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HYPERTROPHIC RHINITIS AND DISINTEGRATION OF THE MOUTH OF THE AUDITORY TUBE

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ГИПЕРТРОФИК РИНИТ ВА ЕШИТИШ НАЙЧАСИНИНГ ДЕЗИНТЕГРАЦИЯСИ

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ГИПЕРТРОФИЧЕСКИЙ РИНИТ И ДЕЗИНТЕГРАЦИЯ УСТЬЯ СЛУХОВОЙ ТРУБЫ

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Резюме. Гипертрофик ринит кўпинча оториноларингологиянинг долзарб муаммоларидан бири бўлган ва доимий равишда етакчи тадқиқотчиларнинг диққат марказида бўлган эшитиш найчасининг дисфункцияси (ЭНД) олиб келади. Тадқиқот давомида насткки бурун йўлларининг гипертрофияси ва эшитиш найчалари патологияси бўлган 6 ёшдан 19 ёшгача бўлган 46 беморнинг маълумотлари ўрганилди. Эндориножарроҳлик аралашуви даволаш усули сифатида махсус отоларингологик манипуляция асбоблари ёрдамида амалга оширилди. Эндоскопик усулларнинг самарадорлиги, минимал инвазивлиги, бурун бўшлигининг қолган қисмини сақлаб қолиши имконияти билан исботланган.

Калит сўзлар: эшитув найи дисфункцияси, гипертрофик ринит, эшитув найи тешиги, ультратовушли дезинтеграция, микродребидор.

Abstract. Hypertrophic rhinitis most often leads to dysfunction of the auditory tube (DAT), which is one of the urgent problems of otorhinolaryngology and constantly remains in the focus of attention of leading researchers. In the course of the study, the data of 46 patients aged 6 to 19 years with hypertrophy of the inferior turbinates and pathology of the mouth of the auditory tubes were studied. Endorhinological intervention was performed as a treatment method using special otolaryngological manipulation instruments. The effectiveness, minimally invasiveness of endoscopic methods was proven, with the possibility of preserving the rest of the nasal cavity of the nasopharynx.

Key words: tube dysfunction, hypertrophic rhinitis, mouth of the auditory tubes, ultrasonic disintegration, micro-drebidor.

Relevance. Eustachian tube dysfunction (ETD) is one of the urgent problems of otorhinolaryngology and constantly remains in the focus of attention of leading researchers. Some form of ETD affects about 40% of children aged 6 to 18 years. Due to the structurally and functionally close connections between the auditory tube and the nasopharynx, with inflammation of the mucous membrane of the upper respiratory tract, a chain of pathogenetic changes develops, including in the area of the pharyngeal mouth of the auditory tube. 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 otolaryngological 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 auditory tube mouth with the help of an endoscope, the doctor can monitor the entire operation process in more detail on the monitor screen, which significantly improves the results.

Purpose of work. Improving the effectiveness of the treatment of hypertrophic rhinitis and pathology of the auditory tube orifice using endoscopic single-stage surgery.

Materials and methods. In the department of otolaryngology of the Samarkand regional multidisciplinary children's center for the period from 2018 to 2020. 46 children aged 6 to 19 years with turbinate hypertrophy and pathology of the auditory tube orifice were treated for treatment, of which 28 (60.8%) were boys and 18 (39.2%) were girls. All 46 patients were divided into 2 groups. The main group included 22 patients who underwent pathology correction using methods in minimally invasive endorhinology. The control group consisted of 24 patients with hy-

hypertrophic rhinitis, who underwent traditional treatment (partial conchotomy and enucleation of the auditory tube mouth). All patients underwent a standard examination, clinical and laboratory examination according to the standard of the Republic of Uzbekistan. The main method for diagnosing the pathology of the nasal cavity 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. An endoscope examination was performed, under local anesthesia, 2% lidocaine solution was inserted 3 times per minute.

Endoscopic examination took an average of 3-5 minutes. Operations were performed in a planned manner under general intubation anesthesia with controlled breathing. In all patients, hypertrophy of the inferior turbinates was combined with the pathology of the mouth of the auditory tube, which led to the aggravation of nasal breathing 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.

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 18 (41.1%) patients. Hypertrophy of the tubal tonsils was found in 9 (20.5%) children. In 4 (8.8%) patients, choanal polyps were detected, which were not diagnosed without imaging, in 3 (5.8%) patients, a lobular form of juvenile angiofibroma was found. In all patients, the pathology of the

mouth of the auditory tube was 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 caused conductive hearing loss of the first degree in 7 (14.7%) patients, exudative otitis media in 3 (5.8%), recurrent otitis media in 2 (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. All cases of treatment were rated as successful, but in comparison, the indicators of the main group prevailed.

Conclusion. Thus, the use of endonasopharyngoscopy, endorhinology is an effective, minimally invasive technique, making it possible to choose the best option for interventions in hypertrophic rhinitis and pathologies of the mouth of the auditory tube with the maximum possible preservation of the remaining parts of the nasal cavity of the nasopharynx.

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Резюме. Гипертрофический ринит чаще всего приводит к дисфункции слуховой трубы (ДСТ), что является одной из актуальных проблем оториноларингологии и постоянно остается в центре внимания ведущих исследователей. В ходе исследования изучены данные 46 больных в возрасте от 6 до 19 лет с гипертрофией нижних носовых раковин и патологией устья слуховых труб. Было произведено эндоринохирургическое вмешательство в качестве метода лечения с использованием специальных отоларингологических манипуляционных инструментов. Было доказано эффективность, малоинвазивность эндоскопических методов, с возможностью сохранения остальных отделов носовой полости носоглотки.

Ключевые слова: тубарная дисфункция, гипертрофический ринит, устья слуховых труб, ультразвуковая дезинтеграция, микродрейдор.