



METHODS OF IMPROVING THE DIAGNOSIS OF CHRONIC RECURRENT RHINOSINUSITIS

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✓ *Resume*

Chronic rhinosinusitis is a chronic inflammation of the mucous membrane of the paranasal sinuses. For the study, 110 patients and 20 healthy people who were treated in hospital with chronic recurrent rhinosinusitis were examined. The patients were divided into 3 groups: group I - mild severity (n=51), II - moderate severity (n=45), III - severe severity (n=14). Subjective in determining the severity of rhinosinusitis is the analysis of the severity of the disease with the help of VAS, that is, the collection of complaints and anamnesis. The severity of rhinosinusitis in this case will be based solely on subjective data, and this often leads to an incorrect assessment by the patient of his condition.

Keywords: chronic rhinosinusitis, visual analog scale, subjective data.

SURUNKALI QAYTALANUVCHI RINOSINUSITLAR TASHXISINI TAKOMILLASHTIRISH USULLARI

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✓ *Rezyume*

Surunkali sinusit burun oldi bo'shliqlari shilliq qavatining surunkali yallig'lanishi hisoblanadi. Tadqiqot uchun surunkali rinosinusit bilan stasionar sharoitda davolangan 110 nafar bemor va 20 nafar sog'lom odamlar tekshirildi. Bemorlar 3 guruhga bo'lindi: I guruh – engil kechish (n=51), II – o'rta og'ir (n=45), III – og'ir kechish (n=14). Sub'yektiv ma'lumotlarni, ya'ni shikoyat va anamnez yig'ish, KASh yordamida kasallik og'irlik darajasini tahlil qilish rinosinusitlar og'irlik darajasini aniqlashda sub'yektiv bo'lib hisoblanadi. Bunday holatda rinosinusitlar og'irlik darajasi faqatgina sub'yektiv ma'lumotlarga asoslangan bo'ladi va ko'pincha bu bemorlarda o'zini holati noto'g'ri baholashiga olib keladi.

Kalit so'zlar: surunkali rinosinusit, ko'ruv analog shkalasi, sub'yektiv ma'lumotlar.

МЕТОДЫ УСОВЕРШЕНСТВОВАНИЯ ДИАГНОСТИКИ ХРОНИЧЕСКОГО РЕЦИДИВИРУЮЩЕГО РИНОСИНУСИТА

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✓ *Резюме*

Хронический риносинусит - это хроническое воспаление слизистой оболочки околоносовых пазух. Для исследования были обследованы 110 больных и 20 здоровых людей, получавших лечение в стационарных условиях с хроническим рецидивирующим риносинуситом. Пациенты были разделены на 3 группы: I группа – легкая степень тяжести (n=51), II – средняя степень тяжести (n=45), III – тяжелая степень тяжести (n=14). Субъективным при определении степени тяжести риносинусита считается анализ степени тяжести заболевания с помощью ВАШ, то есть сбор жалоб и анамнеза. Степень тяжести риносинусита в этом случае будет основываться исключительно на субъективных данных, и зачастую это приводит к неправильной оценке самим пациентом своего состояния.

Ключевые слова: хронический риносинусит, визуальная аналоговая шкала, субъективные данные.

Relevance

Chronic sinusitis is a chronic inflammation of the mucous membrane of the nasal cavities. According to modern classifications, chronic sinusitis is divided into primary and secondary sinusitis, respectively, these categories are also divided into local and diffuse sinusitis, depending on the anatomical distribution. Bilateral sinusitis, which is unilateral and bilateral, is the result of other pathological conditions [1,2,3]. In clinical practice in Russia the altered classification of B.S.Preobrazhensky is rooted, according to which the exudative (catarrhal, purulent, etc.), excretory (accompanied by excretory changes in the mucous membrane), alterative and mixed forms are distinguished.

The disease is now recognized as a polyethiological, and many factors play an important role in its origin: congenital features of the immune system, disturbances in the normal anatomy of the nasal cavity, as well as inflammatory and affecting factors in the environment [4]. Innate features of the immune system include defects of cell membranes, hypersensitivity of cloud cells, violation of receptors on the upper respiratory mucosa, laryngitis and silences on the cell's immune system. In patients with polyposis rhinosinusitis, there is an increase in the absolute and relative amount of natural killers and a decrease in the amount of T-cells [5,6]. These factors are not considered sufficient for the origin of polyps, but as a result, the sensitivity of the mucous membrane to external influences and infectious factors increases. Accordingly, pathogen responds with long-term contact with bacteria and fungi or physical factors of the environment, with the persisting of viruses on the mucous membrane, with the formation of polyps on the mucous membrane. The disturbed anatomy of the intranasal structures also has a pathological effect: for example, in the curvature of the nasal barrier, a violation of the evacuation of the mucous membrane from the nasal cavity, in the hypertrophy of the tumor of the hangover, a hole in the upper jaw is suspended, which provides a long-term connection of the mucous membrane with aggressive factors. In each of the individual cases, all factors have their own specific weight, and the decisive value will be only one of them.

In the literature, the pathogenesis of chronic sinusitis is often associated with genetic factors, which determine the specific features of nospecific immunity and the resistance of the mucous membrane to microorganisms [7]. Similarly, hypotheses first appeared in scientific studies on mucovissidosis, where there are opinions that this genetic disease is accompanied by a defect in the barrier of mucous immune systems and that ENT organs are accompanied by chronic types of inflammatory diseases, especially chronic rhinosinusitis [8]. In modern literature, studies on the importance of genetic factors in the origin of chronic sinusitis are also found [9]. Accordingly, at present, genetic factors have been identified in many chronic diseases, including bronchial asthma, chronic sinusitis, we can expect that these factors will continue to be studied [10].

Purpose of the study: Patients with chronic rhinosinusitis (CRS) to evaluate the clinical anamnestic characteristics.

Material and methods

The study was conducted in the Department of Otolaryngology of Bukhara Regional Multidisciplinary Medical Center and selected 110 patients treated with CRS inpatient settings for 2021 years. The average age of patients: up to 17-70 years.

Criteria for inclusion in the study: the presence of chronic inflammatory processes in the nasal cavities.

Exclusion criteria: polyps of the mucous membrane of the nasal cavity, odontogenic rhinosinusitis, orbital and cranial rhino sinusitis as complications, concomitant diseases of ENT organs (chronic decompensated tonsillitis, chronic rhinitis), the presence of atopy in the Anamnesis (allergic rhinosinusitis, pollinosis, other allergic diseases), chronic somatic diseases (arterial hypertension, ischemic heart disease, bronchial asthma, chronic obstructive diseases of the lungs and other). The control group was formed by a group of healthy people with untreated and chronic diseases of breathing through the nose aged 20-38 years (n=30).

Clinical examination of all patients, including collection of complaints and Anamnesis, general examination, palpation and percussion of the side of the nose, instrumental examination methods-rhinoscopy and endoscopic rhinoscopy of the nasal cavities of the "Stema" company 0°, 30°, 45°, 70° in order to determine the intensity of pain, imaging solid endoscopes with viewing angles were used visual analog scale (VAS).

During the examination, all patients were divided into 3 groups for the degree of remission of the disease: I group – mild severity (n=51), II – moderate severity (n=45), III – severe severity (n=14).

Results and discussion

VAS was conducted to determine the severity of rhinosinusitis in all 110 patients. Table 1 provides sub-data that determine the severity level of the disease in patients. EPAS 2012 (Faggens W.J. et al., 2012), the light weight level was considered when patients collected from 0 to 3 points, the medium – heavy level – from 3 to 7 points, the steal level-from 7 to 10 points, however, for the presence of 3 and 7 points in the determination of 2 weight levels (light and medium weight level, medium and heavy level), 3 points were included

Table 1

Determination of weight level using VAS

| Weight level | Light level | | | | Medium heavy level | | | | Heavy level | | |
|--------------------|-------------|-----|------|------|--------------------|------|------|------|-------------|-----|----|
| | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Points | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Number of patients | 1 | 9 | 15 | 26 | 11 | 12 | 11 | 11 | 10 | 4 | 0 |
| % | 1,1 | 9,9 | 16,5 | 28,6 | 12,1 | 13,2 | 12,1 | 12,1 | 11 | 4,4 | 0 |

According to the results of VAS, mild course of the disease was detected in most patients - 51 patients with chronic rhinosinusitis. In 45 patients, the moderate severity of the disease and the severe degree in 14 patients were determined. According to sub-data, mild severity of the disease was observed in the majority of patients. Based on VAS data, the number of patients who collected from 0 to 3 points was 51 (56.1%), and they were assessed as mild; The number of patients who collected from 4 to 7 points was 45 (49.5%), and they were assessed as moderately severe; the number of patients who collected from 8 to 10 points was 14 (15.4%) and they were assessed as severe. VAS is based on sub-data and is not compatible with clinical data.

A randomized method was used to separate the patients depending on the severity of the disease. When using this method, it will be necessary to take into account the signs that affect the results of the examination and to take into account the equal distribution of these signs among the verifiers. Such symptoms include: increased or absent body temperature, the degree of development of sinusitis (runny nose, the arrival of detachment from the nose), the presence of local pain in the area of the side cavities of the nose, the absence of systemic inflammatory process, depending on laboratory indicators (leukocytosis, ESR increase, SRP increase), assessment of the quality of life of patients with VAS (Table 2).

Mild course of the disease was detected in 46 patients. The average age of patients was 17-65. Sinusitis of the upper jaw cavity was detected in 40 patients, frontitis in 3 patients, sphenoiditis in 1 patient, mixed sinusitis in 4 patients. The course of the disease with a moderate severity was determined in 33 patients, the average age of which was 18-70. Sinusitis of the upper jaw cavity was detected in 19 patients, frontitis in 5 patients, sphenoiditis in 1 patient, mixed sinusitis in 8 patients. The severe course of the disease is detected in 31 patients, the average age of patients is 17-69. Sinusitis of the upper jaw cavity was detected in 9 patients, frontitis in 3 patients, sphenoiditis in 3 patients, mixed sinusitis in 16 patients.

Conclusion

Analysis of the severity level of the disease using KASh, collecting data on the subject, namely complaints and Anamnesis is considered to be the subject of determining the severity level of rhinosinusitis. In this case, the weight level of rhinosinusitis will be based only on sub-data and often this will lead to an incorrect assessment of the condition in patients. It is not always effective to determine the weight level of a particular type of rhinosinusitis based on the clinical symptoms of the disease, which in turn requires dynamic monitoring of patients.

Table 2

Distribution of patients according to clinical groups

| | I group (n=46) | II group (n=33) | III group (n=31) | Control group (n=20) |
|--|---------------------------|----------------------------|-----------------------------|---------------------------------|
| Body temperature | 36,5±0,08 | 37,7±0,06 | 38,4±0,05 | 36,6±0,01 |
| p-compared with group I | | p<0,001 | p<0,0001 | |
| p-compared with the II group | | | p<0,001 | |
| p-compared with the control group | p<0,001 | p<0,001 | p<0,001 | |
| Many differences of | p<0,001 | | | |
| Difficulty breathing through the nose | ++ | +++ | +++ | - |
| Screen flow through the nose | + | ++ | +++ | - |
| Local pain | - | ++ | +++ | - |
| Number of leukocytes, 10 ⁹ /l | 7,1±0,09 | 10,5±0,089 | 13,3±0,07 | 5,9±0,12 |
| p-compared with group I | | p<0,001 | p<0,0001 | |
| p-compared with the II group | | | p<0,001 | |
| p-compared with the control group | p<0,001 | p<0,001 | p<0,001 | |
| Many differences of | p<0,001 | | | |
| ESR | 8,8±1,03 | 10,9±2,03 | 23,8±3,6 | 6,5±0,7 |
| p-compared with Group I | | p<0,001 | p<0,0001 | |
| compared with the p-II Group | | | p<0,001 | |
| p-compared with the control group | p<0,001 | p<0,001 | p<0,001 | |
| Many differences of | p<0,001 | | | |
| SRP | 25±3,6 | 34±2,7 | 62,2±5,6 | 7,2±2,0 |
| p-compared with group I | | p<0,001 | p<0,0001 | |
| p-compared with the II group | | | p<0,001 | |
| p-compared with the control group | p<0,001 | p<0,001 | p<0,001 | |
| Many differences of | p<0,001 | | | |
| VAS | 1,8±0,5 | 5,9±0,9 | 8,7±0,6 | 0 |
| p-compared with group I | | p<0,001 | p<0,0001 | |
| p-compared with the II group | | | p<0,001 | |
| p-compared with the control group | p<0,001 | p<0,001 | p<0,001 | |
| Many differences of | p<0,001 | | | |

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