



SPECIFICITY OF ADENOIDITIS, ACCOMPANIED BY ALLERGIC RHINITIS IN CHILDREN

Jahonov Obidjon Olimjonovich

Bukhara State Medical Institute

Abstract: A scientific study was conducted on 60 children who applied to the ENT department. Group 1 included 30 children with allergic rhinitis and pharyngeal hypertrophy, and group 2 included 30 children with laryngeal hypertrophy.

The results of scientific studies showed that adenoiditis in children on the background of allergic rhinitis is accompanied by episodic nasal congestion, the appearance of histamine-related clinical signs (rhinorea, nasal congestion, axillary attacks, vitreous and cyanotic tumors of the nasal mucosa). Leading clinical signs of adenoiditis in children against the background of allergic rhinitis were identified as difficulty breathing through the nose and mucous purulent rhinorrhea, paroxysmal sneezing, itching in the nasal passages.

Keywords: allergic rhinitis, adenoiditis, laryngeal hypertrophy.

Relevance. Despite the tremendous advances in medicine, the incidence of allergic rhinitis (ar) in the last 20 years has grown rapidly. Investigations show that the rate of ar prevalence in Europe at the beginning of the 20th century was between 0.82%, in the 90s-4,8%, by 2010-from 9,6% to 14,2% [1;3]. According to the World Health Organization, to date, this indicator is from 10% to 25% in different countries, while in some countries up to 50% of the population has AR-specific clinical signs, which are ranked 2nd in terms of prevalence among the population [2;10]. According to the Republican Center for Allergology, among all allergic diseases in Uzbekistan, ar occupies 32,7% [4;11]. In addition, the clinical course of allergy is aggravated from year to year, infectious complications develop as a result of polysensibilization of the body and a violation of the functioning of the immune system[5;9]. It was also found that AR causes acute and chronic middle otitis in 24% of children, and chronic rhinosinusitis in 28% of children[5;8]. More than 80% of patients with bronchial asthma have symptoms of rhinitis, while 10-40% of patients with rhinitis have been diagnosed with bronchial asthma[6;7]. Also AR occurs in most cases (88-98% of patients), accompanied by other organ and systemic diseases of the body. Until now, the involvement of halkum murtagi in the allergic process has not been sufficiently studied. It is understood that patients aged 2 to 15 years with Ar, complaining of difficulty breathing through the nose, an adenotomy operation was performed in the Anamnesis every 8-10 hours. Difficulty breathing through the nose is confirmed by rhinometry orca. Bunda observed a decrease in air flow from 2,5 to 4 ml/SEC, an increase in air flow resistance from 0,48 to 37,5. In most cases, asymmetry was observed in the passage of air flow through the right and left nasal cavity, which prompted nasal obstruction to think about the "non-adenoid-dependent" Genesis [3;14]. In Adenoid tissue, the process of sensitization is active: when immunogistological examination of adenoid tissue in children, an increase in the amount of Langergans cells and eosinophils is detected [7;12;15].

Many authors evaluate ar as an important predictor in the development of adenoid hypertrophy. Therefore, early diagnosis and loss of symptoms decrease the likelihood of its developmenttiradi [9;13;16]. Studies conducted by a number of researchers in adenoid tissue indicate the status of IgE

fixation in IGE-producing cells and fat cells in the murine tissue, which is assessed as a preparatory case for slow type allergic reactions [8]. Adenoiditis, often accompanied by allergic rhinitis, is a complication in children with infectious sinusitis, inflammation of the middle ear, chronic diseases of the lower respiratory tract [10].

Joint diseases are accompanied by pathological reactions that lead to new changes in the body, which in turn leads to a change in the classical symptoms of the disease, difficulties in the process of diagnosis and treatment [9]. The study of the link between these two diseases, the degree of its occurrence, the occurrence and specificity, taking into account the above, is one of the pressing problems of modern medicine.

The purpose of the study is to determine the clinical course characteristics of adenoiditis accompanied by allergic rhinitis in children. Тадқиқот материаллари ва усуллари.

Between the years 2020-2022, scientific research was carried out on 60 children who applied to the ENT Department of the children's multidisciplinary medical center of Bukhara region. In the first group, 30 patients were included in the children, these are: allergic rhinitis, percutaneous form. Adenoiditis. Halkum apostasy hypertrophy II-III degree, in the second group also included 30 patients children: adenoiditis. Halkum murtagi hypertrophy consists of children who are treated with a diagnosis of II - III degree.

Results of the study. When anamnesis was collected from patients in 2 groups, respiratory diseases were detected, which were recorded more than 4 times a year. In most patients, respiratory infections were detected against a background of long-term subfebrain, accompanied by purulent rhinorrhea. As a result, the patients who were examined several times during the year received different courses of antibiotics.

1-table. Complaints of organ patients with chronic adenoiditis

	Complaints	1-group with atopy	2-group without atopy
1.	Rhinoplasty: - epizadik - permanent	30 (100%) 21 (70%) 9 (30%)	29 (97%) 10 (33%) 9 (30%)
2.	Rhinorhea	30 (100%)	29 (97%)
3.	Itching of the wings of the nose	20 (67%)	0
4.	Heart attacks	24 (30%)	0
5.	Sleep snoring	21 (70%)	27 (90%)
6.	Cough at night	21 (70%)	24 (30%)
7.	Hearing decline	3 (10%)	7 (23%)
8.	Ear pain	5 (17%)	5 (17%)

Note: difference in terms of indicators obtained from the control group ($p < 0.05$, $p > 0.001$).

From Table 2, it can be seen that in the first group of patients ar satellite is accompanied by symptoms of allergic pathology. In particular, 60,1% of children were diagnosed with bronchial asthma in 15.7% of cases when they were diagnosed with atopic eczema\dermatitis syndrome. In the majority of 1-group patients, it can be seen that 23(75.5%) rhinitis recurrence has a seasonal character. In most cases, the seasonality of recurrence in patients with ar falls on early spring and autumn time. Alternatively, 25 patients who did not suffer from ar (24,5%) did not correlate seasonality with disease recurrence and stated that signs of the disease would be observed throughout the year.

The clinical picture of satellite pathology was significantly different in patients in the 2-TH Group. In them, the condition of the companion allergopathology was not registered. 25(25.2%) cases of laryngitis or bronchitis were detected in the Anamnesis. In this group of patients, in 1.5 times more cases than in patients with ar, otitis was diagnosed. In patients in the 2-Group, adenoiditis is

characterized by a marked difference in the duration of symptoms and the occurrence without dependence on seasonality or environmental changes.

2-table. Features of clinical course of the disease in examined patients

Principles of diagnostics	1-группа	2- группа
Atopy syndrome: eczema/dermatitis	18(60.1%)	0
Bronchial asthma	5 (15.7%)	0
Seasonality of recurrence	23(75.5%)	0
Positive effect of Allergen elimination	27(89.2%)	0
Respiratory infections more than 4 times a year	23(78.4%)	30(100%)
Bronchitis in the Anamnesis	8 (26.5%)	7 (25.2%)
Citrate in Anamnesis	10(35.3%)	16(52.5%)

Note: difference in terms of indicators obtained from the control group ($p < 0.05$, $p > 0.001$).

In the rhinoscopic examination of patients, the main emphasis was placed on the character of the cleavage in the nasal cavity, the color of the mucous membrane, and in the posterior rhinoscopy on the flow of cleavage along the back wall of the pharynx, the degree of swelling of the pharynx. The color of the nasal mucosa was observed to be from light cyanotic hue to light pink, with pronounced hyperemia. In 60 patients with Ar, there was a characteristic that the mucous membrane is in a cyanotic tone, which is observed with a swelling of the mucous membrane. The cleavage from the nose is also of polymorphic character in all patients, and the only difference by groups is that in patients with ar, rhinorrhea is of a pronounced or mucous character in large quantities. Observed mucous or purulent rhinorrhea along the back wall of the larynx was detected in all patients who were examined. In the group of patients with adenoiditis, the cause of mucous-purulent detachment was observed in 85.9% of children.

Conclusion. The results of the conducted scientific study showed that adenoiditis with a background of allergic rhinitis in children is accompanied by episodic nasal discharge, manifestations of clinical signs associated with histamine (rhinorrhea, itching of the wings of the nose, attacks of sneezing, swelling of the nasal mucosa and cyanotic edema). As the leading clinical signs of adenoiditis against the background of allergic rhinitis in children, difficulty breathing through the nose and mucous purulent rhinorrhea, paroksizmal coughing attack, itching in the nasal arches were detected.

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