



**Clinical-anatomical basis of methods of stopping blood in tongue injuries,
opening and drainage of phlegmons of the floor of the mouth**

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Abstract: Methods of stopping blood in tongue injuries and opening and drainage of phlegmons of the floor of the mouth involve understanding the relevant anatomy and employing appropriate techniques.

Keywords: nerves; Anatomy of the tongue and floor of the mouth; tongue; muscular; sublingual; phlegmons; Stopping blood in tongue injuries; blood vessels; Suturing; Surgical approach; Incision and drainage; Postoperative care

Introduction:

1. Anatomy of the tongue and floor of the mouth: The tongue is a muscular organ located in the oral cavity. It is composed of various muscles, blood vessels, nerves, and connective tissues. The floor of the mouth refers to the area beneath the tongue, which includes the sublingual space and submandibular space. Understanding the anatomy of these structures is crucial for effective management of tongue injuries and phlegmons.



2. Stopping blood in tongue injuries: Tongue injuries can result in significant bleeding due to the rich blood supply in the tongue. To stop bleeding, several techniques can be employed:

- Direct pressure: Applying direct pressure to the bleeding site with a clean cloth or gauze can help control bleeding. The pressure should be maintained for a few minutes until the bleeding stops.

- Ice or cold compress: Applying ice or a cold compress to the injured area can help constrict blood vessels and reduce bleeding.

- I: In cases of severe tongue injuries or persistent bleeding, suturing may be necessary. This involves using dissolvable or non-dissolvable sutures to close the wound and control bleeding.

3. Opening and drainage of phlegmons of the floor of the mouth: Phlegmons of the floor of the mouth refer to localized, purulent inflammations in this area. The clinical-anatomical basis for opening and drainage involves the following steps:

- Identification of the phlegmon: A thorough clinical examination, including inspection, palpation, and imaging techniques, is necessary to identify the location and extent of the phlegmon.



- Surgical approach: The specific surgical approach depends on the location and extent of the phlegmon. Common techniques include incision and drainage or needle aspiration.
- Incision and drainage: An incision is made in the affected area to create an opening for drainage of the purulent material. The incision is typically made in a dependent area to ensure proper drainage.
- Needle aspiration: In some cases, a needle may be used to aspirate the purulent material from the phlegmon, especially for smaller abscesses or difficult-to-access areas.

4. Postoperative care: After opening and drainage of the phlegmon, appropriate postoperative care is essential. This may include the use of antibiotics to treat the underlying infection, pain management, and regular follow-up visits to monitor healing and prevent complications.

Conclusion: In summary, the clinical-anatomical basis of methods for stopping blood in tongue injuries and opening and drainage of phlegmons of the floor of the mouth involves understanding the relevant anatomy, employing techniques such as direct pressure, suturing, incision and drainage, or needle aspiration, and providing appropriate postoperative care.



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