

ADMINISTRATION OF PATIENTS WITH ACUTE AND CHRONIC RHINOSINUSITIS IN CHILDREN WITH ALLERGIC BACKGROUND

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✓ **Resume,**

Rhinosinusitis is a chronic inflammation of the nasal cavity and mucous membrane of the paranasal sinuses. To choose the right tactics for treating chronic kidney disease reducing the frequency of unreasonable use of antimicrobials and the associated risk of developing common antibiotic resistance? Different forms of this disease and the role of allergic conditions should be clearly differentiated.

Keywords: allergic rhinitis, acute sinusitis, intranasal spray.

ALLERGIK FONGA EGA BOLGAN BOLALAR ORASIDA OTKIR VA SURUNKALI RINOSINUSITLAR BILAN BEMORLARNI OLIB BORISH

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✓ **Rezyume,**

Rinosinusit- bu burun bo shligi va paranazalsinuslarning shilliq qavatining surunkali yalliglanishi. Surunkali rinosinusit kasalligini davolash uchun to'g'ri taktikani tanlash mikroblarga qarshi vositalardan asossiz foydalanish chastotasini kamaytirish uchun ushbu kasallikning turli shakllari va allergik holatlarning roli aniq farqlanishi kerak.

Kalit sozlar: allergic rinit, acute sinusitis, intranasal spray.

ВЕДЕНИЕ БОЛЬНЫХ ОСТРЫМ И ХРОНИЧЕСКИМ РИНОСИНУСИТОМ У ДЕТЕЙ С АЛЛЕРГИЧЕСКИМ ФОНОМ

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✓ **Резюме,**

Риносинусит- это хроническое воспаление полости носа и слизистой оболочки околоносовых пазух. Для выбора правильной тактики лечения ХРС, снижения частоты необоснованного применения антимикробных препаратов и связанного с этим риска развития распространённой антибиотикорезистентности следует четко дифференцировать различные формы этого заболевания и роль аллергических состояний.

Ключевые слова: аллергический ринит, острый синусит, интраназальный спрей.

Introduction

Respiratory tract diseases account for about 90% of all infectious diseases in childhood [1]. Acute rhinitis (RR) is an inflammation of the mucous membrane of the nasal cavity, manifested by difficulty in nasal breathing, nasal discharge, sneezing and lacrimation. Most often, rhinitis is the first manifestation of acute respiratory disease (ARI), which accounts for over 70% of all respiratory diseases in children. The urgency of the problem lies not only in the prevalence of sinusitis, but also inadequate information on the clinic, diagnosis and treatment of sinusitis occurring against the background of allergic rhinitis (AR). Every year, the number of patients with acute sinusitis increases by 1.5% - 2%. In ENT hospitals, the number of children hospitalized for diseases of the paranasal sinuses in two years has increased from 27.6% to 29.5%, despite all this, the issues of preventing diseases and their complications are not yet fully developed (1,2, 4,5,7). The emergence and course of acute sinusitis is significantly affected by

various endogenous and exogenous factors, such as environmental allergens. Allergic rhinitis (AR) is one of the first predisposing factors for the development of acute sinusitis and in 10% -12% of cases, sinusitis has an allergic etiology (1,2,9). Against the background of allergies, infectious and purulent-inflammatory processes proceed rapidly and often give serious complications (3,4,6,7,8). Currently, there are various effective methods of treatment for the treatment of acute sinusitis in children with AR (1,5,6,9), however, despite the success achieved, the frequency of transition to a chronic form does not decrease and often there are a large number of serious complications that eventually lead to disability. Despite the large number of studies on acute sinusitis in children, there are a number of unresolved aspects of this problem. In particular, the clinical features and treatment of acute sinusitis in children with AR are not adequately covered. Of particular importance, OR plays with the disease of infants, since the situation is related to the inability to feed. Inflammation of the nasal mucosa causes edema in these children and, as a result, difficulty breathing

through the nose, while the anatomical and physiological characteristics characteristic of childhood aggravate the manifestations of rhinitis. Nasal breathing for infants is extremely important because breathing through the mouth is almost impossible: it is hindered by a thick tongue located in small sizes of the oropharynx, pushing the epiglottis posteriorly. Narrow nasal passages and relatively large nasal concha aggravate this situation; in case of underdevelopment of the cavernous tissue of the nasal concha, the nasal mucosa has a rich blood supply and quickly swells, which leads to a narrowing of the nasal passages and difficulty in nasal breathing. In the neonatal period, as well as in the infant, frequent spitting ups irritate the nasal mucosa and nasopharynx with gastric contents. In children, more often than in adults, the inflammatory process spreads from the nasal cavity to the nasopharynx, auditory tube and lower respiratory tract. The lack of skill in an infant to independently cleanse the nasal cavity from secret leads to the fact that pathological discharge flows down the back wall of the pharynx, causing its irritation and inflammation.

Naturally, otorhinolaryngologists face the problem of the need for a more in-depth study of the characteristics of the course of acute sinusitis in children with AR and the development of the most effective treatment methods.

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