

LATE RESULTS OF SURGICAL TREATMENT OF CHRONIC TONSILLITIS IN CHILDREN WITH RHEUMATISM

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Abstract: The article studies the late results of surgical treatment of chronic tonsillitis in children with rheumatism. We observed 386 children with rheumatism for 6 years. These patients were divided into three groups: the first included 145 people suffering from rheumatism and chronic tonsillitis, who had been undergoing conservative treatment for chronic tonsillitis for the past few years. Recurrences of tonsillitis and paratonsillar inflammation after tonsillectomy ceased in 97% of cases.

Keywords: children, chronic tonsillitis, rheumatism, rheumatic myocardial sclerosis, tonsillectomy.

ОТДАЛЕННЫЕ РЕЗУЛЬТАТЫ ХИРУРГИЧЕСКОГО ЛЕЧЕНИЯ ХРОНИЧЕСКОГО ТОНЗИЛЛИТА У ДЕТЕЙ, СТРАДАЮЩИХ РЕВМАТИЗМОМ

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Резюме: В статье изучены отдаленные результаты хирургического лечения хронического тонзиллита у детей, страдающих ревматизмом. Под нашим наблюдением в течение 6 лет находилось 386 детей, больных ревматизмом. Эти больные были разделены на три группы: в первую включены 145 человек, страдавших ревматизмом и хроническим тонзиллитом, которым последние несколько лет по поводу хронического тонзиллита проводилось консервативное лечение. Рецидивы ангины и

паратонзиллярных воспалений после тонзилэктомии прекратились в 97% наблюдений.

Ключевые слова: дети, хронический тонзиллит, страдающих ревматизмом, ревматический мио-кардиосклероз, тонзилэктомия.

Introduction. The study of long-term outcomes of surgical treatment for chronic tonsillitis in patients with rheumatism has been extensively covered in the literature [3,4]. Various data on the effectiveness of this treatment are reported in both domestic and international literature [1,2]. Several researchers have noted better outcomes in rheumatism treatment when tonsillectomy was performed as early as possible in the disease's progression and in younger patients [5,6]. When evaluating the results of surgical treatment for chronic tonsillitis in patients with rheumatism, it is recommended to consider the condition of the cardiovascular system, the presence of rheumatism relapses and recurrent attacks, the development of heart defects, and the progression of cardiac pathology [7]. These factors prompted us to investigate the long-term outcomes of surgical treatment for chronic tonsillitis in children with rheumatism.

Study Objective. The aim of this study was to evaluate the long-term outcomes of surgical treatment for chronic tonsillitis in children with rheumatism.

Materials and Methods. Over a 6-year period, we observed 386 children with rheumatism, aged 6 to 14 years. Of these, 118 were girls, 128 were boys, 140 were urban residents, and 146 were from rural areas. Rheumatic myocardiosclerosis was diagnosed in 253 patients, and heart defects (predominantly mitral valve insufficiency) were identified in 33 patients.

Study Results. Examination of ENT organs revealed chronic tonsillitis in 246 patients, while 140 patients showed no ENT pathology. Chronic tonsillitis was significantly more common among urban residents (69.1%) than rural residents (54.8%). Boys and girls were equally affected by chronic tonsillitis. For long-term monitoring of the rheumatic process, patients were divided into three groups. The first group included 145 patients with rheumatism and chronic tonsillitis who had

received conservative treatment for chronic tonsillitis in recent years. The second group consisted of 101 patients who underwent tonsillectomy at various intervals after the onset of rheumatism and chronic tonsillitis. The third group, serving as the control, included 140 patients with rheumatism alone.

Tonsillectomy was performed in the first year of rheumatism onset in 16 patients, after two years in 27, in the third year in 22, in the fourth year in 7, in the fifth year in 4, and in the sixth year in 7. The remaining 4 patients underwent tonsillectomy in the 8th or 9th year of the disease. Notably, 6 patients in the second group were unaware of the onset of rheumatism, and 8 patients had tonsillectomy performed for chronic tonsillitis one year before the rheumatism diagnosis. Recurrent attacks were recorded in 6.2% of cases in the first group. In the second group (tonsillectomy patients), recurrent rheumatism attacks were significantly less frequent, occurring in only 3.9% of cases, primarily in those who underwent surgery more than 5 years after disease onset. No heart defect formation was observed in the postoperative period in the second group. In the third group, recurrent rheumatism attacks were diagnosed in 2.1% of cases. It is noteworthy that after tonsillectomy, relapses of tonsillitis and paratonsillar inflammation ceased in 97% of cases. The best outcomes in rheumatism treatment were observed in patients who underwent surgery within the first two years of disease onset. The long-term outcomes of surgical treatment for chronic tonsillitis in children with rheumatism should, in our opinion, be studied in collaboration with a pediatrician, taking into account the condition of the cardiovascular system.

Conclusion. Over 6 years, 386 children with rheumatism, aged 6 to 14 years, were observed. These patients were divided into three groups: the first group included 145 patients with rheumatism and chronic tonsillitis who received conservative treatment for chronic tonsillitis in recent years; the second group included 101 patients who underwent tonsillectomy at various intervals after the onset of rheumatism and chronic tonsillitis; the third group, the control, consisted

of 140 patients with rheumatism alone. Recurrent rheumatism attacks were recorded in 6.2% of cases in the first group, 3.9% in the second group, and 2.1% in the third group. Relapses of tonsillitis and paratonsillar inflammation ceased in 97% of cases after tonsillectomy

REFERENCES| CHOCKИ | IQTIBOSLAR:

1. Abdullaeva, D. R., Ismati, A. O., & Mamataliev, A. R. (2023). Features of the histological structure of extrahepatic bile ducts in rats. *Golden brain*, 1(10), 485-492 (in Russ).
2. Mamataliev, A., & Oripov, F. (2021). Histological structure of the intramural nervous apparatus of the common bile duct and gallbladder in a rabbit, in norm and after gallbladder removal. *Journal of Biomedicine and Practice*, 1(3/2), 117-125(in Russ).
3. Mamataliev, A. R., Tukhtanazarova, Sh. I., Zokhidova, S. Kh., Omonov, A. T., & Rakhmonov, Sh. Sh. Anatomical and topographic structure and active contraction of the walls of the portal vein of laboratory animals. *Academic research in modern science*, (2024). 3(30), 163-168(in Russ).
4. Satybaldiyeva, G., Minzhanova, G., Zubova, O., Toshbekov, B., Rasulovich, M. A., Sapaev, B., ... & Khudaynazarovna, T. I. Behavioral adaptations of Arctic fox, *Vulpes lagopus* in response to climate change. *Caspian Journal of Environmental Sciences*, (2024); 22(5): 1011-1019.
5. Mamataliev, A. R. (2024). Nervous apparatus of extrahepatic bile ducts in rabbit after experimental cholecystectomy. *International journal of recently scientific researcher's theory*, 2(4), 161-165(in Russ).
6. Маматалиев А. Р. и др. АНАТОМО-ТОПОГРАФИЧЕСКОЕ СТРОЕНИЕ И АКТИВНОЕ СОКРАЩЕНИЕ СТЕНОК ВОРОТНОЙ ВЕНЫ ЛАБОРАТОРНЫХ ЖИВОТНЫХ //Академические исследования в современной науке. – 2024. – Т. 3. – №. 30. – С. 163-168(in Russ).

7. Зохидова С., Маматалиев А. Морфофункциональная и гистологическом строении эпителия языка крупного рогатого скота //евразийский журнал медицинских и естественных наук. – 2023. – Т. 3. – №. 2. – С. 133-139(in Russ).