

**DIFFICULTIES OF THE DIAGNOSIS AND TREATMENT  
OF DERMOID AND EPIDERMOID CYSTS OF THE  
MAXILLOFACIAL AREA AND THE NECK AMONG CHILDREN**

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It is generally accepted that dermoid and epidermoid cysts are the result of malformation of the ectoderm. The asymptomatic course, absence of pathognomonic symptoms and similarity of clinical manifestations at separate stages of growth, despite nosological form and place of occurrence, give this pathology of particular relevance in the practice of pediatric maxillofacial surgery.

However, if there are no significant issues regarding the etiology and pathogenesis of dermoids and epidermoids, there is a problem of constant monitoring of their prevalence and structure for the formation of administrative organizational measures for the planning of specialized care for this category of patients. Special attention should also be given to the development of new, minimally invasive surgical interventions, given the increasing aesthetic demands and requirements of patients.

The aim of the study is to study in a comparative aspect their own experience on the clinical and morphological features and principles of treatment of dermoid and epidermoid cysts of the maxillofacial area and neck in children with the results of scientific studies, covered in literature.

A thorough analysis of fundamental scientific works and publications in periodicals devoted to the scientific development of various directions in relation to these issues is carried out.

The clinical section of the work concerns 15 children with dermoids and 8 children with epidermoids who have been treated for 8 years in the surgical ward of the children's clinical hospital in Poltava. General clinical, additional, and specific examination methods were used to establish clinical diagnosis, including diagnostic puncture, ultrasound, and MRI examination, which was performed in complex and questionable cases. If necessary, the patients were consulted by doctors of related specialties.

The microscopic structure of the postoperative material was studied on preparations made by conventional methods.

An objective study found that the clinical picture of the dermoid and epidermoid cysts is similar, differing only in slight subjective sensations on palpation.

Comparison of clinical diagnosis and results of postoperative morphological verification of removed soft tissue bones showed that in 23.9% of patients the clinical diagnosis did not coincide with pathohistological. The difference in dermoids was the largest (75.0%), which confirms the need for expanded use of additional examination methods both at the pre-hospital stage and under inpatient conditions immediately before surgery.

In general, the obtained morphological picture of the postoperative material coincided with the literature data on the classical structure of the dermoid and epidermoid cysts of the soft tissues of the maxillofacial area.

Thus, the dermoid and epidermoid cysts of the maxillofacial area in children, having a dysontogenic origin, are most often diagnosed at younger and older school age. Despite their classic clinical picture, a considerable number of discrepancies between clinical and pathohistological diagnoses are traced, requiring a careful examination at both the hospital and hospital stages using modern, informative supplementary and special methods of investigation in complex and doubtful cases of cases and complex cases.

These materials may be the basis for further in-depth scientific studies on immunohistochemical structural features dermoids and epidermoids to determine immunocompetence layers cystic membranes and determine their probable role in causing acute inflammation depending on the type of formation.

## **СУПРАОМОГИОИДНАЯ ШЕЙНАЯ ДИСЕКЦИЯ И ЕЕ ВАРИАНТЫ КАК ИНТЕГРАЛЬНАЯ ОПЕРАЦИЯ В ЛЕЧЕНИИ РЕГИОНАРНЫХ МЕТАСТАЗОВ РАКА ЧЕЛЮСТНО-ЛИЦЕВОЙ ОБЛАСТИ**

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Лечение регионарных метастазов рака челюстно-лицевой области (ЧЛО) проводится, главным образом, оперативным путем и его результат определяет успешность всего процесса лечения. Предложенные радикальная и функциональная шейные диссекции отличаются значительной травматичностью, технически сложны, сопровождаются опасностью повреждения общей сонной артерии и грудного лимфатического протока, инвалидизируют больного.