

ORIGIN, CLINICAL COURSE AND TREATMENT OF ACUTE MIDDLE OTITIS

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ABSTRACT

Purulent-inflammatory diseases of the ear, throat, nose and upper respiratory tract are among the most common – on average, they affect at least 75% of the human population. The problem of adequate diagnosis, rational treatment and rational prevention of these diseases remains relevant for a wide variety of specialists – from otolaryngologists to health organizers; the integrated approach to its solution is based on combining different areas of knowledge, from molecular biology to hygiene and sanitation.

Acute purulent inflammation of the middle ear is a very common otiatric disease. The frequency of this disease is 25-30% of the total number of ear diseases. According to American authors, hearing loss of the US population occurs in 60% of cases due to acute purulent otitis in childhood.

Keywords: acute purulent otitis media, acute purulent medium otitis media, laser therapeutic apparatus, helium neon laser, laser therapy.

INTRODUCTION

Inflammatory diseases of the middle ear occupy one of the leading places in the structure of the pathology of the QTB organs, play an active role in the formation of various, sometimes severe complications, the treatment of which, despite the achievements, still presents great difficulties.

Acute purulent inflammation of the middle ear means very common otiatric diseases. The frequency of this disease is 25-30% of the total number of ear diseases [3,]. Inflammatory processes in the middle ear can cause otogenic intracranial complications, leading to death in 10-18% of cases [7,10,14].

Despite significant progress in the treatment of patients with acute purulent otitis media (OYO), the incidence rate does not decrease, and otitis remains the most common disease in ENT practice.

According to the literature, neonatal Oyo incidence ranges from 0.4% to 2.8% [2,3]. At the age of 8-11 months, the incidence of Oyo increases sharply and is 43.2-85.5% [5,9]. According to research conducted in the United States, 62% of children under one year of age tolerate one Oyo and 17% tolerate three or more times [39,40].

The medical and social significance of OYO is that acute inflammation of the middle ear is accompanied by impaired hearing function. Impaired hearing, especially in children, lack of timely detection leads to the development of deafness and, as a result, disability. Therefore,

timely diagnosis and adequate treatment of OGSO remain topical problems of modern Otorhinolaryngology.

Currently, there is no single opinion among doctors about the problem of treating Oyo and other inflammatory diseases of the ear. This is partly due to the variety of new drugs and treatments that have recently appeared. So, if 50 years ago doctors were armed only with sulfonamides and penicillins, now only in Uzbekistan about 200 antibacterial drugs are listed. In the US, 31 million patients seek medical attention for OYO every year; about a quarter of these patients are prescribed antibacterial drugs. In Europe, the incidence rate of OYO is 2-7% per year among adults; in Russia, Oyo affects 1,000,000 people each year [3].

Among all ear diseases, otitis media is about half, and in children their number approaches 70% [83]. The Oyo course is light in some cases, heavy and long in others, goes into a chronic form. With this disease, the likelihood of developing severe complications such as meningitis, brain abscess, sigmoid sinus thrombosis, labyrinthitis, facial nerve paresis, mastoiditis, sepsis is very high. Oyo ranks second among all ear diseases in terms of the development of various complications.

Risk factors for the development of Oyo include early age, poor living conditions, non-compliance with personal hygiene, lack of breastfeeding, malnutrition, low education, disadvantage of socio-economic and environmental condition, decreased immunological protection level, population allergy, high degree of colonization of the nasopharynx with potentially pathogenic bacteria, dysfunction of the auditory tubes, inadequate or absent antibiotic treatment and medical care [9].

The main role in Oyo pathogenesis is played by the transition of the inflammatory process from the nasopharynx to the pharyngeal mouth of the auditory tube. As a result of obstruction of the auditory tube, negative pressure develops in the tympanic cavity. This leads to the formation of effusion in the tympanic cavity and the entry of mucus and bacteria from the nasopharynx into the middle ear [7,8]. Thus, the main mechanism of penetration of infection into the middle ear cavity is tubogenic, i.e. through the auditory tube. There are other ways of infection into the tympanic cavity: traumatic path, meningogenic, hematogenous; the latter is possible in diseases such as sepsis, scarlet fever, measles, tuberculosis, typhus. Other etiological factors include immunoglobulin deficiency, HIV infection, and possibly genetic predisposition [8]. OYO is a disease with a clearly defined stage of the course. Most authors distinguish 3 phases (phases): corporate, perforated and reparative [7,8]. The specific stages of Oyo include an individual approach to treatment in each of these stages.

The Purpose of the Examination

The occurrence of acute middle otitis among diseases of the ENT organs of the catarrhal and purulent form, increase the clinical course and effectiveness of treatment.

Research Materials and Methods

The tests will be carried out in 2021-2024 among patients treated in the Department of Otorhinolaryngology of the adti clinic and in the LOR Department of the multidisciplinary Central Hospital of the Andijan region.

- Anamnesis data
- General clinical planks (general blood planks, general urine planks, mining biochemical planks, ECG)
- Endoscopy and otoscopy
- MSGT, MRT, CT

Data on the transferred tasricks hack.

RESEARCH RESULTS

The condition of patients, the dynamics of clinical symptoms, the assessment of the therapeutic effect of treatment and the assessment of the therapeutic effect of treatment by the patients themselves (survey) and the course of the disease. the research group was compared with the patient control group (Patient 30), in the fight against inflammatory processes during treatment, we conducted a traditional complex treatment scheme.

The complex treatment regimen includes diet number 15 and prescribed vasoconstrictor drugs (galazalin, naphthysin, sanorin). The leading place was taken by the fight against infection. For this purpose, broad-spectrum antibiotics (ampicillin, penicillin, cefazolin, etc.), sulfanilamides have been used in conjunction with immunostimulating therapy (immunomodulin). Analgesics and antipyretics (aspirin, paracetamol, trimol, melbec-forte). Antihistamines (diphenhydramine, tavegil, suprastin) 1-2 times a day. Mucolytics and secretolytics (mucoltin, bromhexine, ambrosan) the outer ear is washed with a solution of furacilin 1: 5000 3-4 times a day and physiotherapeutic procedures (the Nest is 5 minutes 1 time a day, an average of 6-8 procedures). B vitamins and ascorbic acid were used to improve metabolic processes.

Of great interest are the dynamics of clinical manifestations of Oyo symptoms in children. When taken, 17.6 ± 4.2 (58.6%) patients in the control group had "severe" mucous-purulent and/or purulent discharge from the ear, and 10.4 ± 3.4 (34.6%) patients had "moderate" manifestations of the sign. Ear pain has been reported in almost all patients with different types of pain. Many of the patients were laid with complaints of hearing loss. 16.4 ± 3.9 (54.6%) patients showed a "clear" manifestation of this sign, while 7.8 ± 2.6 (26%) patients showed this symptom "moderately". "Severe" headaches and mastoid pain during palpation were reported in 51.3% and 45.0% of patients in the control group, respectively. When taken, "severe" swelling and hyperemia of the tympanic membrane was observed in 12.7 ± 3.1 (42.3%) patients, and "moderate" manifestation of this sign in 10.5 ± 2.9 (35.0%) patients. In almost half of patients in the control group of different severity, an increase in body temperature and weakness were noted.

The dynamics of treatment outcomes in patients with OYO in the control group showed that 17.6 ± 4.2 (58.6%) patients had "severe" mucosal-purulent and / or purulent discharge from the ear and "moderate" manifestations of these symptoms were 10.4 ± 3.4 (34.6%). On Day 5 of treatment, there was a significant decrease in this symptom in 7.4 ± 1.9 and 3.8 ± 1.8 patients, which is 58.0% and 63.5% respectively ($p < 0.05$), less than initial data. When taken, 1.4 ± 0.7 (4.6%) patients in the control group were observed to have "no" mucous purulent and/or purulent discharge from the ear. A significant increase in this rate was observed in 5.6 ± 1.8

(14%) patients on the 3rd day of treatment, and before discharge the rate was $84.7\% - 26.8 \pm 3.1$ patients.

As a result of conventional therapy, "severe" ear pain decreased by 33.8% on Day 4 compared to initial data, and on Day 5 of treatment it decreased to 7.1 ± 1.6 patients, 52.1% less than taken. ($p > 0.05$). When taken, "moderate" manifestations of this indicator were reported in 7.8 ± 2.6 (26%) patients.

On the 5th day of treatment, a significant decrease in this indicator was observed - 2.1 ± 1.0 patients, which is 73.1% less than the initial data ($p > 0.05$). 3.8 ± 1.7 (12.6%) patients in the control group had "no" ear pain during admission. A significant increase in this rate was observed in 12.6 ± 3.4 (29.4%) patients on Day 4 of treatment, and before discharge the rate was 25.8 ± 3.3 (73.4%) patients.

Many children complain of hearing loss. 16.4 ± 3.9 (54.6%) patients showed a "clear" manifestation of this sign, while 7.8 ± 2.6 (26%) patients showed this symptom "moderately". On Day 4 of conventional treatment, the rate decreased to 10.2 ± 2.7 and 4.6 ± 2.1 patients, in this case 37.9% and 41.1% less than the initial data ($p < 0.05$), and as of Day 5. treatment this difference was 52.5% and 58.9%, respectively.

After admission, 10.6% of patients suffered "mild" hearing loss. A significant improvement in this indicator was also noted on the 5th day of treatment - 43.7% of patients. When taken, 2.4 ± 1.6 (8.0%) patients in the control group have "no" signs of hearing loss. A significant increase in this indicator was observed in 9.1 ± 2.2 (22.3%) patients on Day 3 of treatment.

The dynamics of treatment outcomes in patients with OYO in the control group showed that 13.5 ± 3.4 (45.0%) patients reported "severe" palpation pain of the mastoid process and 12.6 ± 2.7 reported "moderate" manifestations of the sign. (42,0%). On the 5th day of treatment, a significant decrease in this rate was observed - in 5.2 ± 2.1 and 4.6 ± 1.9 patients, which is 61.5% and 63.5% respectively ($p < 0.05$), less than initial data.

CONCLUSIONS

A distinctive feature of the disease is the inflammatory process, inflammation in the middle ear - excessive accumulation of purulent exudates, the manifestation of clinical signs of various degrees, aeration and inhibition of the integrity of the mucous membrane, violation of the drainage function of the middle ear. patients with Acute Respiratory Syndrome.

The introduction of rational antibiotic therapy using the preparations cefuroxime axethyl and sinupret, as well as laser therapy in acute patients, into the complex of treatment measures, helps to correct inflammatory syndrome and clinical symptoms, has a general anti-inflammatory, antibacterial and decongestant effect. influence, stimulation of the compensatory functions of macroorganism.

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