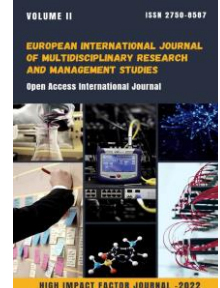


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HYPERTROPHIC RHINITIS IN CHILDREN: ENDOSCOPIC TREATMENT

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ABOUT ARTICLE

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Abstract: Hypertrophy of the turbinates with pathology of the mouth of the auditory tubes leads to tubal dysfunction with impaired nasal breathing. In this study, endoscopic treatment of 34 sick children (from 7 to 18 years old) with hypertrophy of the inferior turbinates and pathology of the mouth of the auditory tubes was carried out. Correction of the identified pathology was carried out by the endorhinological method using special manipulation otolaryngological instruments. The child underwent ultrasonic disintegration of the hypertrophy of the inferior turbinates and exfoliation in case of hypertrophy of the tubal tonsils, followed by dilatation with microrebidor.

INTRODUCTION

Turbinate hypertrophy (THR) in combination with the pathology of the auditory tube mouth (ATM) is one of the most common pathologies of the nasal cavity, nasopharynx and accounts for 12-34% of the

total number of otolaryngology diseases. As a result of impaired nasal breathing, tubal dysfunction is the development of pharyngitis, sinusitis, tonsillitis, conductive hearing loss and exudative otitis media. In advanced cases, the process is accompanied by adhesive and cicatricial changes. In traditional otolaryngology practice, the diagnosis, and even more so the treatment of hypertrophy of the turbinates and the mouth of the auditory tubes, presented certain difficulties associated with the impossibility of objective visualization. The capabilities of modern endoscopy have significantly increased, the quality of diagnosis and surgical treatment of turbinate hypertrophy of the ATM with the help of an endoscope, the doctor can monitor the entire process of the operation on the monitor screen in more detail, which significantly improves the results.

THE PURPOSE OF THE STUDY

Improving the effectiveness of the treatment of hypertrophic rhinitis and pathology of the auditory tube mouth using endoscopic one-stage surgery.

MATERIALS AND RESEARCH METHODS

To the Department of Otolaryngology of the Samarkand Regional Multidisciplinary Children's Center for the period from 2019 to 2022. 34 children aged 7 to 18 years with turbinate hypertrophy and ATM pathology were treated for treatment, 20 (58.8%) of them were boys and 14 (41.1%) were girls. All 34 patients were divided into 2 groups depending on the method of treatment: the control group consisted of 18 patients with THR and ATM, who were treated with conventional treatment (partial conchotomy and exfoliation of ATM). The main group included 18 patients with THR and ATM, who underwent pathology correction using methods in minimally invasive endorhinoplasty. All patients underwent a standard examination of the ear, throat and nose, clinical and laboratory examination of blood and urine parameters. The main method for diagnosing the pathology of the nasal cavity, UST was video endonasopharyngoscopy. For endoscopic diagnostics and treatment, we used an endoscope (viewing angle from 00, 300, 700) manufactured by CHANMED with a television set (made in Korea).

The use of an endoscope at the diagnostic stage allowed us to obtain objective information about the state of the nasal mucosa, nasopharynx, direct observation of turbinate hypertrophy, made it possible to judge the shape and volume of hypertrophy that caused the narrowing of the nasal passages, as well as hypertrophy of the tubal tonsils, the cause of auditory tube dysfunction. Endoscopic examination of the mucous membrane of the nasal cavity, turbinates and the mouth of the auditory tubes was performed in all patients in the sitting position. For a more distinct identification of various forms of chronic hypertrophic rhinitis and pathology of the mouth of the auditory tubes, accessible areas of the

mucous membrane were cleared of mucus using an electric suction. Then, with a light touch of a cotton swab, a 1% solution of adrenaline was applied to the cleaned surface of the lower and middle nasal concha. Examination with an endoscope was carried out, under local anesthesia with a 2% solution of lidocaine, inserting 3 times a minute.

Endoscopic examination took an average of 3-5 minutes. In all patients, hypertrophy of the inferior turbinates was combined with the pathology of the ATM, which led to the aggravation of nasal breathing disorders and the function of the auditory tubes. Correction of the identified pathology was carried out by the endorhinological method and the study of special manipulation instruments. Operations were performed in a planned manner under general intubation anesthesia with controlled breathing.

RESEARCH RESULTS

With endonasopharyngoscopy, a complete visualization of the nasal cavity was achieved, which is given, to reveal any lesions of the turbinates, the area of the mouth of the auditory tubes, to visualize their length and boundaries. Along with this, objective information was obtained on the state of the nasopharyngeal mucosa and lymphoid tissue.

Direct observations allowed us to identify hypertrophy of the adenoid tissue, which was the cause of mechanical occlusion of the pharyngeal mouth of the auditory tubes in 14 (41.1%) patients. Hypertrophy of the tubal tonsils was found in 7 (20.5%) children. In 3 (8.8%) patients, choanal polyps were detected, which were not diagnosed without imaging, in 2 (5.8%) patients, a lobular form of juvenile angiofibroma was found. In all patients, ATM pathologies were combined with hypertrophy of the inferior turbinates. What instilled in the aggravation of the function of the nose and auditory tubes. Dysfunction of the auditory tube became the cause of conductive hearing loss of the first degree in 5 (14.7%), exudative otitis media in 2 (5.8%), recurrent otitis media in 1 (2.9%) patients.

The choice of surgical tactics depends on the nature of the identified pathology. Patients with turbinate hypertrophy before interventions were treated with lubrication of the nasal mucosa with 2% lidocaine solution with the addition of 0.1% adrenaline solution. Carried out infiltration into the thickness of the lower shell 5 ml of 1% solution of novocaine with 5 drops of 0.1% solution of adrenaline. After general and local anesthesia, ultrasonic disintegration was performed by introducing jerky movements into the region of the anterior end of the inferior turbinate to its posterior section and with the same movements they were taken out. After that, the place of application of the disintegrator was welded by rotational movements of the disintegrator. With hypertrophy of the tubal tonsils, they were husked, followed by dilatation with a microdebrider through the endoscope. Patients with hypertrophy of the adenoid tissue

underwent Beckman's adenoidectomy under endoscopic control, which ensured complete removal of the adenoid tissue. Choanal polyps were removed with a polypotome. Removal of juvenile angiofibroma was carried out by open access according to Moore. Operations performed by the endoscopic method or under endoscopic control made it possible to achieve good hemostasis. For this purpose, in some cases, a coagulator was used. There were no complications in the early postoperative period.

CONCLUSIONS

Thus, the use of endonasopharyngoscopy, endorhinoplasty is an effective, minimally invasive technique, making it possible to choose the best option for interventions on THR and ATM while preserving the rest of the nasal cavity of the nasopharynx as much as possible.

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