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MODERN APPROACH TO THE TREATMENT OF ADENOIDITIS

Kurbanova Nodira Sharofboy kizi

Anotation: Tashkent Pediatric Medical Institute In the modern world, infections of the upper respiratory tract and ENT organs occupy the first place in the structure of general morbidity in the world, and the proportion of this pathology is 27.6% in adults, 39.9% in adolescents and 61% in children [4]. Disappointing statistics lead to an unquenchable interest in this problem in practical medicine.

Keywords: upper respiratory tract infections, adenoiditis.

Introduction: In most cases, the upper and lower parts of the respiratory tract are involved in the infectious process simultaneously or sequentially, but in some diseases, mainly specific parts of the respiratory tract are damaged.

The pharynx is an organ located at the beginning of the respiratory tract and digestive tract. The lymphoepithelial pharyngeal ring performs a number of important functions, among which it is worth noting the protective barrier function, the development of local immunity of the tonsils,as well as participation in the systemic immune response triggered by sensitization of tonsillar lymphocytes.

The protective barrier function and local immunity of the tonsils are formed due to phagocyte migration, exocytosis and phagocytosis; the development of broad-spectrum protective factors; antibody secretion. Non–specific factors of protection of the lymphoepithelial pharyngeal ring include secretory immunoglobulins; interferons, as well as natural antibiotics of leukocyte origin - cationic proteins of phagocytes with bactericidal and cytotoxic effects (defensins, lactoferrin, etc.) [1].

But unfortunately, at certain periods of life, pathological growth of the nasopharyngeal tonsil, the so–called adenoids, may occur with the development of a sluggish inflammatory process - adenoiditis, which is one of the main problems for otorhinolaryngologists.

A standard inspection is used for diagnosis ENT organs. For many years, finger examination of the nasopharynx has been an important additional method. But since at the moment it is the least informative and also causes discomfort in the patient, it is currently practically not used.Radiography of the nasopharynx is a more informative study, but it is associated with radiation exposure to the patient. Computed tomography is an even more informative method, but quite expensive. But the endoscopic method of examination of the nasal cavity and nasopharynx is the "gold standard" in the diagnosis of adenoids. It is carried out both through the nose – "endoscopic rhinoscopy", and through the oral cavity – "endoscopic epipharynoscopy".

There are three degrees of hypertrophy of the nasopharyngeal amygdala: I degree – the overgrown pharyngeal amygdala covers only the upper part of the coulter or the height of the nasal passages, II degree – the enlarged pharyngeal amygdala closes the coulter or the height of the nasal passages, III degree – the enlarged pharyngeal amygdala covers almost the entire coulter.

According to various authors, in the general child population, the proportion of children with chronic adenoiditis ranges from 20 to 50%. In the group of frequently ill children, this indicator ranges from 37 to 70% [2].

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As the child grows up, the adenoids atrophy. Normally, by about 20 years of age, there is no trace of them. However, hypertrophied adenoids can also be detected at a more mature age. In 2013, 32 adenotomies were performed in the Department of Otorhinolaryngology of the Botkin State Clinical Hospital, in 2014 - 28 adenotomies, in 2015 - 36 operations. The age of patients in this group ranged from 17 to 28 years.

Thus, adenoiditis is not only a problem of pediatric specialists, but also has significance in the adult practice of otorhinolaryngologists.

In recent years, the point of view on the chronic pathology of the pharyngeal tonsil has changed.Previously, the main focus was on persistent hypertrophy of adenoid vegetations. The main link in the pathogenesis of chronic pharyngeal pathology was considered nasopharyngeal obstruction, leading to the transition to mouth breathing; this can cause insufficient humidification and purification of the air, constant cooling of the oral cavity,pharynx, lower respiratory tract.

In addition, adenoid vegetation makes the direction of the air jet more turbulent. This leads to vibration of the soft palate, which is manifested by snoring and even obstructive sleep apnea syndrome (OSA) [1].

But in recent years, more and more attention has been paid to the presence of chronic persistent inflammation of the pharyngeal tonsil. Adenoiditis provokes the development of an inflammatory process in the paranasal sinuses and aggravates it due to the emerging local immunodeficiency. The persistence of viral-bacterial inflammation of the pharyngeal tonsil leads to contamination not only of the upper and lower respiratory tract, but also of the tubal tonsil with the auditory tube, provoking the development of recurrent and chronic inflammation of the middle ear [7].

The pharyngeal amygdala is an extensive receptor field and, with chronic inflammation, becomes a focus of constant pathological afferent impulses, which leads to deviations in the activity of the central and peripheral nervous system.

As a result, there may be a violation of the tone of the autonomic nervous system, urinary incontinence, epileptic seizures, electroencephalography reveals violations of the bioelectric activity of the brain of varying severity [1].

Summarizing the above, we can say that the role of chronic persistent inflammation of the pharyngeal tonsil in the development of pathological changes in the body is comparable to the role of nasopharyngeal obstruction. The decisive factors for determining the tactics of treatment are the degree of hypertrophy of the pharyngeal tonsil, and the presence of chronic inflammation of the pharyngeal tonsil, as well as associated changes in other systems and organs.

Indications for adenotomy were significantly narrowed. Surgical treatment is performed in the presence of hypertrophy of adenoid vegetations of more than II degree, which is accompanied by one of the following manifestations:OSA; frequent recurrent otitis media or the development of persistent conductive hearing loss in a child; concomitant diseases of the nervous system (enuresis, epileptic seizures); frequent relapses of chronic adenoiditis with a predominance of purulent forms; frequent relapses of respiratory manifestations of allergy (allergic rhinitis or bronchial asthma); a change in bite [2].

Thus, if earlier priority was given to surgical treatment, then recently, given the important role of the tonsils in the formation of local immunity, preference is given to conservative treatment of chronic inflammatory process.

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Inflammation is a trigger mechanism that leads to a violation of mucociliary clearance and swelling of the mucous membrane of the initial parts of the respiratory tract, as a result of which the natural anastomoses of the paranasal sinuses are blocked by the edematous mucosa and pathological secretions. At the same time, the resulting blockage of the pharyngeal openings of the auditory tube leads to stagnation, swelling and a decrease in local protective mechanisms. Stagnation of secretions, violation of ventilation and related hypoxia phenomena are the starting point for the activation of saprophytic flora, which will lead to a worsening of the course of the disease and the development of bacterial complications, such as purulent sinusitis, acute purulent otitis media. At the same time, a vicious circle of interrelated factors of inflammation arises. The penetration of the pathogen into the respiratory tract, its fixation on the surface of the mucous membrane, replication and cytopathic effect on the tissues of the respiratory system lead to desquamation of the epithelium with a sharp fullness of the vessels of th microcirculatory bed, an increase in their permeability; swelling of the mucosa and submucosal layer; changes in the coordination and effectiveness of the cilia. Simultaneously with ciliary dyskinesia, there is a restructuring of the secretory apparatus –partial replacement of ciliated cells with mucus-forming goblet cells, a change in production modes (mucus hypersecretion) [3].

The issue of conservative treatment of chronic adenoiditis is more complicated, because there are no strict standards in the treatment of this pathology.

Treatment of adenoiditis is logical to start with preparations based on seawater, brought to an isotonic solution. Their application to the mucous membrane contributes to the normalization of the rheological properties of mucus.The salts and trace elements contained in seawater help to increase the motor activity of the cilia, activate reparative processes in the cells of the nasal mucosa and normalize the function of its glands. With careful washing of the nasal cavity, the pathological secret is removed from the surface of the mucous membrane along with microbes, allergens and dust.Swelling and inflammation decrease, capillary tone increases, due to purification, the work of the cells of the atrial epithelium of the mucous membrane significantly improves, the movement of mucus increases, which increases the protective properties of the nasal mucosa.

In the etiology of chronic inflammation of the pharyngeal tonsil, great importance is attached to allergies. Allergic reactions may occur in the mucous membrane and lymphoid tissue of the pharyngeal tonsil, which are the cause of its persistent hypertrophy [11]. However , the appointment of topical corticosteroids is still controversial. There are both supporters of their use and opponents.

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