



MODERN OTORHINOLARYNGOLOGY OF CHILDREN AND ITS SIGNIFICANCE FOR PEDIATRICS

Abdullaeva Nurjakhon Juraboy kizi

Assistant of the Department of Pediatrics Faculty of Treatment, ASMI
<https://doi.org/10.5281/zenodo.7769045>

Annotation: Over the past decades, otorhinolaryngology, especially children's, has seen significant progress. It is associated with many factors, and above all with the introduction of new technologies and pharmacological agents in the practice of treating diseases of the ear, nose and throat in children.

Keywords: otorhinolaryngology, pediatrics, treatment, children, method, diagnosis.

INTRODUCTION

It is known that ENT organs are very important in the period of childhood. The normal function of the auditory, vestibular, gustatory and olfactory analyzers is a necessary condition for the full physical and mental development of the child. Diseases of the pharynx and nose, larynx and esophagus occur in the border area. ENT organs are the first to experience external influences, including environmental ones. It is thanks to the function of the mucous membrane and lymphatic formations, which trap viruses, microbes, allergens, dust particles, that the adverse effect of the external environment on the main organs and systems of the child's body is largely mitigated.

MATERIALS AND METHODS

At the same time, on the other hand, in cases of decompensation, the ENT organs themselves become foci of infection with all the ensuing consequences of toxic, reflexogenic, allergic and other effects on internal organs.

A focal inflammatory process occurs more easily, since the ENT organs, as a rule, are small cavities, narrow with a small diameter of the excretory openings, which contributes to a poor outflow of contents. The infectious focus in the paranasal sinus and tonsil becomes a constant source of adverse influence and a supporting factor for a wide variety of common diseases of the child, which must be eliminated in order to successfully treat the underlying disease.

RESULTS AND DISCUSSION

In addition to focal infection, the direct proximity of ENT organs to the brain (middle and inner ear), orbit (paranasal sinuses), lower respiratory tract, etc. is of great importance in the occurrence and development of common diseases.

Speaking about the importance of otorhinolaryngology, I would like to emphasize that its role is especially great for pediatrics. Thus, of the total number of patients seeking help for diseases of the ear, throat, nose, more than 50% are people under the age of 17–18, although this age is approximately only a quarter of a person's life.

After such a brief introduction, we should introduce pediatricians to the main changes that have taken place in our specialty in literally the last decades. This progress, of course, is primarily associated, as it is now in medicine in general, with the introduction of the latest modern technologies in the diagnostic and treatment process.

Modern diagnostics is now becoming one of the most important areas in otorhinolaryngology. As a matter of fact, our specialty arose in connection with the possibilities of endoscopy, the invention of the forehead reflector, electric lighting and viewing instruments - ear funnel, nasopharynx, laryngeal and nasopharyngeal mirrors, and all our research methods from the very beginning were called endoscopic. Progress in the field of optics and mechanics led to the appearance at first of rigid optical bronchoscopes, which made it possible to study and remove foreign bodies from the bronchi under anesthesia, which drastically reduced the number of tracheostomies, and then to the development of operating microscopes, which are now widely used in ear microsurgery, nose and its paranasal sinuses, as well as the larynx.

The latest development in the field of endoscopy is the use of fibroscopy. Flexible endoscopy is of particular importance in childhood and, first of all, for the diagnosis of nasopharyngeal diseases, since it is impossible to examine it in young children using posterior rhinoscopy. Endoscopic examination of the nasopharynx practically makes its x-ray examination unnecessary, and even more so digital.

Endonasal microsurgery made it possible to perform operations in the region of the posterior parts of the nose, for example, in case of choanal atresia, on the vomer under visual control. Endoscopic operations in the paranasal sinuses made it possible to abandon extensive radical operations for single polyps, parietal forms of sinusitis, cysts, etc. In the short term, adenotomy under the control of an endoscope, operations on the tubal tonsils, at the mouth of the auditory tubes, etc.

The issue of ear microsurgery is somewhat special. It should be recalled that it was otorhinolaryngologists who were the pioneers of microsurgery in our country. This was associated with the development of hearing-improving operations for otosclerosis and chronic and adhesive otitis media. This direction has been successfully developing for ten years. Tympanoplasty improves hearing in approximately 70% of patients.

The most recent achievements in ear microsurgery include cochlear implantation. This is a completely new direction, which consists in prosthetics of the inner ear, or rather, the cochlea, with complete sensorineural hearing loss, when amplifiers - hearing aids - do not bring any effect. Since, of course, it is impossible to remove the cochlea surgically, electrodes are inserted into its scala. The cochlear prosthesis itself is placed outside or in the burr cavity of the mastoid process of the temporal bone. The entire process of encoding the speaker's speech takes place in this processor, and the recoded signal is fed through the electrodes to the spiral ganglion. Thousands of such successful operations have already been performed in the world, including on children.

Endoscopic modern methods are also good in that they allow expanding the possibilities of surgical interventions, making them more specific, as well as using laser technologies. As a result, it is currently possible to avoid, for example, dissection of the larynx (laryngostomy) to remove congenital formations, scars, and even small tumors. A completely new direction was created - endolaryngeal microsurgery, which made it possible to remove papillomas of the larynx and trachea in deep-lying sections much more thoroughly, which was impossible using an operating microscope.

What is the role of a pediatrician in otorhinolaryngology: where is the limit of independent solution of some problems, and where is the intervention of a specialist necessary? This question is not easy.



First position: the pediatrician should act as actively as possible, take on many tasks, invite a specialist only in extreme cases. This decision came to us from the West and became very popular among health care organizers. However, there is a significant difference. It lies in the different training of the general practitioner in otorhinolaryngology. In the USA, for example, in order for a general practitioner to have the right to perform otoscopy, interpret the picture of the tympanic membrane and perform paracentesis, he undergoes 16 weeks of training, etc. Another position is that all patients are referred to an ENT specialist, even in the simplest cases.

Our point of view: the first and absolutely necessary condition for a pediatrician is to master the simplest endoscopy using a frontal reflector and typical instruments.

Second: there are manipulations that are unsafe for the patient, which the pediatrician should also master.

Third: the pediatrician needs to understand, first of all, the issues of tactics in relation to the main ENT diseases; know when to hospitalize; from what time it is necessary to start treatment and hearing aid, etc. In particular, this applies to neonatology. The role of the pediatrician is very important in cases where the first symptoms of common diseases appear in the ENT organs, for example, abscess pneumonia due to otogenic sepsis.

And, of course, the provision of emergency and emergency medical care, since there are quite a lot of such situations in otorhinolaryngology, it is not for nothing that the ENT specialty is sometimes called "stressful".

The most common situations are nosebleeds and laryngotracheal stenoses. It would seem that a simple question is the definition of contraindications to operations. However, mistakes here are fraught with very serious consequences, for example, with adenotonsillectomy.

In what main areas should we continue our joint work, what problems are common interests for otorhinolaryngologists and pediatricians?

1. The problem of allergies: the relationship between diseases of the upper respiratory tract and bronchial asthma, nonspecific lung diseases, chlamydial infection.
2. Focal infections (sinusitis, chronic tonsillitis) and their role in children with frequent acute respiratory viral infections.
3. Obstructive laryngotracheobronchitis, "false croup" (submucosal laryngitis).
4. Acute otitis media and recurrent otitis media in newborns and infants.
5. Acute, recurrent and chronic rhinosinusitis.
6. Chronic otitis media, early diagnosis of intracranial complications (brain abscess, meningitis), otogenic sepsis.
7. Orbital complications of rhinosinusitis.
8. Development of unified rational approaches to the effective use of antibiotics in pediatric otorhinolaryngology, including in children with chronic inflammatory processes of various organs and systems.
9. Determination of differentiated indications for prescribing topical anti-inflammatory, elimination, symptomatic (mucolytics, decongestants, antitussives, etc.) drugs with proven efficacy in various ENT pathologies.
10. Screening study of auditory function in newborns and subsequent rehabilitation.

CONCLUSION



In conclusion, I would like to inform pediatricians about the formation of a public organization in our country several years ago

Association of ENT Pediatricians. Under the auspices of this society, a number of scientific and educational manuals have already been published, children's otorhinolaryngologists take an active part in the work of conferences and congresses of pediatricians, represent otorhinolaryngology in the National Chamber, carry out expert work, etc.

References:

1. Demin VF, Violations of phosphorus-calcium metabolism in young children Lectures on Pediatrics on CD, RSMU. — 2015.
2. Melnik A.A. Reference values of laboratory parameters in children and adults. Kyiv, "Book plus". - 2010. - 456 p.
3. Gromova O.A. Elemental status in children with various consequences of perinatal CNS damage, Cand. doc. honey. Sciences, Ivanovo. - 2011. - 324 p.
5. Mukhina Yu.G., Shcheplyagina L.A., Banina T.V., Khaustova G.G. Calcium deficiency in diseases of the digestive tract in children // Farmateka. - 2017, No. 1 (136). — pp. 37–39.

