Features of the Management of Patients with Long-Term Forms of Chronic Sinusitis

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ABSTRACT

The main objective of functional microendoscopic surgery of the sinuses is to restore the area of the medullary complex and restore air exchange and drainage function of the altered sinuses through physiological pathways. Removal of purulent and polyposis tissue from the cells and walls expanded from polyposis tissue was carried out under the control of the endoscope.

Keywords: purulent sinusitis, polyposic maxillary sinusitis, microendosurgery.

Relevance. According to epidemiological studies, over the past ten years, the number of cases with sinusitis has increased by 3%. Among the population, an average of 5 – 15% of adults and 5% of children experience an incidence of any form of acute sinusitis(O's). Acute sinusitis in most cases is treated conservatively and usually does not require surgical intervention. But if complications arise, it is advisable to carry out surgery. Especially if there is a risk that inflammatory processes will penetrate into neighboring organs and the orbital area, into the brain, in this case there will be a risk of developing meningitis or encephalitis, orbital (Ocular) Complications. In the chronic course of the disease, surgical treatment is recommended. In the case when patients suffer from chronic forms of sinusitis (haymoritis, frontitis, etc.), this leads to the manifestation of persistent nasal adhesions, impaired nasal breathing, persistent headaches and other conditions. The introduction of microsurgical methods into practice the development of minimally invasive methods of surgical intervention, functional surgery of the nasal cavity and sinuses is defined as a qualitatively new approach to the treatment of sinusitis. But modern surgical methods do not reduce the incidence of these diseases. In this regard, we set ourselves the goal – to prevent the transfer of infection to the chest and other areas during operation through microsurgical operation, timely elimination of inflammation and removal of nasal sinus polyps.

The purpose of the study. So, we need to improve the methods of endoscopic treatment of chronic purulent rhinosinusitis in children and optimize new methods of treatment.

Research materials and methods: for the study, we observed 50 patients in the private clinic "Saomed" at the base of the Department of Otorhinolaryngology No. 1 of Sammu. The average age of patients is from 2 to 15 years. 28 girls v 22 boys.

The patients were divided into two groups: 25 main patients and 25 controlled patients. Bilateral chronic purulent gaymoretmoiditis in 15 (30 %) patients, polyposis gaymoritis in 10 (20 %) patients, polyposis gaymoritis in 15 (30 %) patients caused chronic hypertrophic rhinitis, and a tilt of the nasal barrier in 10 (20%) patients.

The main group of patients consists of: 8 (32%) patients with bilateral chronic

gaymaroetmoiditis, 5 (20%) patients with polyposis gaymaroetmoiditis. 8 (32%) patients with polyposis etmoiditis with hypertrophic rhinitis, 4 (16%) patients with chronic purulent gaymaritis.

Patients in the control group are as follows: 7 (28 %) patients with bilateral chronic purulent gaymaroetmoiditis, 6 (24%) patients with polyposis gaymaroetmoiditis, 5 (20%) patients with polyposis etmoiditis in combination with hypertrophic rhinitis, 7 (28%) patients with chronic purulent gaymaritis; in 12 (24%) patients, the disease occurred for the first time, in 24 (48%) patients in the case of first-time recurrence, 2-3 repetitions were observed in 7 (14%) patients, and 7-8 repetitions were observed in 2 (4%) patients. All patients in the control group underwent etmoidotomy, polypoetmoidotomy, and polypogaimoroetmoidotomy surgeries. After the operation, it was traditionally treated. Treatment was carried out locally and in general. Basically, the drugs used have a local anti-inflammatory and hyposensitizing effect: they are glucocorticosteroids. For purulent inflammations, broad-spectrum antibiotics were used. In cases where severe pain is disturbed, ibuprofen gave an effective ratija. The next day, after removing the tampon from the nasal cavity, a cotton swab with synthamycin mazi was inserted into the nasal cavity. All patients of the main group were operated under microendoscopic control. The main purpose of mycoendoscopic sinus surgery is to restore the osteomeotal complex zone and restore ventilation and drainage of the damaged sinuses through physiological pathways. Under the control of the endoscope, the maximum removal of pus and polyposis tissues from the cells and walls of the existing area of polyposis tissue was carried out. At the same time, an operation was carried out on the oblique nasal barrier and the nasal shell. The first three days after the operation, the patient systematically took corticosteroids. Intranasal corticosteroids were then prescribed for a period of 6 months to 1.5-2 years. In addition, for several days, patients underwent an examination of the nasal cavity under the supervision of an endoscope, removing the affected and pathological parts from the nasal cavity. Thus in one patient not one at a time multiple operas are performed.

Research results. With the help of optical instruments (endoscopes, microscopes), the practice of visual controlled surgery allows you to minimize injuries and carry out the operation more safely. Helps to completely remove polyps in all paranasal sinuses under microendoscopic control. It also requires constant supervision of patients in the post-operative period. The combination of the use of steroids and endoscopic rhinosurgery, such complete control of the period after its operation is to restore breathing through the nose and reduce the recurrence of nasal cavity polyposis. As can be seen from the above clinical characteristics, in two large groups the main disease in the nasal cavity and the nature of the factor that led to the pathology were the same. Recurrence of the disease in patients in the main group occurred in only two patients (4%), and in these patients the mucous membrane changed. Repeated polyposis and purulent inflammatory processes in patients in the control group were detected in 15 (60%) patients, polyposis changes in the mucous membrane occurred in 8 (32%) patients, small polyps in the nasal cavity, upper jaw, and ethmoidal sinuses in 2 (8%) patients. Long-term results of treatment after 12-18 months were observed in the entire group.

Conclusion. Hence, microendoscopic surgery in the nasal cavity and additional sinuses of the nose allows the patient to recover faster, especially in severe cases of sinusitis, when the endochirurgical approach significantly accelerates healing. Also, after microendoscopic surgery in various sinusitis, approximately 90% of patients have improved axval and decreased patient recurrence.

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