes of the maxillofacial region, 53 of them were with phlegmons of parapharyngeal area.

According to our data, parapharyngeal inflammatory processes constituted 92 percent of inflammatory diseases of the parapharyngeal area, in most of our observations of pain proved to be of odontogenic origin, what was confirmed by the opinion of many authors (VF Voyno-Yasenetsky, GA Vasilyev, MBFatrikant, AIYevdokimov, etc.), that the main etiological moment in the occurrence of inflammatory processes of this localization were primarily diseases of the large crown teeth of the lower jaw. Division of patients by gender, age, causes of phlegmon of parapharyngeal area is presented in table No. 1.

	Causes of the disease	Division of patients by age and gender			
Acute purulent and chronic aggravated periodontitis	4-2	5-3	2-2	1-1	20
Complicated teething of the	2	5-4	1-2	1	15

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lower jaw					
After removal of molars of the lower jaw	2-5	2-2	2	-	13
Traumatic osteomyelitis of the lower jaw	1 -	2 -	-	-	3
After operation for congenital cleft palate	1	-	-	-	1
After tonsillectomy	1	-	-	-	1
итого	9-9	14-9	3-6	2-1	53

From the table given above, it can be seen that most often phlegmons of the parapharyngeal area affect patients of young age (21-25 years) and the main cause of their occurrence proved to be the odontogenic inflammatory processes. Analysis of our clinical observations showed that the diagnosis of inflammatory processes of odontogenic origin is still imperfect; therefore, surgical intervention in such patients is often performed without taking into consideration the localization of the main purulent focus. According to the etiology, the following parapharyngeal inflammatory processes are observed:

By origin:

1. Odontogenic
2. Tonsillogenic
3. Post-traumatic
4. Contact

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By localization:

1. Anterior pharyngeal area
2. The posterior peripharyngeal area
3. The postpharyngeal area

In the treatment of acute purulent-inflammatory processes of the parapharyngeal area, we took into consideration the localization of the process and its duration, clinical manifestations and the primary purulent focus. Lancing the abscesses was carried out outside the oral and intraoral incisions. In case of phlegmon localization only in peripharyngeal area, abscesses were lanced on the side of the oral mucous membrane, in case of combined phlegmon (submandibular, posterior maxillary, phlegmon of the upper neck) an external incision was made.

While making an incision on the phlegmon, we used local infiltrative anesthesia in combination with non-oral conductive analgetics. To eliminate the inflammatory contracture of the masticatory muscles, the Bershe method with Dubov modification was used: lidocaine (supercain, articaine, etc.) introduced into the wing-palatine fossa in the peri-alveolar area in inflammatory processes contributed not only to relaxation of masticatory muscles, but also for elimination of pain, favorable influence on the course of the inflammatory process, especially in case of addition of wide-action antibiotics to the anesthetic solution.

Sometimes, according to indications, we used intravenous or general nasotracheal anesthesia. Thus, performing radical surgical operations, timely extracting of the diseased tooth and rational conservative therapy contributed to the rapid elimination of the inflammatory process in the near-pharyngeal area and prevented its severe complications.

Summary

According to our data, parapharyngeal phlegmons are found in 9.2% of the total number of inflammatory processes in soft tissues of the maxillofacial region, the main etiological point

proved to be an odontogenic infection: acute purulent periodontitis of the eighth lower teeth and complications of their difficult eruption are in the first place. The second place is taken by the sixth and seventh teeth of the lower jaw. The acute purulent processes in the parapharyngeal area occur in the form of extended phlegmon and limited abscess.

In phlegmons, all peripharyngeal area and sometimes the postpharyngeal area are involved in the process.

A phlegmon of the parapharyngeal area is characterized by specific clinical manifestation, the severity of the clinical picture of which depends on purulent process, the duration of the disease, and the body's resistance.

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