УДК 616.211-072.1

Narbayev Zafar Kamilovich.,
Narbayev Kamil Pazilovich
Department of Otorhinolaryngology
Andijan State Medical Institute

INDICATIONS FOR ENDOSCOPIC SINUS SURGERY AND RESULTS OF EVALUATION OF ITS EFFECTIVENESS

Summary: Functional endoscopic surgery of the nose and paranasal sinuses (international name FESS – functional endoscopic sinus surgery) is a modern method of surgical treatment of ENT diseases by minimally invasive intervention in the nasal cavity using special micro—tools and under the control of a special magnifying endoscopic optics

This article evaluates modern methods of surgical treatment of patients with pathology of the lacrimal system and concomitant pathology from the nasal cavity and paranasal sinuses. Minimally invasive surgical treatment methods for patients with this pathology are analyzed.

A comparative analysis of the features of the postoperative period and the long-term results of surgical treatment after transcanalicular laser dacryocystorinostomy, endonasal endoscopic dacryocystorinostomy with prolonged stenting of the lacrimal tracts, with simultaneous correction of rhinopathology and recanalization of the lacrimal tracts was carried out.

Keywords: dacryocystitis, endonasal endoscopic dacryocystorinostomy, lacrimal duct recanalization, pathology of the nasal cavity and paranasal sinuses, simultaneous surgery.

Нарбаев Зафар Камилович.,
Нарбаев Камил Пазилович
Кафедра оториноларингологии
Андижанский государственный медицинский институт

ПОКАЗАНИЯ К ЭНДОСКОПИЧЕСКОЙ ОПЕРАЦИИ НА ПАЗУХАХ НОСА И РЕЗУЛЬТАТЫ ОЦЕНКИ ЕЕ ЭФФЕКТИВНОСТИ

Резюме:Функциональная **эндоскопическая хирургия носа и околоносовых пазух** (международное название FESS – functional endoscopic sinus surgery) — это современный метод хирургического лечения ЛОР-заболеваний путём проведения малоинвазивного вмешательства в полости **носа** с помощью особых микроинструментов и под контролем специальной увеличительной **эндоскопической** оптик

В данной статье проведена оценка современных методов хирургического лечения пациентов с патологией слезоотводящей системы и сопутствующей патологии со стороны полости носа и околоносовых пазух. Проанализированы малоинвазивные методики хирургического лечения пациентов с данной патологией.

Проведен сравнительный анализ особенностей послеоперационного периода и отдаленных результатов хирургического лечения после проведения трансканаликулярной лазерной дакриоцисториностомии, эндоназальной эндоскопической дакриоцисториностомии с пролонгированным стентированием слезооводящих путей, с одномоментной коррекцией ринопатологии и реканализацией слезоотводящих путей.

Ключевые слова: дакриоцистит, эндоназальная эндоскопическая дакриоцисториностомия, реканализация слезооводящих путей, патология полости носа и околоносовых пазух, симультанная хирургия.

Relevance. The urgency of studying the problem is also due to the fact that the increase in the number of rhinosinusitis is accompanied by an increase in the incidence of bronchitis and bronchial asthma, and this trend cannot be broken[2,9]. The development of new technologies and methods for studying the functions of the nasal mucosa and paranasal sinuses allows a different approach

to the treatment of this pathology. The multifactorial etiology of the disease, various clinical manifestations of chronic sinusitis cause the abundance of surgical treatment methods used [6,11].

Since the main cause of the development of chronic inflammation is anatomical, the question arose about the correction of intra-nasal pathology either before sinus surgery or after it. V.T. Operations on the paranasal sinuses should be performed in one stage with the reconstruction of the septum and shells. This concept is more preferable, since in this case not only the physiological pathways of secret transport are restored, but also the anatomy is close to normal [1,4,8].

Endoscopic rhinosinusosurgery (ERSH) is a widely used method of treating diseases of the nose and paranasal sinuses not only in foreign countries, but also in Kazakhstan. ERSH makes it possible to open all affected paranasal glands atraumatically and gently, remove the altered mucous membrane from them, while restoring conditions for adequate drainage and aeration.

The patient's recovery depends both on the quality of the performed surgical intervention and on the management of the postoperative period. Therefore, the main task after surgery is to restore the mucous membrane and its functions. Until recently, mainly the respiratory function was controlled.

Endoscopic rhinosinusosurgery is a fairly widely used method of treating diseases of the nose and paranasal sinuses.

But despite this situation, the proposed method of diagnosis and treatment causes controversial discussion, as the controversy continues about the need to use methods of functional surgery. The development of microscopic and endoscopic rhinosurgery has not clarified the question of the optimal scope of surgical intervention in sinusitis[3,5,7].

Thus, minimally invasive "functional" interventions are the most popular in the USA[2,8.10], and in France they adhere to the methods of radical sphenoethmoidectomy with fenestration of the maxillary sinuses and removal of

the middle nasal concha. Proponents of "radical" methods of surgical interventions are discussing with adherents of endoscopic functional methods of treatment about the need for dissemination and indications for the use of this method of treatment.

In the absence of pathological changes, the natural mouth was not expanded even if its diameter was 1 mm. In the presence of an additional anastomosis, the bridge between the holes was dissected with a sickle-shaped scalpel, and the remnants of the mucous membrane were removed using a microdebrider [4,6,9].

If it was impossible to eliminate the pathological substrate through a natural anastomosis, an extranasal method was used - microhaimorotomy. In the area of fossa canina, the trocar was inserted into the sinus cavity along the line between 4 and 5 teeth to a depth of 3-4 mm. Next, the stiletto was removed, and through the funnel, all departments of the sinus were examined. The verified pathological substrate was removed using a microdebrider or Blacksley forceps, after which the trocar funnel was removed. The technique of surgery in the frontal sinus area was carried out according to the modified W method.Draf y .

After a preliminary ethmoidotomy, the bone of the agger nasi zone was removed with a cutting boron towards the frontal sinus and laterally until the lacrimal sac was exposed. Further in the area of the frontal process of the upper jaw upward and laterally to the exposure of the paper plate and the anterior lattice cells adjacent to the frontal-nasal pocket. After that, the anastomosis was identified by a probe [1,3,5].

A diamond boron was introduced into the identified junction and its expansion was carried out anteriorly, laterally and medially up to 2 mm in diameter. The back wall of the mouth was left intact. Next, a 30° endoscope is used to inspect the formed anastomosis and sinus cavity, the pathological substrate was aspirated, the sinus was washed with an antiseptic solution and the operation ended there.

The purpose of the study. Improve the treatment of various diseases of the nasal cavity, including endoscopic surgery.

Materials and methods of research. To fulfill our task, we selected a total of 65 patients with various diseases of the nasal cavity and treated them with endoscopic surgery.

The results of the study. In our work, we used two accesses to the sphenoid sinus. The first, access through the sphenoethmoid pocket, was used in 2 (1.4%) with isolated lesion of the sphenoid sinus. The second approach, transethmoidal, was used in 1 (0.7%) child with chronic purulent pansinusitis, where the rehabilitation of the sphenoid sinus was a stage of surgical treatment. The technique of transethmoidal sphenotomy was as follows.

After anterior and posterior ethmoidectomy, the anterior wall of the sphenoid sinus was visualized and the anastomosis was identified from the side of the sphenoethmoid pocket. In case of impossibility of visual identification of the anastomosis, the anterior wall was perforated as low and medially as possible with a microdebrider, which processed the edges of the formed anastomosis and revision of the sinus cavity with simultaneous removal of pathologically altered tissues. Next, the anastomoses of the posterior lattice cells and the wedge-shaped sinus were combined. When accessed through the sphenoethmoid pocket, lateral conchopexy was performed and the sinus junction was identified.

In the case of a block of the sphenoethmoidal pocket by adenoid vegetations, their removal was performed using a microdebrider cutter. Then they acted identically to the transethmoidal technique. Preoperative preparation of patients includes mandatory computed tomography of the paranasal sinuses and endoscopic examination of the nasal cavity. These research methods are necessary not only for diagnosis, but also for a good orientation of the surgeon during the operation. Often, chronic sinusitis also develops due to the presence

of anatomical changes in the structures of the nose: curvature of the nasal septum, hypertrophy of the middle or lower nasal concha.

In this regard, in order to achieve the best effect from the operation on the paranasal sinuses, simultaneous correction of the nasal septum (septoplasty) and nasal conchs is performed.

During this operation, a rhinosurgeon can perform correction of the nasal septum, destruction of the lower nasal concha or partial resection of the middle nasal concha. Any surgery on the nasal cavity, even endoscopic, leads to at least minimal nosebleeds due to the developed network of blood vessels and good blood supply to this area.

Anterior tamponade with elastic tampons is used to stop such postoperative bleeding. Patients tolerate such tamponade well, it can be easily and painfully removed from the nasal cavity the very next day after surgery.

In the postoperative period, it is important to take care of the nasal cavity, when clots and crusts are removed, and endoscopic control of the enlarged sinuses is carried out. The doctor also prescribes anti-inflammatory and antibacterial drugs. This prevents the adhesive process and promotes better healing of the mucosa in the operated area.

Conclusion. Thus, using the FESS technique allows you to preserve the anatomy of the nasal cavity and its sinuses as much as possible and restore normal nasal breathing.

Endoscopic operations are easier to tolerate by patients, and allow the patient to be discharged from the hospital much earlier than when using classical rhinosurgery techniques. After surgery, the recovery period takes one month.

LIST OF LITERATURE:

1 Vishnyakov V.V. Possibilities of medical and surgical treatment of polypous rhinositis // Russian rhinology. - 2005. - No.2. - p. 88.

2 Gavrilova I.S., Popov V.V. Modern methods of endonasal endoscopic treatment of poly-lipous sinusitis // Ibid. - p.89.

3 Kozlov V.S., Shilenkova V.V., Shilenkov A.A. Sinusitis: a modern view of the problem // Consilium Medicum. - 2003. - Vol.5. - No. 4. - pp.12-217.

4 Kolebanova I.G. [et al.] / Polypous rhinosinusitis. A modern view of treatment. Dialogue between a surgeon and a therapist / Russian Rhinology. - 2005. - No.2. - pp.92-93.

5 Lopatin A.S., Nefedov V.S. Possibilities of endonasal surgery in the treatment of maxillary sinus cysts // Russian Rhinology. - 2001. - No. 2. - pp.120-121.

6 Magomedov M.M. Endoscopic endonal microsurgery in the practice of an otorhinolaryngologist // Vest. otorhinolar. - 2006. - No. 5. - pp.53-55.

7 Mirakyan R.G., Piskunov G.Z. Our experience of applying the differential approach scheme in the treatment of polypous rhinosinusitis // Russian rhinology. - 2005. - No. 2. - pp.94-95.

8 Rymsha M.A., Podvolotskaya I.V., Sholar M.A. Our experience in managing patients with exacerbation of chronic sinusitis who underwent functional endoscopic endonasal operations on the paranasal sinuses // materials of the XVII Congress of otorhinolaryngologists of Russia. - Nizhny Novgorod: 2006. - p. 335.

9 Svatko L.G., Pokrovskaya E.M., Rafailov V.V. Introduction of minimally invasive surgery methods in conditions of inpatient replacement technologies // Russian otorhinolaryngology. - Application. - 2007. - pp.426-428.

10 Pradhan B., Thapa N. Functional Endoscopic Sinus Surgery (FESS) // JNMA J. Nepal Med. Assoc. - 2006. - №45. - P.337-341.

11 Tsurikova T.V., Tretyakova N.M. Endoscopic microoperations in the pathology of the nose and paranasal sinuses // Modern methods of diagnosis and treatment in otorhinolaryngology: materials of the scientific and practical conf. of otorhinolaryngologists of Siberia and the Far East. – Blagoveshchensk: 2008. - pp. 99-100.