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ANALYSIS OF THE RESULTS OF ENDOSCOPIC DIAGNOSIS AND TREATMENT OF CHRONIC POLYPOSIS RHINOSINUSITIS

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Relevance. Chronic polyposis rhinosinusitis (CHPPRS) is one of the most severe forms of chronic rhinosinusitis in terms of clinical course of the disease as well as its treatment.

CHPPRS is a serious problem of modern medicine because it is difficult to breathe through the nose or because of its complete closure, impaired ability to know the smell, headaches and chronic hypoxia, it can lead to a decrease in the quality of life of patientstiradi (2, 7, 9, 10).

In addition to chronic bacterial and fungal inflammatory processes, violations of nasal cavity aerodynamics and mucociliary transport play an important role in the development of polyposis rhinosinusitis (5;15). In the emergence and development of the inflammatory process in the paranasal sinuses, the zone of the lateral wall – ostiomeatal Complex (OMC), located in the narrow corridors between the wall anastomosis of the nose and the structures that form the wall, occupies a leading place. Disorders of the ventilation and drainage of the sinuses, formed as a result of congenital and acquired defects of such nasal structures as deformation of the nasal barrier, hypertrophy of the nasal shells, polyposis degeneration of the mucous membrane, can lead to the absolute stay of the infection (3, 6;16).

Methods of treatment of CHPPRS usually include surgical intervention, treatment through medication, or mixed methods (1, 2, 3, 4, 5, 11, 12).

Despite improvements in treatment protokline through medication, surgical intervention remains the main focus of treatment of CHPPRS. This pathology accounts for 2,3 of all surgical operations performed on inflammatory diseases of the PS. But even a perfectly performed surgical operation does not guarantee the cessation of the recurrence of CHPPRS. Usually in such patients, repeated surgical interventions are performed, long-term follow-up of patients operated with CHPPRS allows to determine the recurrence of nasal polyposis in 85% of cases (12,13).

Providing intensive regression of post-surgical changes and restoration of the activity of the nasal mucosa and paranasal sinuses in the early stages of the postoperative period is an important condition for increasing the effectiveness of surgical treatment of CHPPRS (11,14). However, the methods used in daily clinical practice of postoperative control of patients with SPRS do not fully respond to the variety of pathogenetics mexanizms in this disease. The choice of surgical treatment tactics should be based on the data of visual assessment and the results of the analysis of additional methods of examination of the pathological process (4).

Modern surgical methods pursue the following goals: restoration of free breathing through the nose, complete removal of polyp tissue, maximum unchanged preservation of the mucous membrane. At the last time, endoscopic techniques are widely used in rhinoplasty, which makes it possible to achieve maximum functional efficiency (8). Minimal damage to tissues, vessels and nerve nodes contributes to the intensive restoration of the function of the cartilaginous epithelium of the sinuses, extensive stagnant anastomoses of the sinuses, together with the nasal passages, restore normal ventilation of the paranasal sinuses.

Purpose of the study. To examine the role of Endoscopy in the diagnosis and treatment of chronic polyposis rhinosinusitis.

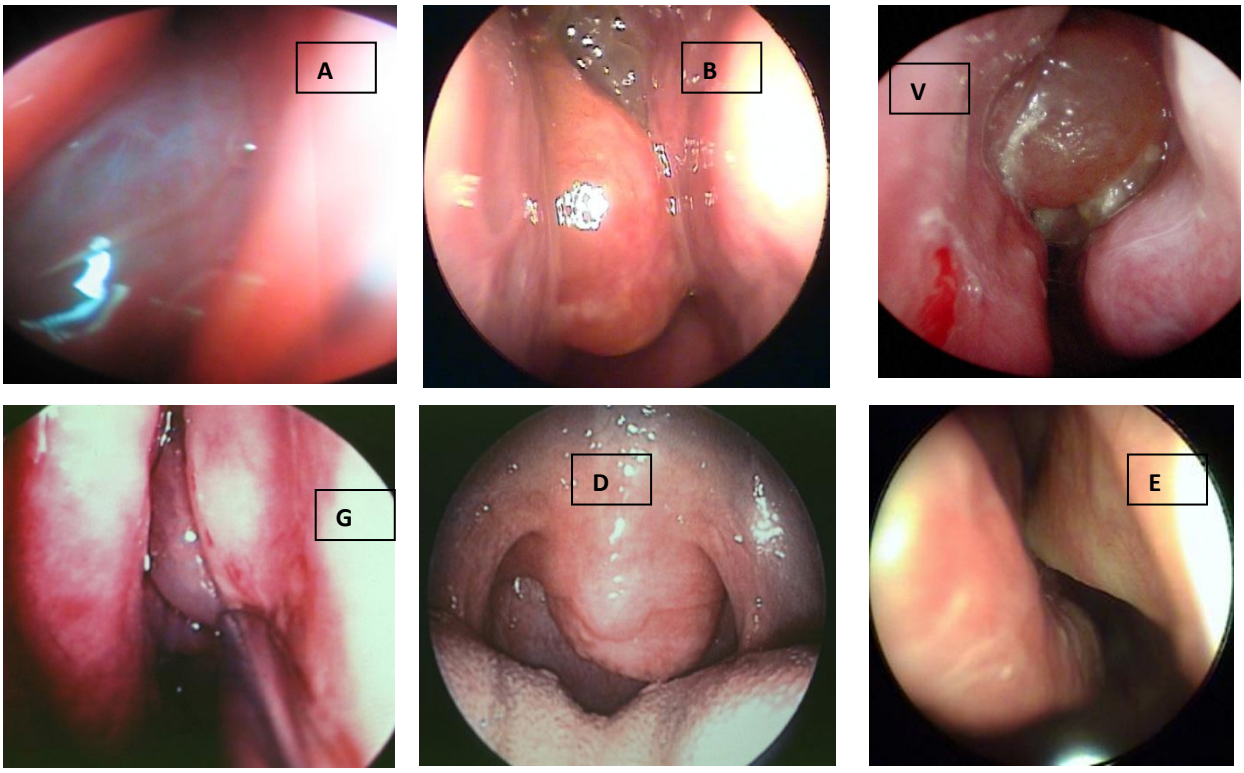
Research methods and materials. In 2008-2012 in the ENT Department of the clinic № 3 of the Tashkent Medical Academy, we examined 125 patients with stable treatment with CHPPRS. In addition to this study, patients with bronchial asthma and specific diseases (aspirin induced asthma, Cartagener syndrome, Yang syndrome, etc.) were not included. All patients underwent a wide-ranging examination, which included collecting disease Anamnesis, rhinoendoscopy, morphological and computer-tomographic examination. The control group consisted of 20 healthy volunteers among 4-5 course students of the Tashkent Medical Academy. Rhinoendoscopy was performed using an endoscope of the German firm Karl Storz 00, 300 i 700 li.

Results of the study and their discussion.

The main part of the complaints reported by the patients was difficulty breathing through the nose (92.5%), runny nose (78.4%), sneezing (56%), violation of smell knowledge (52.2%). Patients often noted the presence of headaches (78.4%) in the frontal area. In the computer tomogram, various combinations of paranasal sinuses associated with pathological processes were detected in all patients. In 10 (8%) patients, frontal, upper jaw and etmoidal sinuses, in 8 (6.4%) upper jaw, etmoidal and head sinuses, in 43 (34.4%) upper jaw and etmoidal sinuses, and again in 8 (6.4%) patients, all paranasal sinuses were diagnosed. It was found that 34 (27.2%) patients had etmoidal sinuses, 21 people (16.8%) had separate lesions of the upper jaw.

The results of the endoscopic examination showed that 85 patients with SPRS had a curvature of the nasal barrier, 21 had tumors in the nasal barrier, 26 had additional holes in the rear Fontanella, 22 had hypertrophy of the iliac tumor, 28 had Onodi cells, 12 had OER cells, 95 had hypertrophy of the back end of the lower nasal Sink, 15 had it was determined that there was a bull of the middle shell of the nose in one person, hypertrophy of the perineum bull in 27 patients, the absence of the middle shell of the nose in 5 people, the presence of synechia in 24 people, the absence of the medial wall of the upper jaw, which was broken by the pathological process in 36 (1 picture).

In addition to the above, a pathological cleavage in the nasal cavity of 94 patients, hyperemia and edema of the mucous membrane of the nasal cavity were detected in 101 patients.



1 picture. Endoscopic examination of the nasal cavity. A-polyps in the nasal cavity. B-polyp in the nasal cavity in combination with hypertrophied middle nasal conch. V-pathological discharge with nasal polyps. Hypertrophy of the iliac tumor, which closes the appearance of G – polyps. D-antrochoanal polyp, which protrudes from the border of the throat. E- a crooked nasal obstruction.

Endoscopic surgical intervention, corresponding to the prevalence of the polyposis process in all patients, as well as endoscopic interventions, such as resection of the nasal mucosa, removal of the synechia, vasotomy, were subsequently performed to improve breathing through the nose. The material after the operation was subjected to pathological examination by morphological evaluation. In the morphological examination of the material, 112 (89.6%) patients noted eosinophilic infiltration of the mucous membrane of the nose and paranasal sinuses, and in the remaining 13 (10.4%) the predominance of neurophilic infiltration of the mucous membrane of the nose and paranasal sinuses.

In the period after the surgical operation, all patients were assigned intranasal corticosteroids (mazonazon furoate or fluticasoneionionate, each nostril from 100 mcg once in 1 day) for up to 6 months. The criteria for the effectiveness of the treatment were the following: positive dynamics in the diagnostic endoscopy of the nasal cavity and operated sinuses, as well as the analysis of the outpatient card and the sub-assessments that the patients gave to their condition.

In the endoscopic examination for the diagnosis of nasal polyps, the following scoring system is used. In the absence of nasal polyps in the endoscopy, 0; polyps that do not go beyond the border of the middle shell of the nose and require an endoscopic examination for Vision 1; polyps that go beyond the border of the middle shell of the nose and appear through the nasal Window 2; massive polyps that block the nasal cavity 3 are To assess the period after the surgical operation, we used the score system proposed by Fokens et al (2007) (9).

1 graph

Aspects	Main	3 months	6 months	1 years	2 years
Polyp on the left side (0,1,2,3)					
Polyp on the right side (0,1,2,3)					
Swelling on the left side (0,1,2)					
Swelling on the right side (0,1,2)					
Discharge from the left side (0,1,2)					
Discharge from the right side (0,1,2)					
Total points					

The follow-up period was from 6 months to 24 months. In no case were complications or side effects of local corticosteroid therapy observed.

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

The catamnastic results of the treatment revealed that 120 (96%) patients had a good result according to 0-6 points, 4 (3.2%) patients had a satisfactory result according to 7-10 points, 1 (0.8%) patients had an unsatisfactory result according to 11-14 points.

24 months after the conducted course of treatment, in 5 (4%) of patients, a recurrence of the polyposis process was detected. This is probably explained by the fact that polyps are "infectious", that is, bacterial origin is not taken into account. Perhaps this situation reflects the differences in the pathogenesis of CHPPRS in individual patients as well as the presence of polyposis types resistant to corticosteroid therapy.

After 12 months of treatment, 54 patients underwent a final morphological examination through the excision of the nasal mucosa. In patients with benign and satisfactory results, intact epithelium without eosinophilia, in patients with unsatisfactory results, eosinophilic infiltration of the nasal mucosa stroma

with a predominance of neutrophil infiltration was detected. This confirms the above-mentioned data, indicating that such patients should be prescribed long-term antibiotics in small doses in the treatment of Complex. About the results of this will be reported in subsequent publications.

Thus, the results of data before and after treatment allow us to conclude that the application of endoscopy meets the requirements of modern Otorhinolaryngology and is modern and invaluable in the diagnosis and treatment of CHPPRS. The use of endoscopic methods in the treatment of patients with CHPPRS makes it possible to reduce the number of repetitions due to the complete appearance of the nasal cavity, which in turn has a positive effect on the quality of life of patients.

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