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TRANSMISSION OF SINUSITIS DISEASE, MODERN TREATMENT TREATMENTS IN THE ARAL SEA REGION

(On the example of Khiva, 2020-2021)

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Annotation

Sinusitis is an inflammation of the mucous membrane of the paranasal sinuses, which is caused by viruses, bacteria, fungi or allergic processes. Symptoms of sinusitis often include nasal congestion, purulent discharge from the nasal cavity, facial pain in the area of projection of the paranasal sinuses, weakness, headache, and high fever.

Keywords: sinusitis, upper jaw sinusitis, bronchitis, pharyngitis, rhinitis, nosopharyngitis, chronic diseases of the upper respiratory tract.

Relevance of the Topic: Sinusitis is an inflammation of the nasal cavity, with symptoms such as colds, runny nose, nasal obstruction, nasal breathing disorders, allergic rhinitis, headache, hanging in the face and head when bending, nasal congestion, cough, weakness is a contagious disease.

According to official statistics, one third of all diseases of the upper respiratory tract are sinusitis. The characteristic symptoms of the acute form are detected in 5% of children and 5-15% of adult patients. Every tenth case of sinusitis is a complication of ARVI or influenza infection. However, in 9 out of 10 cases, the development of acute sinusitis of a viral nature is observed, which does not require antibacterial treatment. While a bacterial infection is added (in 5% of cases), the clinical picture changes significantly. In the last decade, the incidence of sinusitis has increased 3 times (12.7% per 10,000 population) and is accompanied by more severe symptoms.

A retrospective statistical analysis of the status of chronic diseases of the upper respiratory tract of the adult population living in Khiva, Khorezm region was conducted. Chronic pharyngitis, nasopharyngitis, sinusitis, rhinitis, and bronchitis

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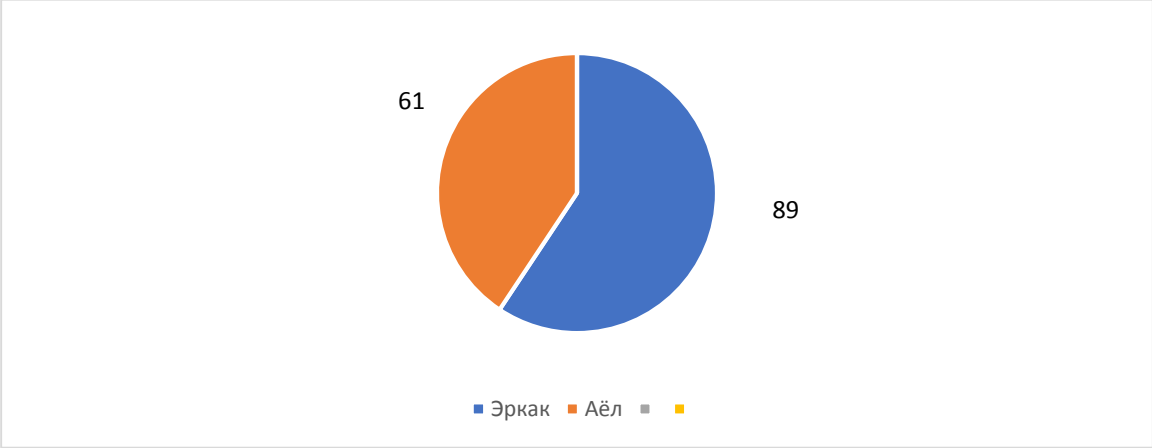
are listed among the chronic and undiagnosed, often chronic respiratory diseases in the adult population. The above-mentioned pathological diseases have been observed mainly in people aged 65 and older. In recent years, there has been an increase in the incidence of upper respiratory diseases, including chronic pharyngitis, nasopharyngitis, sinusitis, rhinitis among the adult population of Khiva.

Purpose of the work: The data of the last 3 months of 2020-2021 were obtained as the purpose of the work. 150 patients who went to the outpatient clinic of the Khiva Medical Association Multidisciplinary Medical Center underwent a retrospective examination. The examination used MRI, rhinoscopy, oroscopy, X-ray, puncture of the upper jaw.

Examination method and materials: During the examination, 150 patients who applied in an outpatient setting were divided into 3 subgroups. Each group consisted of 50 patients, primarily with anamnestic data collected. Then, laboratory-testing methods were used.

Results of the examination: According to the results of the examination, out of 150 patients taken in relation to sex, 89 were male and 61 were female. (Figure 1)



Data on patients obtained by sex. Figure 1.

Laboratory examination of subgroups revealed that 50 patients in subgroup 1 had exacerbation of chronic sinusitis, 38 patients in subgroup 2 had chronic sinusitis, and 62 patients in subgroup 3 had odontogenic sinusitis. (Figure 2)

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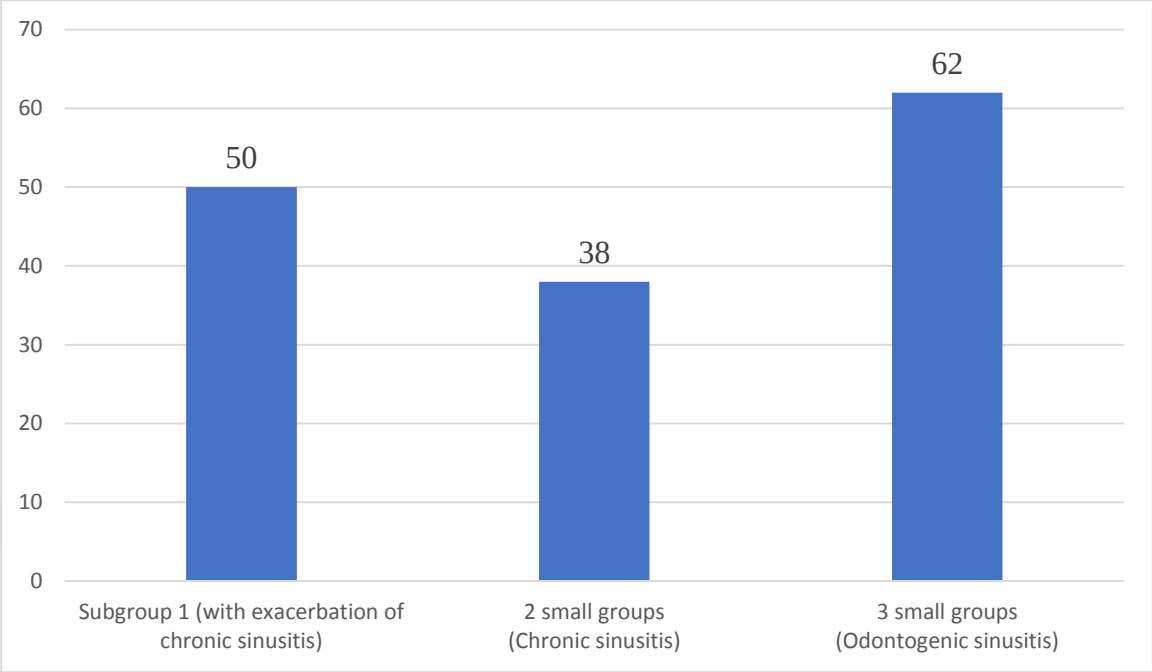

Information on patients diagnosed with sinusitis. Figure 2.

Bacteriological examination of the above patients revealed a growth of microflora 74 (92.5%), of which in 3 cases (3.75%) - yeast-like fungi of the genus Candida. The most common pathogens are: Peptososus (22.5%), Basteroides (13.75%), Peptostreptossus (11.25%). With exacerbation of chronic odontogenic sinusitis, anaerobes were found to be 12.5% more likely than aerobes. A slightly different microbiological picture was found in patients with odontogenic sinusitis (62 people). Aerobic microorganisms have been observed to predominate over anaerobes in patients with odontogenic sinusitis (25%).

Antibiotics in the treatment of the above patients: Amoxicillin, Cefuroxime, Erythromycin, Azithromycin, vasoconstrictors: Epinephrine, Xylometazoline, Pinosol, Snup, Rint, antihistamines: Claritin, Telfast, Cetrin, Loratadine, Nasal, Erius, Erius, Tsinnabsin, Sinuforte, physiotherapy procedures (UVCh), surgical treatment (opening the cavity to remove pus, eliminating the curvature of the nasal wall) were used.

Conclusions: In conclusion, it can be said that 1. Preliminary microbiological studies of upper jaw cavity secretion in patients with odontogenic sinusitis revealed a predominance of anaerobic flora with chronic sinusitis with 12.5% and an increase in aerobic flora with 25%. The severity of the clinical course of the disease was largely dependent on the presence of microorganisms and was characterized by the unsuccessful use of antibacterial drugs in different groups.

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2. Repeated (7 days after the start of treatment) microbiological examination is detected 2 times more frequently than in patients with Pro and prebiotic drugs according to the traditional conservative treatment regimen, which indicates the possibility of developing dysbiosis in patients in control subgroups.

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