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## **ТИББИЁТДА ЯНГИ КУН НОВЫЙ ДЕНЬ В МЕДИЦИНЕ NEW DAY IN MEDICINE**

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## EFFECTIVENESS OF ENDOSCOPIC SHAVER ADENTONSILLOMIA IN THE PREVENTION OF POSTOPERATIVE BLEEDING AND RECURRENCES

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### ✓ Resume

*The issue of treating enlarged palatine and pharyngeal tonsils of the second and third degrees remains relevant and holds significant importance in healthcare. Despite the existence of various treatment methods, there is still no unified approach to determining the most effective option. Traditional surgical removal of the tonsils is associated with a high risk of complications, such as bleeding, which negatively affects the patient's recovery process. In recent years, endoscopic surgery using a microdebrider has gained popularity. This method allows for the removal of excessive tonsillar tissue with minimal damage to blood vessels. The aim of this study was to evaluate the effectiveness of this technique compared to the classical surgical approach. The study included 80 patients who were divided into two groups. The results demonstrated that the endoscopic method using a microdebrider significantly reduces the frequency of bleeding and the volume of blood loss, particularly in patients with third-degree tonsil enlargement. Therefore, this technique can be considered a safer and more gentle surgical option for the treatment of enlarged tonsils.*

**Key words:** prescopic shaver adenotonsillectomy, adenoids, hypertrophy of the palatine tonsils.

## ЭФФЕКТИВНОСТЬ ШЕЙВЕРНОЙ ЭНДОКОПИЧЕСКОЙ АДЕНТОНЗИЛЛОМИИ В ПРОФИЛАКТИКЕ КРОВОТЕЧЕНИЙ И РЕЦИДИВОВ

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### ✓ Резюме

*Проблема лечения увеличенных небных и глоточной миндалин второй и третьей степени остаётся актуальной и имеет важное значение для здравоохранения. Несмотря на существование различных методов лечения, до сих пор не выработан единый подход к выбору наилучшего варианта. Традиционное хирургическое удаление миндалин сопровождается высоким риском осложнений, таких как кровотечения, что негативно влияет на восстановление пациента. В последние годы всё большее распространение получает эндоскопическая операция с использованием шейвера, при которой удаляется избыточная ткань миндалин с минимальным повреждением сосудов. Целью настоящего исследования была оценка эффективности этого метода по сравнению с традиционной операцией. В исследовании участвовало 80 пациентов, которые были разделены на две группы. Результаты показали, что при использовании эндоскопической шейверной методики значительно снижается частота кровотечений и объём кровопотери, особенно у пациентов с третьей степенью увеличения миндалин. Таким образом, данный метод можно рассматривать как более безопасный и щадящий способ хирургического лечения увеличенных миндалин.*

**Ключевые слова:** эндоскопическая шейверная адентонзиллотомия, аденоидная вегетация, гипертрофия небных миндалин.



## SHEYVERLI ENDOSKOPIK ADENOTONSILLOMIYASINING QON KETISHI VA QAYTALANISHINING OLDINI OLIHDAGI SAMARADORLIGI

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### ✓ *Rezyume*

*Ikkinchi va uchinchi darajadagi gipertrofiya bilan kechadigan halqum va tanglay bodomchasini davolash muammosi bugungi kunda ham dolzarb bo'lib, sog'liqni saqlash tizimi uchun katta ahamiyatga ega. Davolash usullarining xilma-xilligiga qaramay, eng samarali usulni tanlash bo'yicha yagona yondashuv hali shakllanmagan. An'anaviy jarrohlik yo'li bilan bodomcha bezlarini olib tashlash, ayniqsa, operatsiya vaqtida va undan keyin qon ketishi kabi asoratlar bilan bog'liq bo'lib, bu bemorning tiklanish jarayoniga salbiy ta'sir ko'rsatadi. So'nggi yillarda endoskopik usulda, maxsus shayver apparati yordamida bodomcha bezlarni olib tashlash keng qo'llanila boshlandi. Ushbu usul bodomcha bez to'qimalarini qon tomirlariga zarar yetkazmagan holda, aniq va to'liq olib tashlash imkonini beradi. Tadqiqotning maqsadi - ushbu zamonaviy usulning samaradorligini an'anaviy jarrohlik usuli bilan solishtirishdan iborat bo'ldi. Tadqiqotda 80 nafar bemor ishtirok etdi va ular ikki guruhga bo'lindi. Natijalar shuni ko'rsatdiki, endoskopik shayver usuli qon ketishi xavfini va qon yo'qotish miqdorini ancha kamaytiradi, ayniqsa, uchinchi darajadagi gipertrafiya bilan kechadigan holatlarda. Shunday qilib, bu usul bodomchalar kattalashgan hollarda xavfsiz va bemor uchun samarali jarrohlik yondashuvi sifatida tavsiya etilishi mumkin.*

*Kalit so'zlar: preskopik sheyver adenotonsillektomiyasi, adenoidlar, palatin bodomsimon bezlarning gipertrofiyasi.*

### Introduction

The problem of treating hypertrophy of the palatine tonsils (HPT) and hypertrophy of the pharyngeal tonsils (HPT) of grades II-III and their complications remains relevant to this day and has important social significance [1,5,8]. Despite the significant variety of methods for treating HPT and adenoids, the tactics of choosing the right ones have not been fully determined [1]. On the one hand, modern ideas about the role of the pharyngeal and palatine tonsils (PT) in the body emphasize the need for a gentle attitude towards them and limiting the indications for adenotonsillectomy (ATE). On the other hand, existing methods of conservative treatment do not provide long-term sanitation of the pharyngeal and PT and can only be considered as a palliative method [2,4]. Consequently, the only effective method for treating adenoids and HPT is partial removal of the pharyngeal and PT.

Performing ATT by the "classical" method is accompanied by a number of features. Firstly, local anesthesia is not sufficiently adequate. Secondly, in some cases, partial removal of the NM is impossible. Thirdly, it is necessary to resort to the use of sharp instruments (raspatory instruments, scissors), which, in turn, leads to the development of various intra- and postoperative complications, including the most formidable - massive - bleeding during surgery, which often recurs in the postoperative period. The listed factors affect the psycho-emotional sphere of the direct participant in the operation - the patient, cause negative psychosomatic reactions, which in turn, accordingly affect the course of the postoperative period. The memory of ATT undergone under local anesthesia using the "classical" method, as a rule, remains for life [6,7].

The choice of the method of surgical treatment of ATT over the past few decades has become wider all over the world due to the replacement of classical ATT in the modern view with alternative methods of partial removal of the GM and NM. Today, electrodissection (using mono- and bipolar coagulators), ultrasonic scalpel, radiofrequency ablation, thermal welding method, carbon dioxide and semiconductor laser, coblation are used. ATT is one of the most common surgical interventions in ENT practice. Despite the long history of this operation, the availability of various methods for its implementation, the question of choosing the ATT method and minimizing postoperative complications remains open.

The most interesting in this aspect, in our opinion, is shaver ATT. The effectiveness of the latter is achieved by excising adenoid tissue and partially NM without affecting the vessels, which reduces the risk of bleeding, minimizing the risk of relapse. Shaver endoscopic adenotonsillectomy (Shaver endoscopic adenotonsillectomy) is performed under anesthesia, which allows the child to be relieved of stress and negative memories [3].

**Purpose of the study.** Evaluation of the effectiveness of ESheATT in preventing the occurrence of postoperative bleeding and relapse compared with classical ATT.

### Materials and methods of research

During the period 2022-2024, 80 ATTs were performed in the ENT department of the Samarkand Children's Multidisciplinary Clinical Center (SDMCC) to restore the function of the nose and pharynx in case of adenoids and GNM of 2.3 degrees. The patients were divided into 2 groups. The 1st group included patients who underwent ESheATT. (the main group, n = 30, 12 men, 18 women, average age  $26.4 \pm 7.4$  years); the 2nd group - patients who underwent surgery using the classical method (control group, n = 50, 30 men, 20 women, average age  $27.7 \pm 10.1$  years). The study groups were comparable in terms of gender and age,  $p > 0.05$ . The ESAETT technique under endotracheal anesthesia was introduced into the surgical practice of the ENT department of the SDMC in 2022. Patients were managed in the postoperative period according to the diagnostic and treatment protocol: inpatient stay, gentle diet, prescription of painkillers and antibacterial drugs. Data processing was carried out using the SPSS statistical package.

### Results and discussion

Modern trends in the development of otolaryngology present ATT as a painless, virtually bloodless operation, preventing, due to its methodological features, the development of complications, primarily such as pharyngeal bleeding caused by the anatomical proximity of the tonsillar vessels [2]. Cases of bleeding after ATT are unpredictable and potentially life-threatening for the patient. According to literary data, the frequency of early bleeding after adenotomy is 3.4% [4]. The frequency of intraoperative bleeding with standard AT is 8.91%, postoperative - 0.99%; with endoscopic AT during surgery - 6%, after - 1.5; with shear endoscopic AT during surgery - 2.86%, after surgery there were no cases of bleeding [6,9]. The dynamics of ATT performance over 3 years is presented in Table 1.

**Table 1. Dynamics of the number of performed adenotonsillectomy and developing bleeding during the period**

Year	Number of adenotonsillectomy	Number of bleedings (abs)	Bleeding rate (%)
2022	26	3	11,5
2023	28	4	14,3
2024	26	2	7,7
Total	80	9	11,25

With the introduction of ESAETT in 2022, the number of ATTs has increased significantly by 2024, but the percentage of bleeding remains high, which requires a detailed analysis: with which type of ATT and at what degrees of GM and LM hypertrophy does pharyngeal bleeding occur more often and whether classical ATT remains relevant today as the optimal method of surgical intervention.

The implementation of ATT in various clinical groups is characterized by its technical features and a certain proportion of probable bleeding in the postoperative period, which is due to the varying severity of the hypertrophic process, which can be assumed on the basis of anamnestic data on the duration of the disease and on the basis of endoscopic studies.

Data on the distribution of patients into clinical subgroups depending on the degree of hypertrophy that led to ATT in the absence of an effect from conservative treatment.

The total number of bleedings in the main group using ESheATT (Table 2) was significantly lower (1.3%) than in the control group using classical ATT (12.2%,  $p = 0.003$ ). In a detailed analysis with division of GNM and adenoids into clinical subgroups (GNM and adenoids of 1, 2, 3 degrees), the proportion of patients with developed bleeding in the main group was  $4.3 \pm 0.04\%$  of cases with  $12.6 \pm 0.03\%$  in the control group ( $p = 0.254$ ), in the subgroup of GNM of adenoids of 2 degrees, the proportion of the studied symptom in the shaver ATT group was 0%, in the control group -  $10.6 \pm 0.04\%$ , which also did not have a statistically significant difference ( $p = 0.117$ ). In the subgroup of patients with GNM and adenoids of 3 degrees, different results were obtained. Thus, in the main group, when using ESheATT, there was no incidence of bleeding with  $13.5 \pm 0.05\%$  in the control group ( $p = 0.017$ ), which corresponds to modern concepts in domestic and foreign literature. In our opinion, classical ATT in this aspect has completely outlived its usefulness and should have an alternative in each individual case.

Thus, endoscopic shaver ATT today can be the surgical aid that will allow to control the entire course of the operation due to good visualization, constant control, removing the adenoid tissue completely, minimizing the risks of relapse and having the ability to prevent the development of intraoperative bleeding one step ahead, if necessary, using a special radio wave coagulator to stop bleeding. When analyzing surgical blood loss, we compared the clinical results in patients with ATT in the subgroups of GNM and grade 2 adenoids. Thus, in general, when using SheATT in patients with GNM and grade 2 adenoids, the level of blood loss in the main group was an insignificant value by the standards of the operating surgeon -  $20.9 \pm 18.9$  ml compared with the volume of blood

loss in classical ATT - 166.1 + 39.3 ml,  $p = 0.0001$ . In the subgroup of GNM and adenoids of grade 3, the operative blood loss when using classical ATT was 197.3 + 39.7 ml. This fact indicates the advisability of paying closer attention to the issue of choosing a method of surgical treatment of patients with GNM and adenoids and its relapses.

### Conclusion

The use of endoscopic shaver adenotonsillectomy allows to reduce the incidence of intra- and postoperative bleeding from 12.2 + 0.07% in the control group to 1.3 + 0.01% in the main group ( $p = 0.003$ ) and the level of blood loss from 166.1 + 39.3 ml to 20.9 + 18.9 ml in the main group ( $p = 0.0001$ ).

2. The use of ESAETT significantly reduced the incidence of bleeding in patients with hypertrophy of the palatine tonsils and adenoids and its recurrence from 13.5% in the control group to 0% in the main group, which allows us to recommend this type of adenotonsillectomy as the method of choice.

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