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THE PREVALENCE OF CHRONIC RHINOSINUSITIS AMONG ENT PATHOLOGIES IN PRESCHOOL AND SCHOOL-AGE CHILDREN AT THE HOSPITAL STAGE OF MEDICAL CARE.

Ikramova F.S., Toyirov M.M.

Bukhara State Medical Institute

Relevance. Until now, the problem of rhinosinusitis (RS) has not lost its relevance in pediatrics and otorhinolaryngology, which is associated with a continuing increase in the incidence. According to different authors, from 5 to 15% of the adult population and about 5% of children suffer from RS in one form or another [1]. RS in children is defined as an inflammation of the mucous membrane of the nose and paranasal sinuses (PS), manifested by two or more symptoms, one of which is nasal congestion/difficulty in nasal breathing or discharge from the nose (outwards, into the nasopharynx), as well as facial pain or cough. In addition, RS is characterized by the presence of certain endoscopic signs (polyps in the nasal cavity, mucopurulent discharge mainly from the middle nasal passage, mucosal edema mainly in the middle nasal passage), as well as CT signs of changes in the mucous membrane of the osteomeatal complex or PS [2; 3].

Most researchers agree that in recent years there has been a trend towards an increase in the incidence of chronic rhinosinusitis (CHR) in the world. In the development of chronic purulent rhinosinusitis (CHPS), an important place is given to the state of the natural fistula of the sinus, which provides aeration and drainage [4;8]. With pathological changes in the area of the anastomosis, caused by the inflammatory process, anatomical features of the intranasal structures, a chronic inflammatory process of the sinus mucosa is formed, accompanied by its structural changes [3;9].

Other reasons for the chronicity of the inflammatory process are also known: bacterial and fungal infection [6;7], as well as superantigenic stimulation of the immune system [5;12], allergy and immunodeficiency [10;11], but the cause of persistent infection in a particular patient is often not established.

In pediatric practice, chronic rhinosinusitis (CHRS) is most often a multifactorial disease. Unlike acute RS (ARS) in the etiology of chronic inflammation of the nasal cavity and RS in children, the leading role belongs to non-infectious agents, CHRS is more often one of the manifestations of any systemic disease: primary and secondary immunodeficiency; diseases associated with changes in the viscosity of mucus (cystic fibrosis); diseases associated with impaired ciliary activity [2, 4]. The role of gastroesophageal reflux in the development of CHRS is discussed. Depending on the etiological factors, CHR can be bacterial, fungal, or caused by bacterial-fungal associations. According to the nature of the course, mild, moderate and severe forms of the disease are distinguished. According to the morphological features, CHRS can be catarrhal, purulent, polypous and polypous. The etiology and pathogenesis of nasal polyps, despite intensive research conducted both in our country and abroad, remain insufficiently studied [4]. According to the latest data, the main importance is attached to the allergic nature of the disease, impaired metabolism of arachidonic acid, persistence of bacterial and fungal superantigens on the mucous membrane of the nasal cavity, in children - to hereditary pathologies, in particular cystic fibrosis (cystic fibrosis). According to foreign literature, about 37% of adult patients with cystic fibrosis have nasal polyps [5]. There are

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single publications on the pediatric population of patients with cystic fibrosis, according to which the incidence of nasal polyps is 39.1% [6]. At the same time, domestic studies give significantly higher figures - 84.6% of children with a mixed or respiratory form of the disease have nasal polyps [7]. Among all children with polyposis RS, patients with cystic fibrosis account for 15–20% [6, 7].

The aim of the study was to investigate the prevalence of chronic sinusitis in the pediatric population.

Research materials and methods. To assess the prevalence of acute sinusitis in the structure of ENT pathology in children at the Bukhara hospital stage of medical care. To assess the prevalence of AR in the structure of ENT pathology in children, an analysis was made of outpatient cards and case histories of children who applied to the emergency department and were hospitalized in the ENT department. The diagnosis was made based on anamnestic data, clinical-instrumental and laboratory analysis results.

Research results. The clinical study covered 148 patients who were hospitalized from 2021 to 2022 in the ENT department of the Bukhara Regional Clinical Hospital. In 88 children from this group (63.8%), the chronic process in the maxillary sinuses was of a purulent nature, in 10 children (7.2%) - a common polyposis process, 22 patients (16%) were treated with a diagnosis of Chronic sinusitis, cystic form; 14 patients (10.1%) - Chronic sinusitis, polypous form; 3 patients (2.1%) - with a diagnosis of Chronic frontal sinusitis, purulent form. In order to determine the prevalence of acute and chronic sinusitis, a survey of the children's population was conducted, which covered 320 children. Of all the respondents - 260 people (26%) suffered from various forms of sinusitis, of which: boys - 134 (51.5%), girls - 126 (48.5%). According to the results of the survey, the distribution of acute and chronic sinusitis was revealed, which amounted to 63% and 37%, respectively. The seasonality of the rise in the incidence of acute and exacerbations of chronic forms of sinusitis, which are more common in the cold season (from September to April), was traced. There is a fairly high proportion of purulent, polypous and cystic forms of chronic sinusitis, which amounted to 17%, 6% and 3%, respectively, in the structure of chronic sinusitis. The purulent form of chronic frontal sinusitis was less common, which accounted for 5% in the structure of chronic sinusitis.

Conclusion. Thus, an epidemiological study conducted in the Bukhara region revealed the prevalence of acute and chronic sinusitis, which accounted for 26% of all respondents, while chronic forms accounted for 37%, of which purulent forms of chronic sinusitis and frontal sinusitis accounted for 17% and 5% respectively, and the proliferative forms of chronic sinusitis, frontal sinusitis and ethmoiditis amounted to 9%, 2% and 4%, respectively.

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