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ENDOSCOPIC PICTURE IN POLYPOSE RHINOSINUSITIS

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Resume: The aim of the study was to study the role of endoscopy in the diagnosis of chronic polypoid rhinosinusitis. We examined 50 patients with chronic kidney disease who were hospitalized in the ENT department of the Bukhara multidisciplinary clinic from 2017 to 2019. All patients underwent clinical and laboratory research, including a medical history, rhinoendoscopy and computed tomography. At endoscopic examination, it was possible to distinguish between different forms of chronic polypoid rhinosinusitis. In 90 (60,0%) patients with chronic "eosinophilic" polypoid rhinosinusitis (chronic recurrent polypoid rhinosinusitis), "grayish" transparent polyps with mucous secretions in the nasal cavity are determined with endoscopy of the nose. These types of polyps were more often found on both sides of the nasal cavity. With nasal endoscopy in 60 (40,0%) patients with chronic "neutrophilic" polypoid rhinosinusitis (chronic purulent-polypoid rhinosinusitis), nasal polyps are defined as "fibrous-dense" polyps, usually one-sided. Purulent discharge is often detected with the presence of chronic purulent rhinosinusitis (62,7%). The study showed that endoscopic examination of the nasal cavity provides great opportunities for the diagnosis and treatment of chronic polypoid disease, helping to identify unrecognized and undetected foci of infection during previous operations, as well as to find out the cause of the failures of previous surgeries and correct them surgically and with the help of drug therapy.

Keywords: chronic polypoid rhinosinusitis, endoscopic examination, diagnosis, computed tomography.

Relevance. In recent decades, diseases of the nose and paranasal sinuses have firmly occupied the first place in the overall structure of the incidence of ENT organs in terms of access to the polyclinic and treatment in hospitals [1, 4, 7, 9, 12]. One of the most complex forms of chronic rhinosinusitis, both in terms of clinical course and in terms of treatment, is chronic polypous rhinosinusitis (CHPRS).

The use of universal (independent of the nature of the disease) questionnaires (SF-36) showed that the quality of life in people with nasal polyposis is worse than in patients with arterial hypertension, migraine, angina pectoris, malignant tumors of the head and neck [2, 5]. The deterioration in the quality of life of patients with nasal polyposis is comparable to that of patients suffering from chronic obstructive pulmonary diseases [8, 13].

CHPRS has a fairly significant medical and social significance, confirmed by the prevalence of the disease, the tendency to relapse, the need for therapeutic, rehabilitation, social activities for a significant period of patients' lives [2, 10, 11]. Taking into account the above, this justifies the appearance of the term "difficult rhinosinusitis" [2, 3;15].

The leading role in the occurrence and development of the inflammatory process in the ONP belongs to the lateral wall of the nose, where their anastomoses and narrow passages between the structures forming this wall are located – the zone of the ostiomeatal complex (OMC). The persistence of infection can be facilitated by impaired ventilation and drainage of the sinuses due to congenital or acquired anomalies of the nasal structures: deformation of the nasal septum, hypertrophy of the nasal conchs, polypous degeneration of the mucous membrane [5, 6, 12;16].

In the diagnosis of chronic rhinosinusitis, anterior rhinoscopy is used, which is the main method for determining the pathology of the nasal cavity. Rhinoscopy provides better visibility only up to the middle of the nasal conchae and therefore has a limited opportunity, and therefore there is a need for an endoscopic examination of the nose [10,14].

The aim of the study was to study the role of endoscopy in the diagnosis of chronic polypous rhinosinusitis.

Material and methods of research. We examined 50 patients with CHPRS who were on inpatient treatment in the ENT department of the Bukhara Multidisciplinary Clinic from 2017 to 2019. Patients with concomitant bronchial asthma and specific diseases (aspirin-induced asthma, Cartagener's syndrome, Young's syndrome, etc.) were not included in this study. All patients underwent clinical and laboratory examination, including the collection of anamneses of the disease, rhinoendoscopy and computed tomography. The control group consisted of 20 healthy volunteers. Rhinoendoscopy was performed with a Karl Storz endoscope (Germany) 0^0, 30^0 и 70^0.

The results of the study and their discussion. The main complaints presented by patients were difficulty in nasal breathing (92.5%), nasal discharge (78.4%), sneezing (56%), impaired sense of smell (52.2%). Often patients reported headaches (78.4%), more in the frontal area.

Endoscopically, nasal polyps looked like smooth, shiny, grayish formations of the mucous membrane, sufficiently mobile, not soldered to the surrounding tissues, significantly reducing the lumen of the nasal cavity, not bleeding when in contact with the probe. The results of the endoscopic examination are presented in Table 1.

Table 1. Data of endoscopic examination of patients with CPRS

Pathology	Number of patients, (n=150)	
	abs.	%
Curvature of the nasal septum	75	50,0
Thorns of the nasal septum	31	20,7
Hypertrophy of the hook-shaped process	22	14,7
Hypertrophy of the lower nasal concha	65	43,3
Absence of the lower nasal concha	5	3,3
Absence of the middle nasal conch	5	3,3
Perforation of the nasal septum	8	5,3
Lattice bull	27	18,0
Synechiae	24	16,0
Absence of the medial wall of the maxillary sinus	36	24,0
Pathological discharge in the nasal cavity	94	62,7
Hyperemia and swelling of the nasal mucosa	101	67,3

With endoscopic examination, it was possible to distinguish different forms of chronic polypous rhinosinusitis. For example, in 90 (60.0%) patients with chronic "eosinophilic" polypous rhinosinusitis (chronic recurrent polypous rhinosinusitis), "grayish" transparent polyps with mucous secretions in the nasal cavity are detected during nasal endoscopy. These types of polyps were more often found in both sides of the nasal cavity. During nasal endoscopy in 60 (40.0%) patients with chronic "neutrophilic" polypous rhinosinusitis (chronic purulent-polypous rhinosinusitis) nasal polyps are defined as "fibrous-dense" polyps, usually unilateral. Purulent discharge with the presence of chronic purulent rhinosinusitis is often detected (62.7%).

Polypous growths of the mucous membrane were found in all patients, and in 39 patients they completely obstructed the nasal passages, in 47 the polyps went beyond the middle nasal passage, in 41 they were in the middle nasal passage.

It was not possible to thoroughly examine the structures of the osteomeatal complex in all patients. In 128 (85.3%) patients with CHPRS, all structures of the osteomeatal complex were visualized, but in 22 (14.7%) patients, the natural anastomosis of the maxillary sinus was blocked by a hypertrophied hook-like process, and chronic inflammation in the area of the hook-like process arose due to the crest of the nasal septum.

Pathology of the middle nasal concha, including pathologically curved middle nasal concha, was found in 2 patients, bullous hypertrophy of the middle nasal concha – in 4.

Two patients were found to have giant bulla ethmoidalis, which blocked the maxillary sinus junction, pus was found in its cavity, polyps – a chronic focus of infection that provoked a relapse after operated sinusitis. It is characteristic that in all these patients the dominant complaint was difficulty of nasal breathing on the same side.

Pathological discharge was found in the nasal passages of the examined patients: in 24 – mucus, in 4 – mucopurulent discharge, in 12 - pus.

The endoscopic examination data allow not only to determine the location of the polyp, but also to visually carefully remove polypous growths.

Thus, the analysis of the data obtained allows us to conclude that endoscopic examination of the nasal cavity and paranasal sinuses provides great opportunities for the diagnosis and treatment of CHPRS, helping to identify unrecognized and unnoticed foci of infection during past operations, as well as to find out the reason for the failures of previously performed surgical interventions and correct them surgically and with the help of drug therapy.

References

1. Shahnoza Azamatovna Alimova (2021). ETIOPATOGENETIC FEATURES OF OTITIS MEDIA IN PATIENTS WITH HIV INFECTION. Scientific progress, 2 (5), 66-73.
2. Обиджон Олимжонович Жахонов (2022). БОЛАЛАРДА АЛЛЕРГИК РИНИТ БИЛАН БИРГА КЕЧУВЧИ АДЕНОИДИТНИНГ КЛИНИК КЕЧИШ ХУСУСИЯТЛАРИ. Scientific progress, 3 (2), 1037-1042.
3. Obidjon Olimjonovich Jahonov (2022). IMMUNOLOGICAL ASPECTS OF TRANSMITTED ADENOIDITIS IN CHILDREN WITH ALLERGIC RHINITIS. Scientific progress, 3 (4), 48-51
4. Firangiz Suleymanovna Ikramova (2021). FUNCTIONAL STATE OF LOCAL IMMUNE STATUS IN INFLAMMATORY PROCESS IN THE MIDDLE EAR IN CHILDREN. Scientific progress, 2 (5), 82-86.
5. U. I. Nurov, F. S. Ikramova, Sh. A. Alimova Functional status of immune status in inflammatory diseases of the paranasal sinuses in twin children // Academic research in educational sciences. 2021. №5.
6. НУРОВА Г.У., КАРАБАЕВ Х.Э. THE USE OF APPARATUS «FOTEK» IN THE SURGICAL TREATMENT OF VASOMOTOR RHINITIS // MATERIALS OF THE XV INTERNATIONAL SCIENTIFIC AND PRACTICAL CONFERENCE CONDUCT OF MODERN SCIENCE - SHEFFIELD 2019; P: 97-102.
7. Firangiz Suleymanovna Ikramova (2021). TACTICS OF TREATING ALLERGIC RHINITIS WITH CHRONIC DIFFUSE DISEASES OF THE LIVER. Scientific progress, 2 (7), 1247-1252.
8. U.I.Nurov, S.S. Arifov Content of phagocytic activity of monocytes and neutrophils in twin children with inflammatory diseases of the paranasal sinuses International Journal of Pharmaceutical Research, 2020
9. NUROVA G.U., KARABAEV X.E. MODERN SMALL INVASIVE METHOD OF SURGICAL TREATMENT OF VASOMOTOR RHINITIS. // INTERNATIONAL SCIENTIFIC AND PRACTICAL CONFERENCE «CUTTING EDGE-SCIENCE»- SHAWNEE, USA 2020- P. 53.

10. Shaxnoza Azamatovna Alimova (2022). ЭТИОПАТОГЕНЕТИЧЕСКАЯ ХАРАКТЕРИСТИКА СРЕДНЕГО ОТИТА У ВИЧ ИНФИЦИРОВАННЫХ ПАЦИЕНТОВ. Scientific progress, 3 (1), 198-207.
11. Ulugbek Nuridinovich Vokhidov, Khusniddin Noriddinovich Nuriddinov Analysis of the frequency of distribution and treatment methods for polypous rhinosinusitis Journal of Biomedicine and Practice Volume 4 Issue 5. 2020
12. Nurova, G. U., and U. I. Nurov. "The current state of study of vasomotor rhinitis modern diagnostic and therapeutic methods" *American journal of medicine and medical sciences-USA* 10.4 (2020).
13. Х. Н. Нуриддинов ЭНДОСКОПИЧЕСКАЯ КАРТИНА ПРИ ПОЛИПОЗНОМ РИНОСИНУСИТЕ // Scientific progress. 2022. №4.
14. Firangiz Suleymanovna Ikramova (2022). IMPORTANCE OF IMMUNOLOGICAL PARAMETERS IN THE CLINICAL COURSE OF PURULENT OTITIS MEDIA. Scientific progress, 3 (1), 151-156.
15. Обиджон Олимжонович Жахонов (2022). БОЛАЛАРДА АЛЛЕРГИК РИНИТ БИЛАН БИРГА КЕЧУВЧИ АДЕНОИДИТНИНГ ЛАБАРАТОР КЕЧИШ ХУСУСИЯТЛАРИ. Scientific progress, 3 (2), 1037-1042.
16. Х. Н. Нуриддинов СУРУНКАЛИ ПОЛИПОЗ РИНОСИНУСИТНИ ЭНДОСКОПИК ТАШХИСЛАШ ВА ДАВОЛАШ НАТИЖАЛАРИНИНГ ТАҲЛИЛИ // Scientific progress. 2022. №4. URL: