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SUBATROPHIC RHINITIS AND ITS AFFECTION

Khamraev F.X.
SMU DKTF Department Of Otorhinolaryngology Associate Professor, Ph.D., Uzbekistan

Khusanova Dilboza Abdukhamid Kizi
TMATB, Assistant Of The Department Of Otorhinolaryngology, Ophthalmology, Oncology And Medical Radiology, Uzbekistan

Normirova Nargiza Nazarovna
Assistant Of The Department Of Otorhinolaryngology, Ophthalmology, Oncology And Medical Radiology, TMATB, Uzbekistan

ABOUT ARTICLE

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Abstract: Atrophic rhinitis (AR) is a condition that affects the interior of your nose. The condition occurs when the tissue that lines the nose, known as the mucosa, and the bone underneath shrink down. This shrinking down is known as atrophy. It can lead to changes in function of the nasal passages.

INTRODUCTION

Typically, AR is a condition that affects both of your nostrils at the same time. AR can be very bothersome, but it's not life-threatening. You may require several types of treatment to resolve symptoms.

What are the symptoms?

AR can lead to many unpleasant symptoms. This includes a strong, foul smell. Often you won't recognize the smell yourself if you have AR, but those around you will notice the potent odor right away. Your breath will also smell particularly foul.

Other common symptoms of AR include:

- crusting that can fill the nose, often green
- nasal obstruction
- nasal discharge
- nasal deformity
- nosebleeds
- loss of smell or decreased smell
- frequent upper respiratory infections
- sore throat
- watery eyes
- headaches

In tropical regions, some people with AR may even have maggots living inside the nose from the flies attracted to the strong odor.

What are the causes and risk factors?

There are two different types of AR. You can develop the condition at nearly any time of life. Females have the condition more often than males.

Primary atrophic rhinitis

Primary AR occurs on its own without any prior conditions or medical events causing it. The bacterium Klebsiella ozaenae is often found when your doctor takes a culture of the nose. There are other bacteria that may be present if you have AR as well.

While it's not clear what exactly causes it, several underlying factors may put you more at risk for developing primary AR, including:

- genetics
- poor nutrition
- chronic infections
- anemia due to low iron levels
- endocrine conditions
- autoimmune conditions
- environmental factors

Primary AR is unusual in the United States. It's more prevalent in tropical countries.

Secondary atrophic rhinitis

Secondary AR occurs because of prior surgery or an underlying condition. You may be more susceptible to secondary AR if you've had:

- sinus surgery
- radiation
- nasal trauma

The conditions that may make you more likely to develop secondary AR include:

- syphilis
- tuberculosis
- lupus

You may also be more vulnerable to secondary AR if you have a significant deviated septum. Chronic cocaine use can also lead to the condition.

You may find that your doctor makes a diagnosis of AR after ruling out other conditions. Your doctor will diagnose the condition with a physical examination and a biopsy. They may also use X-rays to help them make a diagnosis.

There are a variety of methods to help treat AR. The main goals of treatment are to rehydrate the inside of your nose and to alleviate the crusting that builds up in the nose.

Treatment for AR is extensive and not always successful. You may find that a variety of treatments are necessary to manage the condition. Ongoing treatment is also necessary. Symptoms typically return when treatment stops.

Nonsurgical treatments try to help treat and minimize your symptoms. Surgical options narrow the nasal passageways to improve the condition.

The first-line treatment for AR includes nasal irrigation. This treatment can help reduce crusting in the nose by improving tissue hydration. You must irrigate your nose several times a day. The irrigation solution may consist of saline, a mixture of other salts, or even an antibiotic solution.

Additionally, your doctor may also suggest trying a product that helps prevent drying in the nose, such as glycerin or mineral oil mixed with sugar. This may be administered as a nose drop.

A recent study in India looked at the use of honey nose drops as a substitution for glycerin drops. In this small study, researchers observed that 77 percent of the participants who used honey nose drops had "good" improvement of their symptoms, compared to 50 percent who improved with glycerin drops. The study researchers believe that honey helps the body release substances important in wound healing, along with having antibacterial properties.

Prescription medication may also be useful to treat the condition. These options may help with the odor and fluid discharge caused by AR. You'll likely still need to engage in nasal irrigation during or after the use of these medications. There are many options available, including:

- topical antibiotics
- oral antibiotics
- drugs that dilate the blood vessels

Your doctor may also suggest wearing a nasal obturator in the nose to close it up. While this doesn't treat the condition, it does reduce problematic symptoms.

You may be able to avoid surgical procedures with this device as well as continue other treatments like irrigation when you remove it. This device is molded much like a hearing aid so it fits comfortably into your nose.

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Surgery treatment options

You may seek a more aggressive treatment for AR and undergo surgery. Surgery for AR will try to:

- make your nasal cavities smaller
- encourage the tissue in your nose to regenerate
- moisten your mucosa
- increase blood flow in your nose

Here are some examples of surgical procedures for AR:

Young's procedure

Young's procedure closes the nostril and helps heal the mucosa over time. Many symptoms of AR will disappear following this surgery.

There are some disadvantages to this procedure. They include:

- It can be difficult to perform.
- The nostril can't be cleaned or examined after surgery.
- AR may occur again.
- Individuals will have to breathe through the mouth and may notice a change in voice.

Modified Young's procedure

Modified Young's procedure is a simpler surgery to perform than the full Young's procedure. It's not possible in all people, such as those with large defects in their septum. Many of the shortcomings of this procedure are similar to Young's procedure.

Plastipore implementation

Plastipore implementation involves placing spongy implants under the lining of the nose to bulk up the nasal passages. The downside of this procedure is that the implants may come out of your nose and need to be reinserted.

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