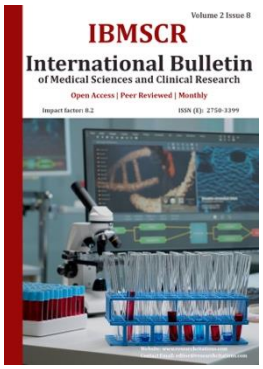

SURGICAL METHODS OF TREATMENT OF PATIENTS WITH POLYPOSIS RHINOSINUSITIS

Shamatov Islom Yakubovich
Associate Professor
Shopulotova Zarina Abdumuminovna
Assistant
Khayatova Shoira Telmanovna
Assistant
Abduzadirova Nargiza Batyrbekovna
Assistant
Yunusov Sardor Ashrafzoda
student
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ANNOTATION

Polyposis rhinosinusitis is a fairly common, but, oddly enough, little-studied pathology of the nasal cavity and paranasal sinuses. The very name "polyp" (from the Greek "poly" – a lot and "pus" – purulent leg) is a collective term used to designate pathological formations of various origins, rising above the surface of the mucous membranes of the organs of the gastrointestinal tract, respiratory and urinary tracts, uterus. Polyps are a rather motley picture of a variety of diseases, far from homogeneous in etiological, pathogenetic and morphological terms, from benign tumors to hyperplastic formations of an allergic or inflammatory nature. Therefore, it is pointless to look for any analogies in the etiology and pathogenesis of paranasal sinus polyps, for example, of the gastrointestinal tract or urinary tract. Polyposis rhinosinusitis is a completely independent disease, in no way related to polyps of other localizations either etiologically, morphologically, or pathogenetically. Polyps of the nasal cavity and paranasal sinuses have nothing to do with the group of benign tumors, although they are sometimes mistakenly placed in the section "Benign tumors of the nose" in textbooks. In the presence of a large number of polyps, the term "polyposis" is used, although the boundary between the concepts of "multiple polyps" and "polyposis" is arbitrary. According to most researchers, the term "polyposis" should be used when the number of polyps is more than 10 to 20. Sometimes you can find the term "nasal polyposis", which is not quite grammatically correct, or "nasal polyposis", as a copy of "nasal polyposis", the most common designation of this disease in English-language literature. But still, from our point of view, the most appropriate name for this etiopathogenetic form would be "polyposis rhinosinusitis", since it is the paranasal sinuses and, first of all, the cells of the ethmoid labyrinth that are the localization of this process.

Key words: Rhinosinusitis polyposis, nasal cavity, paranasal sinuses, inflammation, polyposis, shaver.

Relevance. Chronic polyposis rhinosinusitis (SPR) is currently one of the most common diseases, in particular, 3.2% of the population is infected with polyposis rhinosinusitis, according to some data, 5-6%. According to the statistics, the SPR disease increases with age, mainly people over 40 years of age suffer from this disease in 1.7% of cases. 1.5 million people are infected with SPR in Russia, this figure reaches 30-35 million people in the United States, and 1.2 million people are diagnosed with this disease in Uzbekistan. According to the European Position Paper on Rhinosinusitis and Nasal Polyps

(EPOS) consensus, SPR occurs in 2-4.3% of the European population. In addition, it is noted that subclinical forms of the disease are at a much higher level. In the early stages after surgical treatment, the percentage of recurrence of SPR diseases is observed from 19 to 60%, which largely depends on whether this disease is accompanied by bronchial asthma or the asthmatic triad [17]. Nasal and paranasal polyps are relatively common among diseases of the paranasal sinuses.

Treatment of patients with polyposis rhinosinusitis is one of the unsolved problems of modern rhinology: despite the variety of treatment methods used, it is difficult to achieve recovery of patients, because the disease is prone to recurrence. Among the theories of the origin and development of polyposis rhinosinusitis, infectious-allergic autoimmune, nervous-trophic, etc. are quite common. In the treatment of the disease and the selection of treatment methods, the presence of various pathologies of the bronchial system, polypous rhinosinusitis is a necessary prognostic factor. It is often associated with asthma and allergic rhinitis, but the cellular and molecular mechanisms underlying the clinical symptoms are not fully understood. Defects in the lining of sinonasal epithelial cells, increased exposure to pathogenic and colonized bacteria, and dysregurgitation of the body's immune system play an important role in the pathogenesis of the disease. Also, the role of mycotic, bacterial and viral sensitization is of great importance in the development of chronic rhinosinusitis and polyps of the nose, BYoB. Therefore, depending on the type of surgical intervention performed, it is necessary to carry out scientific research on the preparation of patients with SPR for surgery and the choice of a specific position regarding the surgical method and the post-surgical period.

The purpose of the work: to study options for the complex treatment of SPR and increase the effectiveness of treatment.

Materials and methods of scientific work. The scientific work was carried out in private enterprises "Saodat Medical" and Bionur med servis. The first group consisted of 30 people from 20 to 80 years old. 14 are women and 16 are men. Bilateral chronic polyposis ethmoiditis was diagnosed in 14 patients, chronic hypertrophic rhinitis in 9 patients along with polyposis ethmoiditis, nasal septum curvature was found in 6 patients with polyposis ethmoiditis. The disease was primary in 9 patients, and recurrent in 21 patients, including 6 patients, 2-3 times in 8 patients, and 1-12 times in 7 patients. In 14 patients, two-stage ethmoidoplepotomy was performed, and mainly local anti-inflammatory, hyposensitizing drugs were used in the area of the nasal side cavities. Taking into account that this area has a unique anatomical structure, a simple ethmoidotomy was performed at the first stage, and after 3-4 days, burning under the control of an endoscope, the maximum polypous tissue was carefully removed from the cells and walls where it had grown. In the post-surgical period, a chitoxin-gel hydrogel coating with an interleukin-1-V (RAIL) receptor antagonist, which has anti-inflammatory and anti-allergic effects, was applied to the area of the opened cavities. In the following days, after tampons were removed from the nose and BYoB, external phonophoresis with 9% hydrocortisone ointment, endonasal electrophoresis with 5% calcium chloride and 1% dimedrol solutions were performed. In 9 patients, polypotomy, gymoroethmoidotomy and ultrasound disintegration of the lower jaws were performed. In 6 patients, ethmoidotomy and submucous resection of the nasal cavity were performed.

The second group consisted of 40 patients aged 20 to 80, including 16 women and 24 men. 19 of them had bilateral chronic polypous ethmoiditis, 11 had paraethmoiditis, and 10

had polypous ethmoiditis along with chronic hypertrophic rhinitis and nasal obstruction. Polypous ethmoiditis and paraethmoiditis were detected for the first time in 5 patients, and in 35 patients the disease acquired a recurring character, including 9 relapses for the first time, 8 patients 2-3 times, 11 patients 4-5 times, and 7 patients 6-10 times. was found to be repeated. In this group of patients, endonasal polypotomy, ethmoidotomy, and paraethmoidotomy were performed, and on the 4-5th day after the operation, using the "KUA 02" apparatus, cryodestruction of the remnants of the nasal cavity and nasal polyposis was performed using the cryoapplication method. The third group included 30 people aged 20 to 65, 16 women and 14 men. 10 of them were diagnosed with polyposis ethmoiditis, 6 patients had the disease combined with polyposis sinusitis, 9 patients had polyposis sinusitis along with chronic hypertrophic rhinitis, and 5 patients had polyposis ethmoiditis as well as nasal obstruction. In 4 patients, the disease was diagnosed for the first time, and in 26 patients, it had a recurrent nature, including 7 patients who had relapses for the first time, 5 patients 2-3 times, 8 patients 4-5 times, 6 patients 10 times, and 1 patient more than 10 times. it was observed that it was repeated.

In the third group of patients, in the postoperative period, in order to reduce the reactivity of the parasympathetic nervous system, to reduce allergic changes in the nasal mucosa, and to improve tissue trophism, a novocaine blockade of the Vidiev nerve was performed through the buccal subscapular route. For this, the center of the proorbital line was determined, and the injection was made from this area. The needle is inserted into the surrounding tissue (continuous injection of novocaine) until it is fixed on the outer plate of the pterygium, then it is withdrawn halfway and directed anteriorly at an angle of 12-19° so that it enters the pterygo-palatine fossa, where the vidiev nerve passes, and again until fixation occurs. entered. On both sides, 5 ml of 2% lidocaine solution is injected.

Polyps and ethmoid bone cells of the first group or all groups were removed with a shaver in the version of partial ethmoidotomy or ethmoidectomy. With FESS surgery, the enlarged, minimally invasive structure of the anterior part of the nose is treated in order to improve air intake through the paranasal sinuses and mucus discharge from the airways.

Research results. As can be seen from the mentioned clinical description, the characteristics of the main disease and accompanying pathology in the nasal cavity were almost the same in all three groups of patients. Long-term results after treatment in all groups were analyzed after 18-24 months. In order to compare the efficiency of the used treatment methods, a 3-year (2020-2023) archival data analysis was conducted, the medical histories of 33 patients with polyposis ethmoiditis who were treated only by surgery were studied.

In the first group of patients, disease recurrence occurred only in 36.6% of cases, including 26.6% of mucous membrane polyposis changes, and this condition was evaluated by us as an early sign of the recurrence process, and in 10% of cases - small polyps that do not interfere with breathing through the nose. was determined. In the second group, 44.8% of observations revealed the recurrence of the polyposis process, 24.2% had polyposis-changed mucosa, 20.65% - small polyps in the nasal cavity and upper jaw after surgery. However, after 2 years, relapses of the disease appeared in 48.3% of those examined, including small polyps that did not interfere with breathing through the nose - in 22.2% of cases. In the third group, the recurrence rate was 22.6%, in which 12.2% of mucosal polyps changed.

In the first group of patients, a significant decrease in the sensitization of the organism to microbial antigens and polypous tissue led to a somewhat significant decrease in the

recurrence rate of polypous sinusitis in them over a certain period of time. The decrease in the number of relapses can be explained by the fact that cryodestruction reduces the hypersensitivity of the entire body and the mucous membrane of the nasal cavity, where the polyposis has changed. The decrease in the number of relapses in the patients of the third group is related to changes in the body, which are not reflected in the manifestation of the leukocytolysis reaction. In general, the low rate of relapse in the patients of the third group showed the effectiveness of the method.

Conclusion. Thus, in the treatment of polypous ethmoiditis and paraethmoiditis, the complex treatment options offered by us reduce the recurrence rates of the disease. However, the dynamics of sensitization changes in the patient's organism to microorganism and polyposis antigens confirm that in the postoperative period, it is advisable to combine surgical practice under general anesthesia with shaver method and the methods of introducing anti-inflammatory drugs into the mucous membrane of the nasal cavity by ultrasound and electrophoresis. will be. In the postoperative period in patients who have undergone endonasal surgery, the use of "chitoxin-gel" wound dressings together with RAIL allows to correct the amount of cytokines in the nasal discharge and to control acute local inflammation, which in turn allows for a rapid return of subjective symptoms, reactive leads to reduction of symptoms and shortening of hospitalization periods.

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