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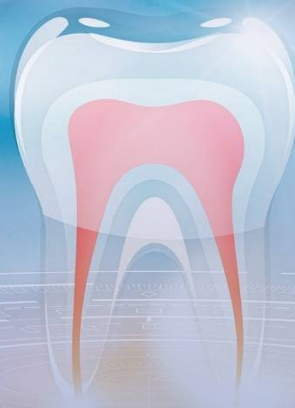
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Nematov Uktam Suyunovich  
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## OPERATSIYADAN KEYINGI YALLIG'LANISH JARAYONINING BURUN BO'SHLIG'INING QON TOMIR O'SMALARINI TASHXISLASH VA DAVOLASH



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### ANNOTATSIYA

Gemangiomalarni ikkita asosiy morfologik tipi farqlanadi: kapillyar va kaverno (aralash). Kapillyar gemangiomalarni uchrash darajasi birmuncha yuqori bo'lib, eng ko'p hollarda ularning joylashuv o'rni burun to'sig'i sanaladi, kaverno gemangiomal esa ayni paytda ko'proq burun lateral devorida joylashadi. Bir tomonlama burundan qon ketishi va burun bitishi kapillyar gemangiomaning birmuncha yaqqol klinik belgilaridan sanaladi. Afsuski, gemangiomalarni qaytalanish ko'rsatkichi 15% gacha yetishi mumkin. LOR-a'zolarining qon tomir o'smalari muammosi o'ta dolzarb sanalib, uni hal qilinishi katta amaliy ahamiyatga ega.

**Kalit so'zlar:** burun bo'shlig'i, xavfsiz qon tomir o'smalari, klinik ko'rsatkichlari

Неъматов Уктам Суюнович  
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## ДИАГНОСТИКА И ЛЕЧЕНИЕ ДОБРОКАЧЕСТВЕННЫХ СОСУДИСТЫХ ОПУХОЛЕЙ НОСОВОЙ ПОЛОСТИ ПОСЛЕОПЕРАЦИОННОГО ВОСПАЛИТЕЛЬНОГО ПРОЦЕССА

### АННОТАЦИЯ

Различают два основных морфологических типа гемангиом: капиллярные и кавернозные (смешанные). Частота встречаемости капиллярных гемангиом несколько выше, и в большинстве случаев их локализацией является носовой барьер, в то время как кавернозные гемангиомы чаще локализуются на боковой стенке носа. Одностороннее носовое кровотечение и заложенность носа являются одними из наиболее очевидных клинических признаков капиллярной гемангиомы. К сожалению, частота рецидивов гемангиом может достигать 15%. Проблема сосудистых опухолей ЛОР-органов считается крайне актуальной, и ее решение имеет большое практическое значение.

**Ключевые слова:** носовая полость, доброкачественные сосудистые опухоли, клинические показания

Nematov Uktam Suyunovich  
Lutfullaev Gayrat Amrullaevich  
Samarkand State Medical University

## DIAGNOSIS AND TREATMENT OF BENIGN VASCULAR TUMOURS OF THE NASAL CAVITY POSTOPERATIVE INFLAMMATORY PROCESS

### ANNOTATION

There are two main morphological types of haemangiomas: capillary and cavernous (mixed). The incidence of capillary haemangiomas is slightly higher and in most cases their localisation is the nasal barrier, while cavernous haemangiomas are more often localised on the lateral nasal wall. Unilateral nasal bleeding and nasal congestion are among the most obvious clinical signs of capillary haemangioma. Unfortunately, the recurrence rate of haemangiomas can be as high as 15%. The problem of vascular tumours of the ENT organs is considered extremely urgent and its solution is of great practical importance.

**Keywords:** nasal cavity, benign vascular tumours, clinical indications

**Relevance:** Among all benign tumours occurring in humans, vascular tumours account for 1-7%. These tumours are localised in the head region in 60-80% of cases. When the nasal cavity is

considered an unusual location for haemangiomas, its proportion among all tumours is 2-3% and among benign tumours it is 7% [1]. Haemangioma occurs in all age groups, and several peaks

can be distinguished: including children and adolescents, while it is more common in women of reproductive age, with an equal distribution in the group over 40 years of age. There are a number of theories of pathogenesis, which are often recognised to be related to traumatic tissue injury and hormonal factors (pregnancy, taking oral contraceptives).

There are two main morphological types of haemangiomas: capillary and cavernous (mixed) [2]. The incidence of capillary haemangiomas is slightly higher, and in most cases their localisation is the nasal barrier, while cavernous haemangiomas are more often localised on the lateral nasal wall.

Unilateral nasal bleeding and nasal congestion are among the most obvious clinical signs of capillary haemangioma. Unfortunately, the recurrence rate of haemangiomas can be as high as 15% [6]. The problem of vascular tumours of the ENT organs is considered extremely urgent and its solution is of great practical importance.

The above-mentioned case and data indicate that the diagnosis and treatment of benign vascular tumours of the nasal cavity are among the pressing problems of otolaryngology and require comprehensive research[3]. The aim of the work was determined to improve the diagnosis of the disease and improve the results of complex treatment in patients with haemangiomas of the nasal cavity [1]. To achieve this goal, it will be necessary to identify the peculiarities of the clinical course and morphological signs of benign vascular tumours of the nasal cavity, improve early diagnosis and evaluate the results of complex treatment of hemangiomas of the nasal cavity with prevention of postoperative bleeding[7].

The scientific novelty of the work consists in revealing changes in the indicators of endotoxemia arising under conditions of MDA and UWM accumulation in blood plasma, increase in Mda/ka ratio, as well as decrease in catalase activity and protein stability coefficient. The research work shows the diagnostic significance of endotoxemia criteria. The complex application of Aps essential oil is justified and its efficacy in the treatment of benign vascular tumours of the nasal cavity has been proved[10]. The positive antioxidant effect of Aps essential oil on the clinical state of endotoxemia indicators has been established. The treatment of benign tumours of the nasal cavity was improved[8].

The practical significance of the work lies in the fact that the appointment of complex treatment with the use of aps oil extract in a short time eliminates endogenous intoxication of the body, restores the processes of LPO and mitigates clinical signs in patients with benign vascular tumours of the nasal cavity. Complex treatment is recommended for application in practical medicine for treatment of patients with benign vascular tumours of the nasal cavity[9].

**Purpose:** to study the intensity of clinical manifestations of postoperative inflammatory process of benign vascular tumours of the nasal cavity.

**Materials and methods:** the study was conducted in the department of otorhinolaryngology of the multidisciplinary clinic of Samarkand State Medical University from 2014 to 2023.

**Results:** 93 people were included in the study and divided into the following groups.

I main group (n=53), all patients were administered Polydex and fennel oil on the background of traditional therapy after surgical treatment. To obtain reliable information the main group was divided into 2 subgroups:

Subgroup A (N = 25) patients taking Polydex preparation against the background of AD;

Subgroup B (N = 28) patients taking Polydex with fennel oil against the background of AD.

comparison group (n=20) patients receiving conventional treatment.

The control group (N = 20), consisting of practically healthy people, was chosen for detailed study of data on endogenous intoxication and nasal function indices.

The distribution of patients by sex was as follows: 48 women (65.7%) and 25 men (34.3%)

Working age patients aged 18-60 years were included in the study, but most patients developed the disease in 47 cases (64.3%) aged 18-44 years and 26 cases (35.6%) aged 45-59 years. Determination of the functional status of Bbxth was performed in all patients with voluntary signing of consent for the study. According to the results of the healthy group in the control group, normal nasal cavity MST is  $13.2 \pm 1.5$  minutes, Bbxth suction capacity  $-2.2 \pm 0.7$  yu.u.s.ni organised. According to the results of saccharin test in the preoperative period, the mucosal function system in the main group:  $19.2 \pm 1.5$  and  $20 \pm 1.7$  min, respectively. was. As shown in Table 1, the absorptive function indices of MST and bbxto were almost identical.

The operation is performed as follows. The intervention is performed under local anaesthesia using a Lange loop. Using this instrument, the polyp is grasped and cut. If the resulting spot is located on the nasal lattice, a loop pen is used. Bleeding is less common with this operation. The procedure lasts on average one hour. At the end of the operation, the mucosa is disinfected and tampons are placed (tampons with petroleum jelly are placed in the patient's nostrils). Endoscopic surgery is performed under local anaesthesia.

An endoscope with a camera is inserted into the patient's nasal cavity, with the help of which the size and location of the masses can be seen and assessed. After the surgical intervention, daily examinations and ligament replacement were performed, and dynamic changes in the clinical picture of the postoperative inflammatory process were noted on the 3rd, 7th, 10th and 14th day on the basis of scoring characteristics. Intensity of clinical manifestations of the postoperative inflammatory process in patients of the control group who received traditional treatment.

Assessing the hyperaemia of the mucosa in the postoperative zone, we observed that the severity of this manifestation in the inflammatory process was characterised on average as 2.0 points (1.0-2.0) and that (on average) by the 7th and 10th day there was a significant return, and by the 14th day - complete disappearance. Changes in the study of mucociliary transport of the nasal mucosa in dynamics after surgery in patients of the control group (N=20).

In addition to the abovementioned, when examining the comparison group (20 patients) who had previously undergone surgery by surgical method, the most important of them (affecting the presence of complications and deterioration of the quality of life in the late postoperative period) were noted. In the control group, recurrence of BBXQTO was observed in 7 (35.0%) patients.

#### *Clinical situation*

1-Clinical observation. Patient S., 28 years old (case history No. 1972/11), pregnancy - 32 weeks, in September 2017 applied with complaints of difficult nasal breathing, recurrent bleeding from the left side of the nose and anosmia, significant difficulty breathing through the nose on the left side, deviation towards dryness. He recorded the above signs as of August 2017. From



the medical history, it is known that the left side nose bleeding first occurred at 30 weeks of gestation and 140 and 80 mm systemic blood pressure. Systolic increased to. The bleeding is stopped by a rare anterior tamponade. The patient notes that the intensity and duration of nosebleeds increase with each subsequent time. The indicators of the haemostasis system in pregnancy, haemoglobin level were at the level of normal.

Two weeks before hospitalisation, an outpatient otolaryngologist performed an endoscopic examination of the nasal cavity - a tumour in the form of a polyp was found in the left half of the nose, which bled on probing. MRI of the nose and lateral nasal cavities (without contrast agent injection) on the left side revealed a tissue rounded formation of the nasal cavity, which filled the posterior parts of the nasal cavity from the middle of the left middle nasal shell to the left choana with axial dimensions of 2.5x2.0 cm and vertical dimensions of 3.0-3.5 cm. The mass partially pushed the nasal barrier backwards and caused destruction of the nasal barrier. Biopsy of the tumour was accompanied by severe bleeding. According to the histological examination (#2213-03, capillary hemangioma) the tumour consists of densely arranged small capillaries.

General blood analysis: Hb-80; Eryth. - 3,0; RK-0,9; OZ. - 10,8; Ect - 23 mm/s; Sukharev blood coagulation: bashl.- 2,4; end - 3,8; thrombus - 188; EOS - 6; Neut: bacillus venom-5; segm.venom-82; lymph - 53; mono - 11. ECG: without pathology.

During 5 days in the department primary haemostatic therapy was carried out with the patient injected with 5 ml of 5% Trexamine solution between the muscles once a day in order to prevent bleeding during the operation. Under local application anaesthesia of the nasal cavity mucosa (Sol. Lidocaine 10% 2 ml) endonasal removal of the tumour was performed. Haemostasis with hemostatic swabs is performed on both nasal halves. The surgical material is sent for histological examination. In the postoperative period, the patient took haemostatic and systemic antibacterial therapy for prophylactic purposes under the supervision of a gynaecologist. The swab from the nasal cavity was removed on the 2nd day after surgery, then a cotton

swab with antiseptic ointment was inserted. Then it was recommended to rinse the nose with physiological solution for 1 month. In 1 month after the operation an endoscopic examination of the nasal cavity was performed and it was found that the mucous membranes of the nasal cavity were pink, the nasal mucous membranes had not changed, there were no detachments, breathing through the nose was free. After 21 days for control (15.11.19.) during examination the patient complained of nasal congestion and dryness of the nasal mucosa.

The postoperative period was uneventful. The nasal cavity was rinsed daily (2 times a day). The patient was discharged from the hospital in satisfactory condition on the 5th day. In toto biopsy data did not differ from the preoperative findings (final diagnosis - erosive capillary haemangioma of the nasal barrier). One month after surgery, the patient continued anti-tumour therapy with tamoxifen (20 mg/day). Against this background, during regular follow-up examinations, anterior rhinoscopy revealed mucosal thickening in the area of the upper edge of the nasal barrier perforation, which was removed on 21 February 2014 under local anaesthesia using a radiofrequency scalpel. Biopsy showed that this thickening was a haemangioma. No complications were noted in the postoperative period. The patient was under outpatient observation.

He came in 3 months after discharge from the hospital because of nosebleeds and headache. A repeat CT scan showed no evidence of a volumetric mass. On follow-up examination 6 months after surgery, the patient did not complain and there was no suspicion of tumour recurrence. Microbiological analysis: negative.

**Conclusion:** Thus, functional impairment and nasal bleeding did not disappear completely after conventional treatment. In patients with vascular derivatives safe for nasal cavity there was a significant increase of Mda up to 86.4% against the background of catalase activity decrease up to 67.8%, accumulation of Mda 254 up to 130.4% and MDA 280 up to 58.6%, while OBC decreased up to 75.4% and Mda/ka ratio increased 6.14 times. The above can be used as additional criteria in the diagnosis of vascular lesions.

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# ЖУРНАЛ СТОМАТОЛОГИИ И КРАНИОФАЦИАЛЬНЫХ ИССЛЕДОВАНИЙ

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