



Treatment Of Patients with Chronic Atrophic Nazopharengitis

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ABSTRACT

Serum iron is transportable and closely interacts with all types of active iron in the body. A total of 218 patients were examined, followed up for periods from 1 to 6 years. The duration and number of courses of iron therapy depends on the initial level of serum iron and its dynamics during treatment. The amount of iron in the blood serum of donors ranges from 74,8 to 119.0 mg in men 11 from 55,7 to 104,3 mg in women. When examining practically healthy people, we received the following results: for men $62 \pm 3,8$ mcg, women $67 \pm 3,9$ mg. In the patients with atrophic rhinitis observed by us, the level of non-hemoglobin iron in the blood was significantly lower than normal and averaged $43 \pm 2,5$ mcg for men, and $38 \pm 2,8$ mcg for women. Based on our results, we recommend conservative treatment, including iron supplements and antimicrobial agents, for minor and moderate atrophic nazopharengitis, as well as in all elderly people.

Keywords:

Atrophic nazopharengitis, hyposiderosis, subatrophy, serum iron.

Introduction. Chronic atrophic nasopharyngitis is a persistent, long-lasting disease that significantly reduces the ability to work of patients and sharply limits their work and social contacts. There are many methods of treating patients with atrophic nasopharyngitis, but almost all of them are so ineffective that many patients, having lost faith in the capabilities of medicine, do not seek help at all. When establishing the clinical form of the disease, we distinguished three degrees (or stages) depending on the severity of the typical symptoms of this process: atrophy, width of the nasal cavity, number of crusts, severity and persistence of the unpleasant odor, degree of decrease in the sense of smell, dryness of the pharynx, soreness and burning sensation in the throat. In differential diagnosis, the main importance was attached to the identification of hyposmia, which, as a rule, always occurs even at the very beginning of the disease, and the

results of bacteriological and serological studies.

The main difficulties in treating patients with atrophic nasopharyngitis are related to the fact that the etiology and pathogenesis of the disease are still not clear. Of the numerous interpretations of atrophic nasopharyngitis, the infectious theory and hyposiderosis hypothesis currently have the largest number of supporters. Iron serum is a transport agent and is in close interaction with all types of active iron in the body. Determining its content in blood serum makes it possible to judge both the state of iron metabolism and reserves, and the functional activity of the bone marrow. At the same time, there is no definite relationship between the level of serum iron in the blood, on the one hand, and the number of red blood cells, the percentage of hemoglobin, on the other. Moreover, iron deficiency in the body can occur even with a normal amount of hemoglobin and

red blood cells, since the function of hemoglobin formation is the most important in iron metabolism and hemoglobin synthesis occurs satisfactorily until the complete depletion of iron reserves in the body. On the other hand, the theory of hyposiderosis, put forward by I. Bernat, for the first time made it possible to explain many features of the course and spread of ozena, as well as nasopharyngitis, and put into the hands of the doctor the most effective method of treating patients. At the same time, the occurrence of atrophic nasopharyngitis cannot be explained only by iron deficiency conditions, since it is known that chronic iron deficiency anemia is not always accompanied by signs of the disease. It is necessary to plan and carry out treatment taking into account the degree of the disease and the age of the patients.

The purpose of the study was to introduce treatment tactics for patients with atrophic nasopharyngitis.

Materials and methods of research. At the Department of Otorhinolaryngology No. 2 of Samarkand Medical University, a comprehensive method of treating patients with atrophic nasopharyngitis has been developed, in which persistent positive results (practical recovery and significant improvement) were noted in 163 (85%) of 218 patients observed for a period of 1 to 6 years.

The method we propose differs from all those previously used in that, firstly, it is based on two factors present in atrophic nasopharyngitis and playing a decisive role in the pathogenesis of the disease: hyposiderosis and infectious onset; secondly, the therapy is based on clear laboratory tests that allow precise dosing, individualization and control of the treatment.

In this regard, we classify atrophic nasopharyngitis as a polyetiological disease. It is possible that both noted factors play a role in its development: hyposiderosis. In this case, the primary one, in our opinion, is hyposiderosis, which occurs as a result of any external or internal causes leading to a disruption of iron metabolism, which, weakening the patient's body, causes initial atrophic changes in the tissues of the nose and nasopharynx, which contributes to the introduction of an infectious agent. Although these assumptions have not

been experimentally confirmed and require thorough study, the very fact of the presence of hyposiderosis and infection in atrophic nasopharyngitis indicates that the treatment of these patients should be carried out using a comprehensive method, and its main components should be antimicrobial agents and iron preparations.

In young patients with atrophic nasopharyngitis in the presence of significant deformation (expansion of the nasal cavity), this treatment is supplemented by surgical intervention involving narrowing of the nasal passages.

As evidenced by the data of many authors, in patients with atrophic nasopharyngitis throughout the entire observation period, in most cases (on average about 20%), *Klebsiella ozena* is cultured and antibodies are determined in the blood serum. This suggests that antimicrobial therapy for atrophic nasopharyngitis should be carried out for a long time, with periodic repeated courses. When choosing a drug, you must be guided by data from a sensitivity study of the vegetative flora of the nose. Of the currently used antibiotics, the most widely used

Of the new drugs for oral use, we recommend using ferrociron in the form of tablets of 0.3 g (containing 0.04 g of iron) 3 times a day after meals for 30 days.

We prescribed the second course of iron therapy most often after 4-6 months in the amount of 1.0-1.5 g of soluble iron, and subsequent ones - only when the process worsened. persons with low and unstable serum iron levels were given a preventive course consisting of 10-15 injections in the spring for two years.

It should be noted that with all treatment options, especially at first, it is necessary to widely carry out various hygienic measures aimed at mechanical removal of pathological contents from the nasal cavity, especially crusts, which are the main source of unpleasant odor; for this purpose, it is recommended to use tight tamponade of the nasal passages cotton-gauze swabs (according to Gottstein), moistened with petroleum jelly or any other fat, followed by rinsing the nasal cavity and pharynx with saline solution using a syringe and Kulikovskiy needle.

The manipulation is performed daily or every other day (but not less often), since the formation of crusts and the appearance of a strong odor occurs after two days. Subsequently, after 2-3 weeks, when the contents of the nasal cavity and pharynx liquefy and the rejection of crusts becomes easier, the patient should rinse the nose with an alkaline solution or a decoction of emollient herbs 2-3 times daily, using a rubber bulb - a syringe. When crusts are localized in the pharynx and larynx, appropriate rinses, inhalations, infusions, etc. are used.

In conclusion, we can say that treatment of patients with atrophic nasopharyngitis is a long and painstaking task, requiring great perseverance and patience from the doctor and the patient. However, with careful implementation and a full course of complex treatment, in most cases it is possible to alleviate the patient's condition and obtain good results. Based on our results, we recommend conservative treatment, including iron supplements and antimicrobial agents, for minor and moderate atrophic nasopharyngitis, as well as for all elderly people.

Conclusions

1. Treatment of patients with atrophic nasopharyngitis must be carried out using a complex method, taking into account the presence of iron deficiency anemia and infection with *Klebsiella* Abel Levenberg.
2. For atrophic nasopharyngitis, conservative treatment is indicated, including soluble iron preparations and antimicrobial agents.

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