FRONTLINE MEDICAL SCIENCES AND PHARMACEUTICAL JOURNAL (ISSN – 2752-6712)
VOLUME 02 ISSUE 11 Pages: 01-09
SJIF IMPACT FACTOR (2021: 5.14) (2022: 5.605)
OCLC – 1272874727 METADATA IF – 6.986
Publisher: Frontline Journals

Journal Website: https://frontlinejournals.org/journals/index.php/fmspj

Research Article

FEATURES OF ENDOSCOPIC EXAMINATION IN PATIENTS WITH CHRONIC INFLAMMATORY DISEASES OF THE NOSE AND PARANASAL SINUSES

Submission Date: November 01, 2022, **Accepted Date:** November 10, 2022,
Published Date: November 18, 2022
Crossref doi: https://doi.org/10.37547/medical-fmspj-02-11-01

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ABSTRACT

Endoscopy of the nasal cavity is the most reliable method for examining the nasal cavity, the state of the paranasal sinuses and their natural fistulas and plays a leading role in the diagnosis, an objective assessment of the effectiveness of the treatment and the choice of the optimal surgical intervention. In this

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article, the authors present the results of endoscopic examination of the nasal cavity in patients with chronic inflammatory diseases of the nose and paranasal sinuses. Endoscopic examination revealed mainly edema of the nasal mucosa, hypertrophy of the turbinates (lower), hyperemia, mucous secretions of the nasal passages and polyposis changes.

KEYWORDS

Nasal cavity, paranasal sinuses, endoscopic examination, polyp.

INTRODUCTION

Rhinosinusitis occurs much more often than they are diagnosed, since in some cases the clinical picture of acute sinusitis is masked by symptoms of acute viral infections. However, it is believed that sinusitis in influenza and ARVI should be considered not only as their complications, but also as their manifestation [1,5,8].

In the development of the inflammatory process in the nasal cavity and paranasal sinuses, in addition to external causes (climatogeographic conditions, the level of infectious morbidity, the state of the environment, the nature of nutrition, stressful situations) that cause disturbances in mucociliary transport, anomalies in the structure of the intranasal structures and the ethmoid labyrinth can play an important role.

Factors that disrupt the patency of the natural openings of the paranasal sinuses and the mechanisms of their aeration and purification include abnormalities in the development of nasal conchas, curvature of the nasal septum and deformation of the nasal valve, the functions of which have not yet been fully studied [2,3,9,12]. The rendered pathological action creates conditions for the blockade of the ostiomeatal complex, and subsequently the development of the inflammatory process in the paranasal sinuses [4,5,9,11]. Under conditions of secretion stagnation and a decrease in the partial pressure of oxygen in the PNS, favorable conditions are created for the development of a bacterial infection [10,11].

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To detail the nature of the lesion of the nasal cavity and paranasal sinuses, special methods of examination, which have entered the arsenal of otorhinolaryngologists in recent years, allow. This is an instrumental endoscopic examination, which can be used to objectively assess the degree of nasal breathing disorder [6,7,8,12].

Endoscopy of the nasal cavity is the most reliable method for examining the nasal cavity, the state of the paranasal sinuses and their natural fistulas and plays a leading role in making a diagnosis, an objective assessment of the effectiveness of the treatment and choosing the optimal surgical intervention [6,12].

With the help of an endoscope, it is possible to sequentially examine all parts of the nasal cavity, starting with the vestibule and the nasal valve. Pay attention to the color of the mucous membrane, the presence and nature of the discharge, evaluate the size of the nasal concha, as well as the condition of the pharyngeal tonsil and the mouths of the auditory tubes [7,11]. Endoscopy helps to identify nasopharyngeal cysts, as well as to confirm the diagnosis of Thornwald's bursa [11].

The aim of the study was to study the role of endoscopic examination in chronic inflammatory diseases of the nose and paranasal sinuses.

MATERIAL AND METHODS

We examined 200 patients with chronic inflammatory diseases of the nose and paranasal sinuses. 186 of them were hospitalized in the TMA multidisciplinary clinic with a diagnosis of chronic polyposis rhinosinusitis, which were divided into two groups. The first group consisted of 80 patients with chronic inflammatory diseases of the nose and paranasal sinuses, the second group consisted of 106 patients without pathology of the nose and paranasal sinuses. All patients were subjected to a comprehensive clinical and laboratory examination, which included the collection of an anamnesis of the disease, rhinoscopy and computed tomography. The control group consisted of 20 healthy volunteers from the staff of the multidisciplinary clinic of the Tashkent Medical Academy. Rhinoendoscopy was performed using an endoscope manufactured by Karl Storz (Germany) 00, 300 and 700.

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RESULTS OF THE STUDY AND THEIR DISCUSSION

The main complaints presented by patients were difficulty in nasal breathing (92.5%), nasal discharge (78.4%), impaired sense of smell (22.2%), subfebrile fever (36.4%), general weakness (42.5%). Often patients noted pain (78.4%) in the maxillary region. Computed tomograms of all patients revealed various combinations of paranasal sinuses involved in the pathological process. In 31 patients, an isolated lesion of the maxillary sinuses was found, in 29 - the lesion of the maxillary and ethmoidal sinuses, in 14 - the lesion of the ethmoidal and frontal sinuses, 6 patients were found to have lesions of the maxillary, ethmoidal and main sinuses. In 45 patients, a curvature of the nasal septum was detected, in 7 - polyps, in 11 - hypertrophy of the ethmoid bulla, in 17 - hypertrophy of the inferior turbinates (fig.1,2).

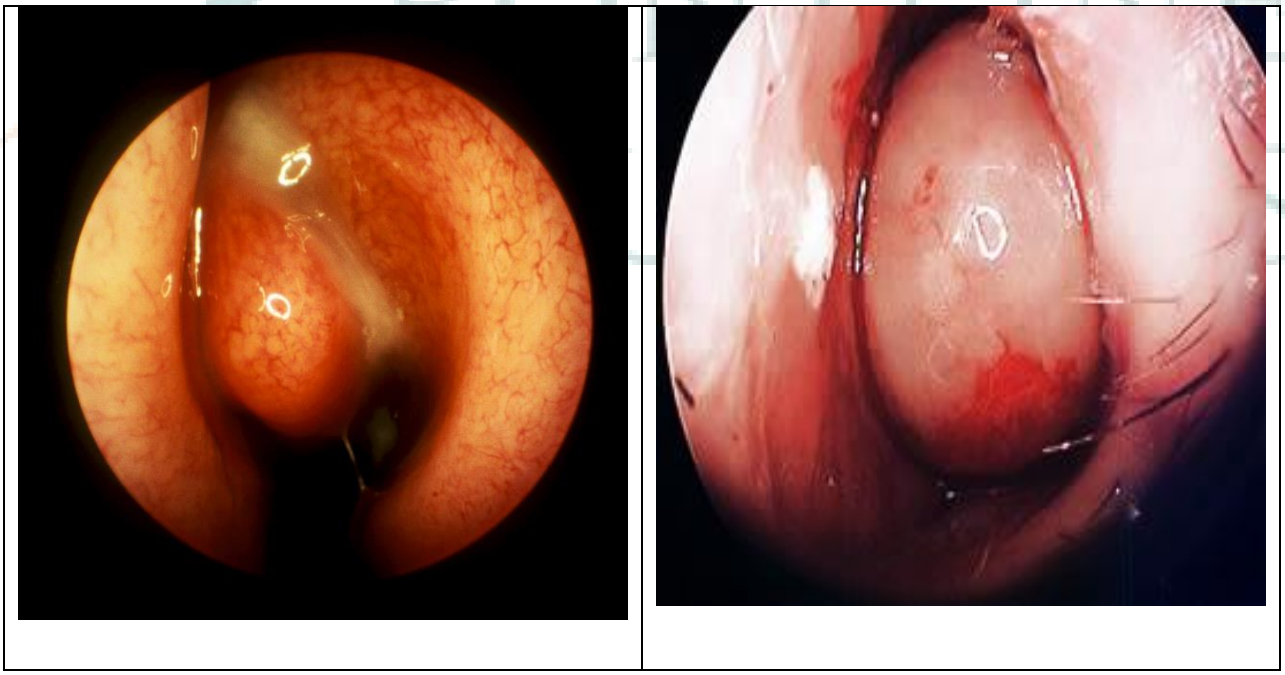

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Figure 1. Nasal endoscopy reveals purulent discharge in the left middle meatus	Figure 2. Nasal endoscopy reveals enlargement of the inferior turbinate on the left

As mentioned above, an endoscopic examination of the nasal cavity was performed before and after treatment (Figure 1, 2). The results of endoscopic examination showed that all patients had hyperemia and swelling of the nasal mucosa, 62 had pathological discharge in the nose, 45 had a deviated nasal septum, 7 had polyps in the middle nasal passage, 13 had a pathology of the middle turbinate, and 5 - hypertrophy of the uncinate process, in 18 - hypertrophy of the inferior nasal concha, in 10 patients - hypertrophy of the ethmoid bulla.

In the postoperative period, all patients were assigned to wash the nasal cavity by moving drugs according to the Proetz method. In the number of drugs, we included the most sensitive to this type of infection in the nose. Local application of the drug Nasonex at a dose of 125 mcg in each half of the nose 2 times a day for 7 days. The criteria for the effectiveness of treatment were: positive dynamics in diagnostic endoscopy of the nasal cavity, as well as an analysis of outpatient records and a subjective assessment of their condition by the patient himself.

In endoscopic examination, the following scoring system is used to diagnose nasal polyps (table 1).

Table 1

Character	Main	3 months	6 months	1 year	2 year
Polyp on the left (0,1,2,3)					
Polyp on the right (0,1,2,3)					

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Edema on the left (0,1,2)					
Edema on the right (0,1,2)					
Nasal discharges, left (0,1,2)					
Nasal discharges, right (0,1,2)					
Total points					

Endoscopy in the absence of nasal polyps gave 0; polyps that do not extend beyond the middle turbinate and for imaging requiring endoscopic examination is given 1; polyps that extend beyond the middle nasal concha and are visible through the nasal mirror are given 2; category 3 is given to massive polyps that obstruct the nasal cavity.

The follow-up period ranged from 6 to 24 months. In none of the cases, complications and side effects of topical application of bioparox were noted.

A good result was estimated at 0-6 points, a satisfactory result - at 7-10 points, and an unsatisfactory result - at 11-14 points.

The results of treatment determined that a good result, corresponding to 0-6 points, was observed in 160 patients (80%), satisfactory, corresponding to 7-10 points - in 36 (18%), unsatisfactory, corresponding to 11-14 points - 4 patients (2%).

From the total number of patients with difficulty in nasal breathing caused by various etiological factors, we selected patients and performed surgery to eliminate them.

At the same time, we focused on the severity of myocarditis, the age of patients, complaints of difficulty in nasal breathing, and clinical laboratory data. At the same time, in the presence of serious comorbidity, especially in elderly patients, initially surgery was limited to consulting methods or minimally invasive methods of treatment.

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CONCLUSION

Thus, the analysis of the data obtained before and after treatment allows us to conclude that the use of endoscopy meets the requirements of modern otorhinolaryngology, is timely and indispensable in the diagnosis and treatment of chronic inflammatory diseases of the nose and paranasal sinuses. The use of endoscopic methods in the treatment of patients with chronic inflammatory diseases of the nose and paranasal sinuses can reduce the number of relapses, which favorably affects the quality of life of our patients.

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