PASSING ADENOIDITIS IN CHILDREN

Razakov B.Yu. - Assistant of the
Department of Pathological Anatomy,
Andijan State Medical Institute

Abstract: Chronic inflammation of the lymphoid structures of the nasopharynx is often seen in outpatient and inpatient practice. Often this pathology occurs in pediatric practice due to the specific characteristics of nasopharyngeal microbes, virulence and invasiveness of microorganisms, anatomical and physiological features of the structure and proximity of the pharyngeal tonsil (GM) to the pharyngeal mouths of the auditory tubes, which provide ventilation of the tympanic cavity and maintain normal tubotympanic pressure, and the immunobiological state of the organism are important.

Keywords: fever, microorganisms, tubotympanic, inflammation

Резюме: Хроническое воспаление лимфоидных структур носоглотки часто наблюдается в амбулаторной и стационарной практике. Часто эта патология встречается в педиатрической практике в связи со специфическими особенностями микробов носоглотки, вирулентностью и инвазивностью микроорганизмов; важное значение имеют анатомо-физиологические особенности строения и близость глоточной миндалины (ГМ) к глоточным устьям слуховых труб, обеспечивающие вентиляцию барабанной полости и поддержание нормального туботимпанального давления, иммунобиологическое состояние организма.

Ключевые слова: лихорадка, микроорганизмы, барабанная перепонка, воспаление

In recent decades, diseases of the upper respiratory tract (acute and chronic), including diseases related to environmental conditions, have increased significantly, especially in large cities. The spread and growth of this pathology is a serious medical and social problem associated with increasing economic costs for treatment.

Especially in the pediatric population, among all diseases of the upper respiratory tract, the maximum frequency of adenoiditis (inflammation of the pharyngeal tonsils) is recorded in 20% - 50% of chronic adenoiditis, and the frequency of its occurrence in children who are often sick is 70%. Reaches From the point of view of modern immunology, the Pirogov-Waldeyer lymphoid ring (this is the pharyngeal tonsil includes) plays the role of mucosal immunity monitoring the state of immunity of the upper and lower respiratory tract and gastrointestinal tract. When the mucous membrane of the pharyngeal tonsils comes into contact with various antigens (endo - and exogenous), an immune reaction develops that leads to the development of an inflammatory process that can take a chronic / repeated course. Today, adenoiditis is considered a polyetiological inflammation of the pharyngeal tonsil, which is based on a violation of immune processes and is often accompanied by its hyperplasia. Acute nasopharyngitis is characterized by seasonality, mainly in the autumn-winter and spring periods, its etiological cause is a variety of viruses that are tropic to the epithelium of the upper respiratory tract, and is often accompanied by an acute respiratory viral diagnosis. infection (ARVI). Flu and SARS account for 90% of all infections in Russia. Often repeated SARS provokes a local inflammatory process in the nasopharyngeal tonsils, which can turn into a chronic course with frequent contact with respiratory viruses that cause SARS and influenza. Hyperplasia accompanying chronic inflammation of pharyngeal tonsils is believed to be associated with immaturity of local and systemic immunity in children. The most common reason that causes reactive changes in the pharyngeal tonsil is acute respiratory viral infections, which take first place among all diseases, not only in children. Comparative statistics show that in the Russian Federation, respiratory viral infections take the leading place in the total composition of all infectious diseases from 82% to 85%, and the trend of annual growth of the disease continues. Frequent/repeated viral infections disrupt reparative processes in pharyngeal tonsil mucosa due to long-term exposure to antigens, which leads to increased infiltration of lymphocytes and macrophages into tissues. Viruses preserved in lymphoid tissues cause hypertrophy and chronicity of the inflammatory process in the pharyngeal

tonsils, and also contribute to changes in the reactivity of bacterial agents that colonize the nasopharynx, except for SARS. Taking into account the anatomical and physiological characteristics of the pharyngeal tonsil, its hypertrophy and inflammation affects neighboring organs, causes complications from paranasal sinuses and middle ear. In the presence of a viral-bacterial association, bacteria delay the release of viruses from the body, and viruses support bacterial infection, which is considered in modern immunology as the resistance of cellular antiviral and humoral antibacterial immunity. Analysis of the results of microbiological examination of nasopharyngeal swabs showed that the main aerobic bacterial pathogens are Streptococcus Pneumoniae, Hemophilia influenzae and Moraxella catarrhalis, and anaerobic - Peptostreptococcus spp., Prevotella spp., Futures. There are studies that suggest determining the bacterial flora using mass spectrometry rather than culture of microbial markers, because it detects additional changes in the microbiome of the nasopharyngeal mucosa. The clinical presentation of inflammation of the pharyngeal tonsil (adenoiditis) is related to the severity and duration of inflammation of the pharyngeal tonsil, as well as the spread of inflammation to the mucous membrane of the auditory tube and tympanic cavity. Given that pharyngeal inflammation is the starting point of development tonsils are respiratory viruses against the background of respiratory infections, and the clinical picture is characterized by the presence of fever. (subfebrile / febrile), runny nose, sore throat / sore mouth, sneezing, cough. After a viral infection, children or their parents experience nasal breathing difficulties of varying severity, mucous/purulent discharge from the nose, night/morning cough, sleep disorders, sleep apnea syndrome, ear congestion, sometimes hearing loss. They complain about the loss. Cough is important clinical sign of postnasal syndrome. Subjective feelings in children, as a rule, are expressed weakly and are associated with difficulty interpretation of complaints. With rhinoscopy, in the acute period, it is possible to see swelling and/or hyperemia of the mucous membrane of the nasal cavity, the presence of discharge of a different nature in the nasal cavity. During rhinoscopy, adenoid tissue can be seen in the lumen of choanae, its surface can be covered with

discharge of various nature. With pharyngoscopy, the flow of mucous or purulent purulent discharge along the back walls of the pharynx, the mucous membrane of the back pharyngeal wall presence of hyperemia, injection and granulomatous hypertrophy. Otoscopy reveals retraction of the tympanic membrane, reduction of the light reflex, and sometimes accumulation of fluid in the tympanic cavity. With a long-term process in the nasopharynx and tympanic cavity, the permeability of the auditory tube is constantly impaired. An adhesive process develops in the tympanic cavity with the formation of scars and adhesions and the formation of retraction pockets.

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