Clinic And Course Of Acute Otitis Media In Children With Type 1 Diabetes Mellitus

Narzullaev N.U Bukhara State Medical Institute
Kurbonov M.K. Bukhara State Medical Institute

ABSTRACT

The purpose of this study is to study the features of the clinic and the course of acute otitis media in children with type 1 diabetes mellitus. It has been shown that in type 1 diabetes mellitus, children under 14 with acute otitis media account for 60 patients. Of these, 32 patients are boys, and 28 girls. As a result of the analysis of our data, it was found that the most common signs of acute otitis media in children are: ear pain, suppuration, fever, toxicosis, exsicosis. The peculiarity of the clinical manifestation of acute otitis media in children, in our opinion, is primarily associated with both the biological properties of the underlying disease (damage to immunocomponent cells) and the anatomical and physiological characteristics of the child's body. Summarizing, it should be noted that the clinic and the course of acute otitis media in children with DM are similar to those in children who do not have diabetes mellitus, that is, when choosing antibiotic therapy, doctors should follow the same recommendations as in the treatment of acute otitis media in immunocomponent children.

Keywords: acute otitis media, diabetes mellitus, children, antibiotic therapy

Relevance. The problem of type 1 diabetes mellitus (DM) in children is relevant in connection with the ongoing development of a pandemic of this disease among the child population of the whole world [1,8].

ENT disease is one of the most common and dangerous diseases of childhood, occurs as a complication of viral, respiratory, bacterial, fungal infections. One of the serious complications of childhood diabetes is the defeat of the upper respiratory tract, where the risk of developing intracranial complications increases dramatically, leading to an unfavorable outcome of the underlying disease [2,6].

Recently, diseases of the middle ear have been leading in the structure of childhood morbidity worldwide. According to the World Health Organization (WHO), approximately 15-20% of the world's adult population and 10-150.4 children suffer from some form of otitis media. Among the clinical forms of otitis media, acute otitis media accounts for 50-59% in children, while the incidence of chronic otitis media ranges from 5 to 20%, which leads to a high burden on the healthcare system [3,4,9]. Currently, an average of 400 million people are infected with diabetes mellitus, more than 15 0/6 of which are children. With the combination of CCA and DM, prerequisites are created for the persistence of the focus of purulent infection, as well as for the progression of spleen lesions in children. Timely detection and early treatment of middle ear diseases in children with DM will provide a favorable prognosis for both diseases, given their mutually aggravating effect. At the same time, the identification of common syndromes and their pathogenesis in DM and AOM is a priority in the field of pediatrics and otorhinolaryngology [5,7].

Another classic manifestation of DM that an otorhinolaryngologist may encounter is the development of acute otitis media. This dictates the urgent need for research.

In this regard, the purpose of this study was to study the features of the clinic and the course of acute otitis media in children with type 1 diabetes mellitus.

Materials and research methods.

For the period from May 2021 to July 2023, 60 children diagnosed with type 1 diabetes were under our supervision. The study was conducted on the basis of the regional children's multidisciplinary hospital. Diagnosis of DM was established on the basis of order No. 542 of Health. The material of the study was 60 sick children for 2021-2023 up to 14 years old with diabetes. Boys make up 32 (53.3%) patients, and girls 28 (46.7%).

Children were examined regardless of the presence of complaints. In addition to standard research methods (general blood count, urine, bacteriological and biochemical studies), we conducted a thorough otorhinolaryngological (otoscopy, anterior rhinoscopy, laryngoscopy, accumetry, impedancemetry, audiometry, vestibulometry) examination in all children, and in 8 (13.4%) x-ray study.

Results and discussions.

As a result of the analysis of our data, it was found that the most common signs of acute otitis media in children are: ear pain (100%), suppuration (100%), fever (100%), Pinz symptom (30%), Wache symptom (47%), sepsis (43%), meningism phenomenon (17.7%), convulsions (42%), breast rejection (29.4%), toxicosis (12%), exsicosis (56%), nasal discharge (29.4%) and malaise (5.6%). Most children had candidal lesions of the middle ear.

The peculiarity of the clinical manifestation of acute otitis media in children, in our opinion, is primarily associated with both the biological properties of the virus (rapid replication, damage to immunocomponent cells, high genetic variability), and anatomical and physiological features. benignities of the child's body. These include the inability to develop an adequate immune response against diabetes mellitus, a large number of target cells for the virus, the physiological immaturity of various systems and organs, including the middle ear.

As a result, children experience a more rapid formation of a deep immunodeficiency state (IDS) and severe multiple organ pathology, including a wide range of virus-associated (basic symptoms), opportunistic infections, and malignant tumors, which causes difficulties in the clinical diagnosis of DM in childhood.

Conclusion. Thus, in summary, it should be noted that the clinic and the course of acute otitis media in children with diabetes are similar to those in children who do not have diabetes mellitus, that is, when choosing antibiotic therapy, doctors should follow the same recommendations as in the treatment of acute otitis media in immunocomponent patients. children.

Literature:

1. Azova E.A. Complications of type 1 diabetes mellitus in children and adolescents: regional monitoring, optimization of medical care // International Journal of Endocrinology. 2019. - No. 4.-S. 24-28.
2. Kosyakov S.Ya., Lopatin A.S. Modern principles of treatment of acute otitis media, protracted and recurrent acute otitis media. //RMJ.-2002.-№20.-S.903–909.
3. Kryukov A.I., Turovsky A.B. Clinic, diagnosis and treatment of acute inflammation of the middle and outer ear //www.MedLinks.Ru.-2010.-S.43-45.
4. Narzullaev N.U. Clinical and epidemiological characteristics of acute otitis media in HIV-infected children. Tibbiyotda yangi kun. No. 2 (26). Tashkent 2019.-p.227-229.
5. Narzullaev N.U. Cytokine profile of children with acute inflammation of the middle ear with acute respiratory disease during treatment. Dr. Ahborotnomashi. No. 2. Samarkand. 2019.-S.80-83.
1. 6 Daly KA, Brown JE, Lindgren BR et al. Epidemiology of otitis media onset by six months of age. Pediatrics 2019; 103:-R.1158–66.

6. Dowell, S. F., Butler, J. C., Giebink, G. S. et al. Acute otitis media: management and surveillance in an era of pneumococcal resistance – a report from the Drug-resistant Streptococcus pneumoniae Therapeutic Working Group. Pediatr. Infect.Dis. J. 18 (2009).-R.1-9.
2. 8.Healy GB. Otitis media and middle ear effusions. In: Ballenger JJ, Snow JB, Ed. Otorhinolaryngology: Head and Neck Surgery. 15th edition. Baltimore: Williams & Wilkins, 2006: 1003–1009.
3. 9. Marchisio, P., Principi, N., Sorella, S., Sala, E. & Tornaghi, R. Etiology of acute otitis media in human immunodeficiency virus-infected children. Pediatr. Infect. Dis. J. 15 (2016), 58–61.