ADENOIDITIS

Kurbanova Nodira Sharofboy kizi

Introduction

Adenoiditis is an acute or chronic inflammation of the pharyngeal tonsil of the lymphopharyngeal ring. The main symptoms include a feeling of discomfort inside the nose, night snoring, lack of nasal breathing, mucous or purulent discharge, closed nasal nasal, dry paroxysmal cough, intoxication syndrome, sleep disorders. Diagnosis is based on the patient's survey data, mesopharyngoscopy, posterior rhinoscopy, laboratory tests, radiography or computed tomography of the nasopharynx. In the treatment of adenoiditis, local and systemic medications, physiotherapy are used, and adenoidectomy is performed less often.

The pathogenesis of adenoiditis is based on damage to the ciliated epithelium located on the surface of the pharyngeal tonsil, provoked by physical, thermal, chemical or biological factors. On this soil, so-called areas of "baldness" are formed, vulnerable to the penetration of pathogenic bacteria and viruses, compensatory hyperplasia of lymphoid tissue develops. With excessive antigenic load, regeneration processes in the amygdala are disrupted, the alteration of its cells increases. As a result, atrophied and reactive follicles appear, which in combination with inhibition of phagocytosis, deficiency of indigenous microflora and immaturity of the child's immune system leads to the development of inflammation.

Depending on the duration of the course, severity of symptoms and clinical and morphological characteristics of adenoiditis, there are several classifications of inflammation of the nasopharyngeal tonsil. This division of the disease into forms is due to the need to use different therapeutic schemes in different situations. Based on the duration of the course , the following variants of adenoiditis are distinguished:

Sharp. It includes episodes of inflammation of the adenoids lasting up to 2 weeks and repeated no more than 3 times a year. The average duration is from 5 to 10 days. Most often, the pathology develops acutely, against the background of acute respiratory infections or children's drip infections.

Subacute. As a rule, it is a consequence of an untreated acute process. It is typical for children with hypertrophied pharyngeal tonsil. The average duration of the disease does not exceed 20-25 days. Residual phenomena in the form of subfebrility can be observed for up to 30 days.

Chronic. This includes adenoiditis, the clinical symptoms of which persist for more than 1 month or are repeated more than 4 times a year. The role of pathogens is a combination of bacterial and viral infection. There are both primary chronic epipharyngitis and the consequences of inadequate therapy of the subacute form.

Chronic adenoiditis can manifest itself by various morphological changes in the parenchyma of the amygdala. Its main forms include:

Edematous-catarrhal. Exacerbation of the disease is accompanied by activation of inflammatory reactions in the amygdala, its pronounced swelling. The clinical picture is dominated by catarrhal symptoms.

Serous-exudative. It is characterized by the accumulation of a large number of pathogenic microorganisms and purulent masses in the recesses of the parenchyma. As a result, the amygdala becomes edematous and hypertrophied.

Mucopurulent. The inflammatory process is accompanied by the continuous release of a large volume of mucus with an admixture of purulent exudate. In parallel, the adenoid tissue progressively increases in size.

Based on the general condition of the patient and the severity of the existing clinical symptoms , it is customary to distinguish 3 degrees of severity of adenoiditis:

Compensated. It is often a physiological response to infectious agents. The deterioration of the general condition is poorly expressed or completely absent. Occasionally there is a violation of nasal breathing, night snoring.

Subcompensated. Clinical manifestations gradually increase, systemic intoxication occurs, corresponding to acute epipharyngitis. In the absence of proper treatment, the disease goes into a state of decompensation.

Decompensated. In this case, the pharyngeal tonsil loses its functions, turning into a focus of chronic infection. Local immunity is completely absent. Clinically, this is accompanied by pronounced symptoms.

References:

1. Borzov E.V. Adenoids. Pediatric otorhinolaryngology. Vol. 1. Edited by M.R. Bogomilsky, V.R. Chistyakova. 2005: 296-8. / Borzov R.V. Adenoides. Pediatric otorhinolaryngology. V. 1. Ed. By M.R. Bogomisly, V.R. Chistyakova. 2005: 296-8.
2. Volkov A.G., Davydova A.P., Khachkieva E.V. Our experience of conservative treatment of adenoiditis. Russian Rhinology, 2006, 1: 30-3. / Volkov A.G., Davydova A.P., Khachkieva E.V. Our experience of conservative adenoiditis therapy. Rossiyskaya Rinologia, 2006, 1: 30-3.
3. Gurov A.V. Edema of the mucous membrane of the upper respiratory tract. How to deal with it? RKJ,2009, 17(18): 1-4. / Gurov A.V. Swelling of the mucous tunic of the upper respiratory tracts. How to control it? RKZ, 2009, 17 (18): 1-4.
4. Zubkov M.N. Algorithm of therapy of acute and chronic infections of the upper and lower respiratory tract. RMJ, 2009, 17(2): 123-131./ Zubkov M.N. Algorithm of therapy of acute and chronic infections of upper and lower respiratory tracts. RMZ, 2009, 17 (2): 123-131.
6. Malyavina U.S. Topical preparations for the treatment of inflammatory diseases of the nose and nasopharynx in pediatric practice. RMZ, 2014, 26: 1921-1924. / Malyavina U.S. Topic drugs to treat inflammatory nose and nasopharynx diseases in pediatric practice.RMZ,2014, 26: 1921-1942.
7. Savvateeva D.M. The place of antiseptic drugs in the treatment of patients with acute infectious diseases of the upper respiratory tract. Research based on N.F. Gamalei Research Institute of Epidemiology and Microbiology. RMJ, 2015, 6:336-338. / Savvateeva D.M. Place of antiseptic drugs in therapy of patients with acute infectious diseases of upper respiratory tracts. Study on the basis of Gamalei Scientific and Research Institute of Epidemiology and Microbiology. RMZ, 2015, 6: 336-338.
8. DeDio RM, Tom LWC, McGowan KL et al. Microbiology of the tonsils and adenoids in a pediatric population. Archives of OtolaryngologyHead and Neck Surgery, 1998, 114: 763-5.
9. Suzuki M, Watanabe T, Mogi G. Clinical, bacteriological.