

**CLINICAL CHARACTERISTICS OF POLYPOUS RHINOSINUSITIS AND  
A MODERN APPROACH TO THEIR TREATMENT**

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***Resume,***

Polypous rhinosinusitis is a chronic inflammation of the nasal mucosa and adjacent sinuses, which is manifested by the formation of polyps and their reappearance.

Despite a significant number of studies and various proposed therapies, polypous rhinosinusitis remains one of the most complex and unresolved problems in the field of otorhinolaryngology. This disease significantly impairs the quality of life of patients.

First of all, they suffer from discomfort due to difficulty, and often completely absent nasal breathing; there is a decrease, distortion or complete absence of smell; abnormal nasal discharge; a feeling of heaviness and pain in the paranasal sinuses; chronic hypoxia and headaches; as well as general weakness and fatigue.

***Key words:*** polypous rhinosinusitis, clinical characteristics, treatment.

**POLIPOZ RINOSINUSITNING KLINIK XUSUSIYATLARI VA  
ULARNI DAVOLASHGA ZAMONAVIY YONDASHUV**

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***Rezyume,***

Polipoz rinosinusit-bu burun shilliq qavati va qo'shni sinuslarning surunkali yallig'lanishi bo'lib, u poliplarning shakllanishi va ularning qayta paydo bo'lishi bilan namoyon bo'ladi.

Ko'p sonli tadqiqotlar va turli xil terapiya usullariga qaramay, polipoz rinosinusit Otorinologiya sohasidagi eng murakkab va hal qilinmagan muammolardan biri bo'lib qolmoqda. Ushbu kasallik bemorlarning hayot sifatini sezilarli darajada yomonlashtiradi.

Birinchiidan, ular burun nafasi qiyin va ko'pincha umuman yo'qligi sababli noqulaylikdan aziyat chekishadi; hidning pasayishi, buzilishi yoki umuman yo'qligi kuzatiladi; burundan patologik oqindi; paranasal sinuslarda og'irlik va og'riq hissi; surunkali gipoksiya va bosh og'rig'i; shuningdek, umumiy zaiflik va charchoq.

***Kalit so'zlar:*** polipoz rinosinusit, klinik xususiyatlari, davolash usullari.

## **КЛИНИЧЕСКАЯ ХАРАКТЕРИСТИКА ПОЛИПОЗНОГО РИНОСИНУСИТА И СОВРЕМЕННЫЙ ПОДХОД К ИХ ЛЕЧЕНИЮ**

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***Резюме,***

Полипозный риносинусит представляет собой хроническое воспаление носовой слизистой и прилегающих синусов, которое проявляется образованием полипов и их повторным появлением.

Несмотря на значительное количество исследований и различные предложенные методы терапии, полипозный риносинусит остается одной из наиболее сложных и неразрешенных проблем в области оториноларингологии. Это заболевание существенно ухудшает качество жизни пациентов.

В первую очередь, страдают от дискомфорта из-за затрудненного, а зачастую и полностью отсутствующего носового дыхания; наблюдается снижение, искажение или полное отсутствие обоняния; патологические выделения из носа; ощущение тяжести и болезненные ощущения в области

околоносовых пазух; хроническая гипоксия и головные боли; а также общая слабость и быстрая утомляемость.

**Ключевые слова:** полипозный риносинусит, клиническая характеристика, лечения.

**Relevance.** With prolonged bacterial infection and decreased local immunity, tissue damage occurs in the nasal mucosa, causing chronic inflammation and causing a vicious circle based on stimulation of inflammatory mechanisms by bacteria and their products[4,6,9,11].

In patients with chronic polyposis rhinosinusitis, a decrease in the rate of mucosiliary transport was noted due to a decrease in the number of ciliated cells and the number of cilia, an increase in the number of goblet cells and hyperplasia[1,3,8]. Despite all the autonomy of the mechanisms of immune defense of the nasal mucosa and its paranasal sinuses, local immunity is an integral and subordinate part of general immunity[2,5,7].

Thus, pathology in the immune system can stimulate the development of nasal pathology and its paranasal sinuses, as well as affect its development[3,7,9]. In the pathogenesis of chronic polyposis rhinosinusitis, disorders in the humoral and cellular immune systems play an important role.

Currently, many authors attribute CPRS to secondary immunodeficiency conditions. In patients with CKD, a balance of the functional activity of lymphocyte regulatory and effector subpopulations was found-B-hyperfunctions of the immune system, T-an increase in the number of assistants and a decrease in the number of T-suppressors, IG A, M G, Purpose of research.

**The purpose of the study** is to increase the effectiveness of the treatment of patients with polyposis rhinosinusitis by justifying the diagnostic algorithm for the process of chronic polyposis rhinosinusitis, its new effective method, as well as prognostic criteria for the course and outcome of this disease.

**Inspection materials and methods.** We planned to study the data of a total of 70 patients aged 18 to 60 (50 main groups diagnosed with chronic polyposis

rhinosinusitis, 20 control groups of other pathologies of the nasal and nasal passages), who were being treated in the Otorhinolaryngology Department of the Andijan regional clinic in 2020-2023.

**Results of verification.** Serum immunoglobulin levels A, M, and G were determined using Mancini immunodiffusion method. The method is based on the measurement of the precipitation ring formed when the serum under study is injected into wells cut in the agar layer, which was previously a dispersed monospecific antiserum. According to the size of the diameter of the resulting fat rings, a graph and calibration curve were drawn up, with which the number of immunoglobulins in the serum under study was calculated.

Control values in healthy individuals were: IG a -  $1.86 + 0.09$  g/l; IG M -  $1.0 + 0.09$  g/l; IG G -  $9.85 + 0.26$  g/L at  $m = 2$ . In addition, the content of immunoglobulins in saliva and nasal washes was determined by immunoassay, a solid-phase enzyme, using monoclonal antibodies, with the standardization of general protein indicators in Lowry.

In the control group, immunoglobulin levels in the salivary and nasal sinuses were Ig a ( $0.032 + 0.007$  G/L and  $0.021 + 0.004$  g/L), Ig G ( $0.026 + 0.003$  G/L and  $0.020 + 0.003$  g/l), respectively. Immunoglobulin m abnormalities in the nasal cleft and palate were only detected in part of the individuals being examined, which formed the control group, so that the average values in the secret composition could not be determined.

The mean values of Sig A in the control group were  $0.016 + 0.001$  g/l in the saliva;  $0.032 + 0.002$  g/l in the nostrils.

**Conclusion.** Clinical manifestations of polyposis rhinosinusitis are the result of functional disorders of the mucosiliary transport system, function, local immunity of the nasal cavity mucosa, and impaired nasal breathing due to paranasal sinuses and polyposis blocking their cavity with growth.

Chronic polyposis rhinosinusitis develops against the background of moderate immunodeficiency of the T-cell ligament, in patients with a recurrent course of the

disease, they are more pronounced and do not straighten out, do not normalize after surgical treatment.

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