

DIAGNOSIS AND TREATMENT OF ADENOIDITIS IN CHILDREN

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Anmerkung: chronische entzündungen der lymphatischen strukturen des nasopharynx finden sich häufig in der praxis eines ambulanten und stationären arztes, haben rezidivneigung und komplikationen aus dem mittelohr. Am häufigsten tritt diese pathologie in der pädiatrischen praxis aufgrund der besonderheiten des nasopharyngealen mikrobioms, der virulenz und invasivität von mikroorganismen, der anatomischen und physiologischen merkmale der struktur und der nähe der rachenmandel (gm) zu den rachenöffnungen der gehörgänge auf, die sorgen für eine belüftung der paukenhöhle und erhalten den normalen tubotympanalen druck und den immunbiologischen zustand des körpers aufrecht. Bei der behandlung chronischer polypentzündungen werden zahlreiche methoden und mittel eingesetzt, deren wirksamkeit jedoch noch unzureichend ist. Eine der ursachen für langwierige, träge, wiederkehrende, schwer behandelbare chronische erkrankungen ist eine abnahme der körpereigenen abwehrkräfte. Solche veränderungen treten vor allem aufgrund des häufigen und ungerechtfertigten einsatzes einer systemischen antibiotikatherapie auf, auch vor dem hintergrund einer verminderten reaktionsfähigkeit des immunsystems bei häufig erkrankten kindern.

Schlüsselwörter: Nasopharyngitis, chronische Adenoiditis, Pharynxtonsillenhyperplasie, SARS

Anotation: Chronic inflammation of the lymphoid structures of the nasopharynx is often found in the practice of an outpatient and inpatient doctor, has a tendency to relapse and complications from the middle ear. Most often, this pathology occurs in pediatric practice due to the peculiarities of the nasopharyngeal microbiome, virulence and invasiveness of microorganisms, anatomical and physiological features of the structure and proximity of the pharyngeal tonsil (GM) to the pharyngeal orifices of the auditory tubes, which provide aeration of the tympanic cavity and maintain normal tubotympanic pressure and the immunobiological state

of the body. In the treatment of chronic inflammation of the adenoids, numerous methods and means are used, but their effectiveness is still insufficient. One of the causes of long-term, sluggish, recurrent, difficult to treat chronic diseases is a decrease in the body's resistance. Such changes occur primarily due to the frequent and unjustified use of systemic antibiotic therapy, including against the background of a reduced reactivity of the immune system in frequently ill children.

Keywords: Nasopharyngitis, chronic adenoiditis, pharyngeal tonsil hyperplasia, ARI

In recent decades, there has been a significant increase in diseases of the upper respiratory tract (URT) (both acute and chronic), including those associated with the environmental situation, especially in large cities. The prevalence and growth of this pathology is a serious medical and social problem associated with an increase in the economic costs of treatment. Especially in the pediatric population, among all diseases of the upper respiratory tract, the frequency of adenoiditis (inflammation of the pharyngeal tonsil) is the highest. Chronic adenoiditis is noted in 20% - 50%, and in frequently ill children, the frequency of its occurrence reaches 70%. From the position of modern immunology, the Pirogov- Waldeyer lymphoid ring (which includes the pharyngeal tonsil) is assigned the role of mucosal immunity, which monitors the state of immunity of the upper and lower respiratory tract and the gastrointestinal tract. Upon contact of the mucous membrane of the pharyngeal tonsil with various antigens (endo - and exogenous), an immune response develops, leading to the development of an inflammatory process, which can also take a chronic relapsing course.

To date, adenoiditis is considered as a polyetiological inflammation of the pharyngeal tonsil, which is based on a violation of immune processes, often accompanied by its hyperplasia.

In the international classification of ICD - 10, there is no allocation of adenoiditis to a separate nasological group. Doctors use the following codes.

- acute nasopharyngitis
- chronic nasopharyngitis
- chronic diseases of the tonsils and adenoids
- hyperplasia of the pharyngeal tonsil - hypertrophy of the adenoids
- unspecified chronic diseases of adenoids and tonsils.

Acute nasopharyngitis is characterized by seasonality, mainly in the autumn-winter and spring periods, the etiological cause of it is the variety of viruses that are tropic to the epithelium of the upper respiratory tract, and is often accompanied by a diagnosis of acute respiratory viral infection (ARVI). In Russia, influenza and SARS account for up to 90% of all morbidity. Quite often, repeated SARS provoke a local inflammatory process in the nasopharyngeal tonsil, which, with frequent contact with respiratory viruses that cause SARS and influenza, can take a chronic course. It is believed that chronic inflammation of the pharyngeal tonsil with its concomitant hyperplasia is associated with a violation of local and immaturity of systemic immunity in children. The most common cause that causes reactive changes in the pharyngeal tonsil is acute respiratory viral infections, which occupy the first place among all diseases not only in children. Comparative statistics show that in the Russian Federation, respiratory viral infections are leading in the overall structure of all infectious diseases, ranging from 82% to 85%, with the trend towards an annual increase in incidence continuing. Frequent recurrent viral infections disrupt the reparative processes in the mucous membrane of the pharyngeal tonsil due to prolonged antigenic exposure, which leads to an increase in infiltration of lymphocytes and macrophages into the tissues. Viruses persisting in the lymphoid tissue cause hypertrophy and chronicity of the inflammatory process in the pharyngeal tonsil, and also contribute to a change in the reactivity of bacterial agents that colonize the nasopharynx outside of ARVI . Given the anatomical and physiological features of the pharyngeal tonsil, its hypertrophy and inflammation affect neighboring organs, causing complications from the paranasal sinuses and middle ear. In the presence of a viral-bacterial association, bacteria delay the release of the body from viruses, and viruses support bacterial infection, which in modern

immunology is considered as the opposition of the cellular antiviral and humoral antibacterial immune response.

LITERATURE

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