EFFECTIVENESS OF USING OF THE SPLINTS USE IN NASAL CAVITY SURGERIES

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Abstract: The creation of new medical technologies allows doctors to perform simultaneous surgical procedures in the upper respiratory tract. Joint operative procedures are often performed in ENT organs, but this problem remains poorly studied and insufficiently illuminated in the practice of otorhinolaryngology. There are not many works of local authors devoted to simultaneous operations in rhinology. It should be noted that, despite the possibilities of modern conservative therapy, the number of simultaneous operations in diseases of the nose, intranasal structures, and paranasal cavities is not decreasing.

Keywords: nasal cavity, simultaneous operations, paranasal sinuses.

Introduction. Among the diseases of the larynx, deviation of the septum of the nose occupies the main place. The deviation of the septum of the nose causes the occurrence of other pathological processes in the nasal cavity. The deviation of the septum of the nose causes hypertrophy of the lateral wall of the nasal cavity, which in turn causes joint diseases in the cavity. Simultaneous operations ("simultaneous" in English - at the same time) are complex operative practices aimed at the simultaneous surgical correction of two or more diseases of different organs in one or more anatomical areas. It is especially important to perform simultaneous operations in cases where there is a pathogenetic connection between two surgical diseases. If the existing joint pathology is not surgically corrected at the same time, the disease may worsen in the postoperative period. It should be noted that simultaneous surgical correction by an otorhinolaryngologist is cost-effective compared to separate operations, in which the cost of place-day is reduced by 2 or more times, the time spent on examinations, pre- and post-operative treatment, anesthesiological drugs costs are reduced.

The creation of new medical technologies allows doctors to perform simultaneous surgical operations in the field of upper respiratory tract less invasively. Joint operative procedures are often performed in ENT organs, but this problem remains poorly studied and insufficiently covered in the practice of otorhinolaryngology. There are not many works of local authors devoted to simultaneous operations in rhinology [5,17,3,7,16]. It should be noted that despite the possibilities of modern conservative therapy, the number of simultaneous operations in diseases of the nose, nasopharyngeal structures and paranasal cavities is not decreasing [3,9,10,21,1,17].

Purpose of the research work was - studying the morpho-functional features of the nasal mucosa after joint simultaneous surgical operations in cavity of the nose.

The results and discussion. Research materials and methods In 2021-2022, 60 patients with diseases of the nose and paranasal cavities were comprehensively examined and treated at the otorhinolaryngology department of the multidisciplinary clinic of the Tashkent Medical Academy. Combined surgical procedures were performed in these patients, and morpho-functional studies were conducted on the effectiveness of hemostatic agents. Symptoms such as difficulty breathing through the nose, constant and occasional runny nose, impaired sense of smell were observed in the patients. These symptoms have been associated with impaired olfactory function in some cases. During the clinical examination, the symptoms of headache and forehead pain were often noted in the patients (table 1).

Table 1

The frequency of the main clinical symptoms in patients with joint disease of the nasal cavity

Complaints	Number of patients (n=120), %	
	abs.	%
Difficulty breathing through the nose	60	100.0
Impaired sense of smell	14	23.0
Nasopharyngeal discomfort	22	36.6
Sneezing	18	45.0
Discharge from the nose (of different nature - mucous, mucous-purulent, etc.)	30	50.0
Constant runny nose	20	33.3
Occasional runny nose	10	16.6
Occasional headaches	10	16.6

$p>0.05$

During the study hydrogen ion concentration activity was also studied during the investigation nasal separation, suction, mucociliary transport and nasal cavity in patients (table 2).

Table 2.

Results of functional testing methods of the mucous membrane of the nasal cavity

Indicators	Group 1 n=20	2nd group, n=20	Group 3 n=20	Indicators in the norm
Mucociliary clearance (min)	31.7±0.67***	29.83±0.4***	30.83±0.4***	11.5±1.4
	28.5±0.72*	26.4±0.82**	20.4±0.82**	
Hydrogen ion concentration indicator (pH)	7.36±0.01***	7.37±0.01***	7.37±0.01***	7.0±0.01
	7.3±0.01	7.2±0.01	7.2±0.01	

*-Differences compared to normal valuesweak reliable,(p>0.05)

**-Differences compared to normal valuesmoderately strong reliable,(p>0.05)

***-Differences compared to normal valuesstrong reliable,(p>0.05)

In order to determine the degree of influence of the tools used in the nasal cavity on the nasal mucosa after nasal cavity surgical procedures, a cytological study was conducted in patients (table 5).

Table 5

In rhinopathologies, the state of the mucous membrane of the nasal cavity is on a rhinocytogram

Signs	1 group (n=)			2 groups (n=)			3 groups (n=)		
breath papillary cellular structures derived from the epithelium of the airways	Before the operation	Day 7 after surgery	Day 14 after surgery	Before the operation	Day 7 after surgery	Day 14 after surgery	Before the operation	Day 7 after surgery	Day 14 after surgery
Basal cells	+	+	+	+	+	+	+	+	+
Scattered cells of the respiratory epithelium	-	-	-	-	-	+	+	+	+

Signs of hypersecretion in respiratory epithelial cells	-	-	+	-	+	+	+	+	+
Degenerative-destructive signs in respiratory epithelial cells	-	+	+	-	-	+	-	-	-
Metaplasia of squamous cell elements	-	-	+	-	-	+	-	-	+
Treatment pathomorphosis	-	-	-	-	-	+	+	+	+
Cornification	-	-	+	-	+	+	-	+	+
Fibroblasts	-	+	+	-	+	+	+	+	+
segmented neutrophils	-	-	+	-	-	+	-	+	+
Eosinophils	+	-	+	+	-	+	+	-	+
Lymphocytes	+	+	+	+	+	+	+	+	+
Histiocytes	-	-	+	-	+	+	+	+	+
Phagocytosis	-	-	+	-	-	+	+	+	+
Bacterial flora	+	+	+	+	+	+	+	-	-

As can be seen from the table data, the state of the nasal mucosa was recorded in patients of each group in the cytological material obtained from the mucous membrane of the nasal cavity after the operation. Thus, in patients who used gauze tamponade of the nasal cavity (the first group), clear signs of inflammatory infiltration and dystrophic changes were detected. in the second group of patients, a hemostatic sponge was used after surgery, and in this group, in addition to the symptoms in the above group, therapeutic pathomorphism was determined. Patients in the third group (only the splint was used) were distinguished by the reduction of inflammatory signs and the presence of regenerative process signs, as can be seen from the rhinocytogram of the mucous membrane.

Thus, the cytological examination of smears taken from the mucous membrane of the nasal cavity taken from patients with various rhinopathologies in the postoperative period showed that nitric oxide leads to the disruption of intercellular connections in the structure of polypous tissue and slplint after surgery in group 3 patients with the help of it led to the strengthening of the regenerative processes of the mucous membrane of the nasal cavity. The results of cytological studies have once again confirmed the effectiveness of using the splint in the practice of otorhinolaryngologists.

CONCLUSION

The use of the silicon "Splint" as an alternative to tamponade of the nasal cavity in joint surgical procedures in the nasal cavity, due to the reduction of the volume of complications during and after the operation in patients, strong trophic changes of the mucous membrane and pain reduction improved treatment results.

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