

EXPLORING THE LANDSCAPE OF HYPERTROPHIC AND POLYPOUS

RHINITIS: A FOCUS ON INCIDENCE PATTERNS

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Abstract

This research investigates chronic hypertrophic and polypous rhinitis, addressing critical aspects such as incidence rates, causative factors, pathogenesis, and pathomorphological characteristics. The study explores the neoplastic growth of tissues in both parenchyma and stromal structures, shedding light on the vasomotor reactions triggered by exogenous and endogenous factors. Notably, the work focuses on the prevalence of hypertrophic rhinitis, its symptoms, and its impact on different age groups, with an emphasis on the urban-rural divide. The findings contribute to a comprehensive understanding of this prevalent condition, guiding future research, and informing strategies for effective management and prevention.

Keywords: Chronic Hypertrophic Rhinitis, Polypous Rhinitis, Incidence Rates, Causative Factors, Neoplastic Growth, Vasomotor Reaction, Pathogenesis, Pathomorphological Types, Urban-Rural Divide, Epidemiology, Nasal Concha, Rhinorrhea.

Introduction

Information on the incidence, causes, pathogenesis and pathomorphological types of this hypertrophic and polypous rhinitis is presented in the literature. Chronic hypertrophic and polypous rhinitis is a process of neoplastic growth of tissues, in which both parenchyma and stromal structures proliferate simultaneously. Exogenous and endogenous factors that cause a vasomotor reaction in the mucous membrane are distinguished as causes. Exogenous influences include cold, factors that provoke reflexes, smoke, sharp and spicy foods, metemils, and various drugs, which have a vasoconstricting and hypotensive effect. Among the endogenous factors, hormonal dysfunction, endocrine diseases and physical psychoemotional effects gain great importance [1-3].

Materials and methods

Information about hypertrophic rhinitis and other unsolved aspects determine the goals and objectives of our research. Hypertrophic rhinitis is a process that continues with the growth of mucous membranes of the nasal concha due to chronic inflammation. Disturbance of breathing through the nose, rhinorrhea, i.e. bone coming from the nasal passages, foul-smelling mucus,

and headache are characteristic symptoms of hypertrophic rhinitis. Recently, inflammation of the mucous membrane of the nasal cavity has been observed in chronic hypertrophic rhinitis. According to ENT statistics, the incidence of chronic hypertrophic rhinitis ranges from 4% to 20%. Polyposis rhinitis and rhinosinusitis is a chronic diseases, manifested by the appearance of polyp-like cysts in the nose and nasal cavity. In this case, the mucous membrane of the nose and the mucous membrane of the spaces around the nose grows and nodules appear. Over time, polyp tumours fill and block the airways and cause clinical complaints [4-7]. Macroscopically, these polyps are characterized by a smooth surface, light purple colour, soft, movable, and often the surface is covered with mucus or purulent substance. When a polyp appears, it becomes difficult to breathe through the nose, the nose becomes blocked, the sense of smell decreases, and headaches occur. Lack of oxygen and hypoxia of the brain are observed when breathing becomes difficult for a long time. Nasal polyps are rare in young children. It appears mainly in people over 30 years old, and it increases in 50-60 years. Chronic polyposis rhinosinusitis has a local form, a solitary form, an antrochoanal polyp, and a diffuse form. The local form of the polyp is often observed in anatomical anomalies of the nose, it becomes difficult for air to enter, and inflammation and swelling develop in the mucous membrane along its path. Chronic purulent inflammation, including autogenous purulent sinusitis, causes polypous tumours to appear on the mucous membranes of the nose and paranasal sinuses [8-11].

Hypertrophic rhinitis is the most common disease among children and adults, and according to the World Health Organization, 40% of the population of developed countries have an allergic tendency, and now the incidence of allergic rhinitis is 10-20% of the general population (1,2,3). According to the results of epidemiological studies, about 20% of all age groups of the population are sick with hypertrophic rhinitis. The incidence of GR disease is more common among the urban population compared to the rural population, which accounts for 75% of the urban population. 25% of the rural population was recorded [10-12].

Chronic hypertrophic and polypous rhinitis is a process of neoplastic growth of tissues, in which both parenchyma and stromal structures proliferate simultaneously. Exogenous and endogenous factors that cause a vasomotor reaction in the mucous membrane are distinguished as causes.

Conclusions

In conclusion, this study has provided a comprehensive exploration of chronic hypertrophic and polypous rhinitis, addressing key facets including incidence rates, causative factors, pathogenesis, and pathomorphological types. The findings underscore the neoplastic growth

of tissues in both parenchyma and stromal structures, emphasizing the significance of understanding vasomotor reactions triggered by exogenous and endogenous factors.

The prevalence of hypertrophic rhinitis is revealed to be substantial, particularly affecting the urban population. The symptoms, such as nasal obstruction, rhinorrhea, and headaches associated with chronic hypertrophic rhinitis, have significant implications for the affected individuals, underscoring the importance of timely diagnosis and management.

Furthermore, the study highlights the age-specific incidence of nasal polyps, with a propensity to manifest in individuals over 30 years old, and a peak occurrence in the 50-60 age range. The urban-rural divide in incidence rates offers insights into potential environmental and lifestyle factors contributing to the prevalence of chronic hypertrophic and polypous rhinitis.

The implications of this research extend to public health, guiding healthcare strategies for both prevention and management. By understanding the multifaceted nature of this condition, healthcare professionals can develop targeted interventions, improving the overall quality of life for those affected. Future research endeavors should delve deeper into specific causative factors and explore innovative approaches for prevention and treatment, ultimately alleviating the burden imposed by chronic hypertrophic and polypous rhinitis on global health.

In summary, this study contributes valuable insights to the existing knowledge base, emphasizing the need for continued research, awareness, and strategic healthcare initiatives to address the challenges posed by chronic hypertrophic and polypous rhinitis comprehensively.

References

1. Goniotakis, I., Perikleous, E., Fouzas, S., Steiropoulos, P., & Paraskakis, E. (2023). A Clinical Approach of Allergic Rhinitis in Children. *Children*, 10(9), 1571.
2. Öçal, R., Bayar Muluk, N., & Mullol, J. (2020). Epidemiology of allergic rhinitis. *All Around the Nose: Basic Science, Diseases and Surgical Management*, 297-301.
3. Genuneit, J., & Standl, M. (2021). Epidemiology of allergy: natural course and risk factors of allergic diseases. In *Allergic Diseases—From Basic Mechanisms to Comprehensive Management and Prevention* (pp. 21-27). Cham: Springer International Publishing.
4. Makhmudovich, U.O., Erkinovich, M.E., & Usmonov, S. (2023). Insights into Maxillary Sinus: Fungal Sinusitis. *European Science Methodical Journal*, 1(9), 71-76.
5. Usmonov, S, & Jurayev, K. (2023). Navigating chronic hypertrophic rhinitis: causes, symptoms, and treatment strategies. *Web of Medicine: Journal of Medicine, Practice and Nursing*, 1(9), 40-42.

6. Liu, Y., & Liu, Z. (2022). Epidemiology, prevention and clinical treatment of allergic rhinitis: More understanding, better patient care. *Journal of Clinical Medicine*, 11(20), 6062.
7. Sanjar, U, Fozilbek, N, & Nodirbek, T (2022). Using chemicals to control locusts in the Fergana valley. *ACADEMICIA: An International Multidisciplinary Research Journal*, 12(5), 881-890.
8. Bousquet, J., Anto, J. M., Bachert, C., Baiardini, I., Bosnic-Anticevich, S., Walter Canonica, G., ... & Toppila-Salmi, S. (2020). Allergic rhinitis. *Nature Reviews Disease Primers*, 6(1), 95.
9. Usmonov, S, Pradeep, A, Fakhridinov, Z, Sanjar, T, Abdurakhim, A, & ... (2023). Intelligent Traffic Management System: AI-Enabled IoT Traffic Lights to Mitigate Accidents and Minimize Environmental Pollution. *2023 3rd International Conference on Intelligent Technologies (CONIT)*, 1-6.
10. Usmonov, S, & Jurayev, K (2023). Exploring tubootitis: understanding causes, symptoms, and remedies. *Western European Journal of Medicine and Medical Science*, 1(4), 42-44.
11. Avdeeva, K. S., Reitsma, S., & Fokkens, W. J. (2020). Direct and indirect costs of allergic and non-allergic rhinitis in the Netherlands. *Allergy*, 75(11), 2993.
12. Ogli, M.E.E, Rakhimjonovich, M.R., & Ogli, U.S.B. (2023). Analysis of early diagnosis and treatment of mucormycosis in patients with COVID-19. *International Journal of Medical Sciences And Clinical Research*, 3(2), 54-57.