



COMPLEX TREATMENT OF CHRONIC RHINOSINUSITIS IN THE PERIOD

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✓ Resume

Analyzed the results of complex treatment of chronic rhinosinusitis in the period of exacerbation in 43 patients. Comprehensive treatment included intradermal local antibiotic therapy, low-frequency ultrasound therapy. In the control group, 33 patients were treated in the traditional way with the use of parenteral administration of antibiotics, sinus puncture, vasoconstrictor drugs, and physiotherapeutic treatment.

Key words: chronic rhinosinusitis, grand-local local antibiotics, ultrasound therapy, sinuses.

КОМПЛЕКСНОЕ ЛЕЧЕНИЕ ХРОНИЧЕСКОГО РИНОСИНУСИТА В СТАДИИ ОБОСТРЕНИЯ

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✓ Резюме

Проанализированы результаты комплексного лечения хронического риносинусита в период обострения у 43 больных. Комплексное лечение включало внутрикожную локальную антибиотикотерапию, низкочастотную ультразвуковую терапию. В контрольной группе 33 больным пролечены традиционным способом с применением парентерального введения антибиотиков, пункции пазух, сосудосуживающих препаратов и физиотерапевтическое лечение.

Ключевые слова: риносинусит хронический, локальная антибиотикотерапия, ультразвуковая терапия, синусы носа.

ҚЎЗҒИШ ДАВРИДАГИ СУРУНКАЛИ РИНОСИНУСИТНИ КОМПЛЕКС ДАВОСИ

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✓ Резюме

43 беморда қўзғалган сурункали риносинусит комплекс давоси натижалари анализ қилинди. Комплекс даво ўз ичига тери остига маҳаллий антибиотикотерапия ва паст частотали ультратовуш терапияларини олди. Назорат гуруҳидаги 33 бемор традицион усулда даволанди.

Калит сўзлар: сурункали риносинусит, териости маҳаллий антибиотикотерапия, ультратовуш терапия, бурун синуслари.

Relevance

Chronic rhinosinusitis (CRS) is one of the most common diseases [1,4,6]. The steady increase in the incidence, its progressive course leads to tangible economic losses.

The development of new effective methods of treatment with a pathogenetic focus of action, contributing to the mobilization of non-specific factors of protection and functional reserves of the body, reducing the drug load to the required minimum in this category of patients are relevant and priority in rhinology [2,3,5].

Purpose of the study: To scientifically substantiate the feasibility of the combined use of low-frequency ultrasound with regional antibiotic therapy in the treatment of chronic rhinosinusitis.

Materials and methods

In the ENT department of the clinic No. 1 of the State Medical Institute, in the period from 2019 to 2021, 47 patients aged 15 to 53 years were treated. There were more women than men (26 (55.3%) and 21 (44.7%) respectively). The duration of the disease ranged from 1 to 5 years.

All patients were divided into two groups - the main group (43 people) and the control group (33 people). The selection criteria were the presence of an exacerbation of CRS, confirmed by the data of anamnesis, ENT examination. All patients underwent a standard examination of the ENT organs, bacteriological examination of pathological discharge from the paranasal sinuses and the nasal cavity, an assessment of the olfactory function using a set of aromatic substances, radiography or computed tomography (CT) of the paranasal sinuses (SNP). Along with this, a scoring of the severity of symptoms and the effectiveness of treatment was carried out on an analog-point scale.

The main group received an antibacterial drug (cefamed) by endonasal intradermal administration against the background of NUS after preliminary sinus evacuation, as well as daily anemization of the nasal mucosa and oral administration of antihistamines.

The control group received conventional treatment including parenteral use of an antibacterial drug (cefamed at a dosage of 1 g 1 time per day) in combination with punctures, physiotherapy, daily anemization of the nasal mucosa and oral administration of antihistamines. Evaluation of the effectiveness of treatment was carried out on the basis of an objective examination, including a standard examination of the ENT organs, endoscopic examination of the nasal cavity, functional examination: olfactometry (at the beginning and at the end of treatment), anterior active rhinopneumometry (at the beginning and at the end of treatment), severity score scale symptoms (at the beginning of treatment, at the end of treatment), scoring of the effectiveness of treatment (at the end of treatment). We also compared the duration of the patient's stay in the hospital, as well as the number of ENT manipulations performed. The presence and severity of reactive phenomena, and pain on palpation in the area of the projection of the maxillary sinuses were taken into account. Nasal breathing, smell, the nature of the mucous membrane, the nature of the discharge were assessed. All patients underwent R-graphy or CT of SNPs at the beginning of treatment.

To select an antibacterial drug, data were taken into account on the spectrum of pathogens during exacerbation of a chronic process, a wide spectrum of antibacterial action of the drug, a long half-life, a good affinity for the mucous membrane of the upper respiratory tract, good tolerance and a minimum number of side effects. All of the above requirements are met by the drug called cefamed.

In physiotherapeutic practice, the use of (NUZ) (44 kHz), the study of the therapeutic possibilities of which in diseases (SNP) seems appropriate due to the large penetrating power of low-frequency ultrasonic vibrations. Including in the air environment and the ability to have not only a reflex, but also a direct effect on the pathologically altered paranasal structures, which can help improve the effectiveness of treatment. NUS has an antimicrobial, stimulating microcirculation, anti-inflammatory effect, enhances the diffusion of antibiotics in tissues, stimulates nonspecific resistance of the body, and has an immunostimulating effect. NUS has a more pronounced nasal bactericidal and loosening effect, changes vascular and epithelial permeability more strongly, promotes the introduction of a larger amount and to a greater depth of medicinal substances, with phonophoresis.

In patients of the main group, cefamed was injected endonasally intradermally into the area of the ala of the nose from the side of the vestibule. To prepare an antibiotic solution, a 1% solution of novocaine was used, which caused the absence of pain. A syringe with a thin needle was used for injection, which made the method atraumatic. The drug was administered at a dosage of 200 mg once for the entire course of treatment. Clinical efficacy is due to the prolonged circulation of the antibiotic in therapeutic concentration in the lymph and its slow entry into the affected organ. After a single application, a depot of the drug was created in close proximity to the affected organ.

Evaluation of the effectiveness of treatment was carried out at the end of the patient's stay in hospital. The scoring was carried out by us, where 1 point meant no effect, 2 points - a satisfactory effect, 3 points - a positive effect. The analysis showed that in 22 (91.6%) patients of the main group and in 16 (69.6%) of the control group, the treatment result was assessed as positive.

A satisfactory result was noted in 2 (8.4%) patients of the main and 5 (21.7%) patients in the control group. An unsatisfactory result was noted in 2 (8.6%) cases in the control group.

Conclusion

Thus, a comparative analysis showed the safety and more pronounced efficacy of regional antibiotic therapy in combination with NUS, as well as the advantage over parenteral use of antibacterial drugs in the treatment of CRS in the acute stage.

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