



CLINICAL ANALYSIS OF ODONTOGENIC HYMORITRI DEVELOPMENT.

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Abstract: Odontogenic sinusitis is a disease characterized by inflammation of the mucous membrane of the upper jaw due to pathology of the teeth of the upper jaw or complications of dental interference. The cavity of the upper jaw borders on many important anatomical areas, which leads to the development of severe complications, including sinusitis, periostitis, osteomyelitis of the upper jaw, skin fistulas. In recent years, it has been possible to analyze the results of treatment of patients with odontogenic sinusitis, determine the modern diagnosis of the disease, determine its structure and features, evaluate the effectiveness of the selected approaches to surgical treatment, determine optimal, pathogenetically substantiated methods of treating patients depending on the form of the disease.

Key words: odontogenic sinusitis, sinus barofunction, extranasal endonasal method, angle of the inferior nasal concha (crista conchalis), forms of chronic odontogenic sinusitis (polyposis, cystic, etc.).

Аннотация: Одонтогенный синусит – это заболевание, характеризующееся воспалением слизистой оболочки верхней челюсти вследствие патологии зубов верхней челюсти или осложнений зубного вмешательства. Полость верхней челюсти граничит со многими важными анатомическими областями, что приводит к развитию тяжелых осложнений, включая синусит, периостит, остеомиелит верхней челюсти, кожные свищи. В последние годы удалось проанализировать результаты лечения больных одонтогенным синуситом, определить современный диагноз заболевания, определить его структуру и особенности, оценить эффективность выбранных подходов к хирургическому лечению, определить оптимальные, патогенетически обоснованные методы лечения пациентов в зависимости от формы болезни.

Ключевые слова: одонтогенный синусит, синусовая барофункция, вненазальный эндоназальный метод, угол нижней носовой раковины (Crista conchalis), формы хронического одонтогенного синусита (полипоз, кистоз и др.).

INTRODUCTION. Currently, chronic odontogenic sinusitis is one of the most common inflammatory diseases of the maxillofacial region and is a serious general medical and economic problem, since most patients are young and middle-aged people, i.e. the working population. The anatomical and topographic location of the maxillary cavity determines inflammatory processes and possible complications with them. Today, interest in the study of

chronic pathology of the maxillary cavity is growing, which indicates that a lot of scientific work is being done both in our country and abroad. The relevance of studying the problem of sinusitis is due to the emergence of increasingly sophisticated equipment that allows for microendoscopic surgical interventions. The emergence of new technology involves the development of advanced methods of surgical treatment that can reduce the percentage of early and late complications in the postoperative period. In the inflammation of the maxillary cavity, a special place is occupied by the odontogenic form, its frequency is 15-42%. Despite the emergence of new drugs, treatment and diagnostic equipment, the prevalence of chronic odontogenic sinusitis among inflammatory diseases increased from 5-7% in the 70s to 7.2% in the 90s. The majority (44-93%) of all patients with chronic odontogenic sinusitis seeking specialized care are people who developed or exacerbated the inflammatory process after contact with the permanent oral cavity during the removal of the upper teeth. Due to the lack of good results and the search for reliable and physiological methods of surgical treatment of chronic odontogenic sinusitis with or without communication with the oral cavity, a large number of surgical interventions have been proposed in the last decade aimed at treating the upper jaw cavity and eliminating communication between the oral cavity and the oral cavity. However, it should be noted that despite the many proposed treatment methods using surgical methods, the choice of treatment methods for such patients is still insufficiently covered in the literature, which means the need to analyze the results of endoscopic diagnostic methods and surgical treatment. In modern conditions, the need to select methods of diagnosis and surgical treatment of patients with odontogenic sinusitis determines the relevance of these studies.

STUDY OBJECTIVE .To improve the quality and efficiency of diagnostics and treatment of patients with odontogenic inflammation of the mucous membrane of the maxillary cavity by defining the necessary criteria, indicators and appropriate tactics of conservative and surgical treatment based on a comprehensive analysis of treatment results in modern conditions. Among all inflammatory diseases of the maxillofacial region, the prevalence of patients with odontogenic sinusitis has increased in recent years. Pain and heaviness in the maxillary cavity are often associated with mucous membrane edema, closure of the natural excretory duct, secondary trigeminal neuralgia and impaired sinus barofunction. From the patient history, it should be noted that the majority of patients (60%) developed the disease for the first time, 12 people (30%) developed chronic odontogenic sinusitis once a year, 10 patients (27%) developed chronic odontogenic sinusitis two or more times a year. Only 30 people (85%) associated the onset of the disease with the result of previous therapeutic or surgical dental treatment, which means the need for a deep etiologic search for odontogenic sinusitis and differential diagnostics with rhinogenic inflammation of the maxillary cavity. It should also be noted that 6 people (15%) were treated by an ENT doctor in outpatient or inpatient settings before hospitalization and after confirmation of the odontogenic nature of the disease. are referred to a specialized medical institution. This really indicates that an ENT doctor often encounters chronic odontogenic sinusitis. According to objective data, inflammatory osteoplasia of the oral mucosa was observed in 10 patients (30%), facial asymmetry due to soft tissue edema in the upper jaw - in 8 (24%), complications of caries and radicular cysts - in 5 (17%) and 9 (27%) patients, respectively, fistula in the oral cavity - in 17 cases. returned and amounted to 54%. Dental diseases were the causative agent in all patients, previously existing or previously removed first molars were the most common

causative agent in 28 patients (72%), and second molars - in 18 cases (36%). According to the conducted studies, chronic odontogenic sinusitis was detected in 22 patients. was diagnosed, in other cases the patient's condition was assessed as an exacerbation of an acute or chronic process. Left-sided localization of sinusitis is more common than right-sided, and amounted to -14 (63%) versus 8 (37%), respectively. The specific form of the disease was established as a result of an additional study, which mainly included orthopantomography and radiography of the nasal cavities. As can be seen from the information provided, odontogenic sinusitis is dominated by parietal hyperplastic, purulent and cystic forms of damage. The tactics of treating chronic odontogenic sinusitis were determined depending on the clinical picture of the disease. Repeated exudative forms of chronic sinusitis (catarrhal, serous, purulent) were usually treated conservatively. In this case, some of the means and methods of treatment used in the treatment of acute sinusitis are used. Some forms of chronic odontogenic sinusitis (with polyps, cysts, etc.) are effectively treated surgically. The main goal of surgical treatment of odontogenic sinusitis is the removal of damaged teeth and restoration of normal function of the damaged maxillary cavity. Modern ideas about the functional significance of the mucous membrane (the transport function of the floating epithelium) help to determine the maximum preservation of tissues. For this reason, some authors believe that scraping the mucous membrane of the sinuses during surgery for chronic sinusitis is equivalent to removing the mucous membrane of the bronchi in bronchitis. To consistently solve the tasks set, all patients were divided into 2 groups: - Group 1 (with nasal structure disorders) included 30 patients who underwent CT examination in the ENT department and maxillofacial surgery to clarify the pathology of the nose and paranasal sinuses. This group included patients with signs of inflammation in the sinus cavity and nasal septum, hypertrophy of the inferior turbinates. - Group 2 (nasal structure disorder) included 18 patients with a retention cyst in the sinus cavity admitted to the ENT and maxillofacial surgery departments. The main inclusion criterion in this group was patients with a unilateral retention cyst of the sinus cavity, with a straight nasal septum and changes in the turbinates. By means of vector analysis of the anatomy of the nasal cavity and paranasal sinuses in patients of the 1st group, the syntopy of the distal end of the lacrimal canal in relation to the inferior turbinate and the lower part of the nasal cavity was studied; The topographic relationship of the angle of the inferior turbinate (crista conchalis) with the level of the maxillary cavity and the distal end of the lacrimal canal is shown. The obtained data were subsequently used by specialists to develop an original method of endonasal access from the nasal cavity through the edge of the inferior membrane into the sinus cavity during surgical treatment of patients in this group.

CONCLUSION. The obtained results show that with the extranasal endonasal method, 7 days after surgery, the restoration of the mucous membrane of the nasal cavity and maxillary cavity significantly improves by 90%. Thus, in our opinion, the recommended method of surgical treatment is preventive surgical intervention, during which radical sanitation of damaged nasal cavities and restoration of the skeletal system are carried out, which together has a positive effect on the postoperative period and the results of surgical treatment.

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