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OPTIMIZATION OF METHODS OF TREATMENT AND PREVENTION OF POLYPOSIS RHINOSINUSITIS

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Abstract:

. According to the revealed changes in the indicators of hemostasis and blood rheology, the state of intestinal microflora, signs of immune inflammation, evaluation of the obtained results, the validity of the application of disaggregants, probiotics, and gravitational blood methods is shown. The obtained research results are the determining criterion for the developed by us combined method of anti-recurrence treatment and prevention of polyposis rhinosinusitis.

Keywords: polyposis rhinosinusitis, blood hemostasis, blood rheology, intestinal microflora, immune inflammation.

INTRODUCTION. Analysis of numerous scientific publications has shown that the problem of solving the issues of etiology, pathogenesis and pathogenetic treatment, acute and chronic rhinosinusitis does not lose its relevance [8].

In Uzbekistan, 14.7% of the population suffer from chronic polyposis rhinosinusitis. Over the past 10 years, the incidence has increased 2-fold Chronic polyposis rhinosinusitis is currently one of the most common diseases. Among the theories of the origin and development of polyposis rhinosinusitis, the most common are infectious-allergic autoimmune, neurotrophic and others. [2].

Despite the improvement of protocols of drug therapy, the main direction of treatment of polyposis rhinosinusitis remains surgical intervention. This pathology accounts for more than 2/3 of all operations performed for inflammatory diseases of the paranasal sinuses. However, even perfectly performed surgical intervention does not guarantee the cessation of recurrences of polyposis rhinosinusitis. As a rule, such patients undergo repeated surgical interventions, and long-term follow-up of patients operated on for polyposis rhinosinusitis allows to ascertain the recurrence of nasal polyposis in 85% of cases [3].

This is largely due to the complexity and variability of intranasal architectonics, the peculiar organization of the mucociliary system and microcirculatory channel of the nasal mucosa and paranasal sinuses, its active participation in the reactions of local immunity, the constant interaction of the nasal cavity with a variety of often damaging environmental factors.

These circumstances determine, on the one hand, the variety of causative factors involved in the formation of polyposis rhinosinusitis, and on the other hand, determine the relevance of the development of rational methods of prevention and treatment of postoperative changes in the nasal mucosa, based on modern ideas about the pathogenesis of polyposis rhinosinusitis.

According to the existing views, polyposis rhinosinusitis is a consequence of chronic inflammation consistently developing in the nasal mucosa, which is based on disorders of the nasal cavity architectonics; allergy; viral-bacterial, fungal contamination and microstructural changes of the nasal mucosa; imbalance of enzyme systems regulating arachidonic acid metabolism and other pathophysiological and pathochemical shifts mediated by the interaction of various cells, proinflammatory mediators and accompanied by a specific tissue reaction.

Data on the prevalence of polyposis rhinosinusitis (PRS) are abundant and evidence-based. This complex disease can occur independently or in combination with lower respiratory tract diseases and allergic diseases and is currently considered incurable [5].

Various medical and surgical methods are used in the treatment of MRS. According to modern principles, treatment should be approached more from therapeutic positions more than from surgical ones [3]. Otorhinolaryngologists try to use in most cases a combined approach in the treatment of ORS [6].

In our opinion, the analysis of the study of hemo-stasiologic and rheologic blood parameters, the state of intestinal microflora, indicators of signs of immune inflammation will allow to improve the methods of antiretroviral treatment and prevention of ORS [7].

Over the last 10 years, there has been an increase in the incidence of chronic rhinosinusitis among the population [1]. Chronic polyposis rhinosinusitis (CRP) occupies a special position in the structure of this pathology. Long-term course of the pathological process in the nasal cavity and paranasal sinuses, high

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frequency of subclinical forms of the disease, recurrent growth of polyps contribute to the development of chronic hypoxia, pathology of the cardiovascular system, and a significant reduction in the quality of life of patients [8]. According to a number of observations, ORS occurs in all age groups. Annually, about 20 million patients seek medical care due to the debut or exacerbation of PDS [5].

Particularly severe MRS is noted in patients with various congenital or acquired pathologies of the bronchopulmonary system, as well as allergic reactions. Accession of infectious agents in the above group of patients contributes to the development of widespread lesions of the upper and lower respiratory tract, which creates significant difficulties in choosing the optimal tactics of patient management [4].

To date, corticosteroids are the main drugs for the treatment of MRS, because they can affect almost all known links of the pathogenesis of MRS. As a rule, preference is given to intranasal corticosteroids. Systemic corticosteroid therapy (SCT) is used in the treatment of ORS limitedly in the form of monotherapy or as part of combined regimens in severe and uncontrolled course of polyposis process and bronchial asthma. Limited prescription of corticosteroids is primarily due to the risk of developing a wide range of side effects [9]. In this regard, the validity of the use of SCT in ORS patients should be considered from two positions at once: objective justification of treatment efficacy in relation to standard approaches and reliable control of its safety [10].

However, in routine practice, as a rule, objective functional assessment of nasal breathing is not performed, and diagnosis is based on the analysis of changes in the main symptoms of the disease, the degree of spread of the polyposis process in the nasal cavity and paranasal sinuses according to the results of computed tomography and endoscopy data, which creates an incomplete picture of the patient's condition. It should also be noted that the reasons for "steroidophobia" is the lack of a unified diagnostic algorithm to monitor the safety of taking systemic corticosteroids [2

CONCLUSIONS: Thus, in order to improve the efficacy of ORS treatment and to realize a clear control over the safety of the conducted therapy, the development of complex therapeutic and diagnostic approaches is relevant.

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