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EVALUATION OF THE CLINICAL COURSE IN PATIENTS WITH CHRONIC PURULENT SINUSITIS

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Annotation: Chronic purulent sinusitis is a long-term inflammatory process in the air-permeable, clear cavities of the face, the main symptom of which is the formation of purulent exudate and a prolonged inflammatory reaction. The disease often develops after incomplete treatment of acute sinusitis or as a result of upper respiratory tract infections, septic conditions, and anatomical discrepancies. The clinical picture is characterized by difficulty breathing, headache, facial pain and heaviness, swelling of the upper lip, purulent discharge, and bad breath.
Key words: Chronic purulent sinusitis, inflammation, clinical picture

Relevance. Chronic purulent sinusitis is one of the most common inflammatory diseases of the respiratory system, occurring in both adults and children. This condition has not only medical but also social significance, as it is accompanied by prolonged pain, impaired normal breathing, decreased performance, and the risk of infection spreading to adjacent structures, such as the brain or orbit [2,4,6].

According to the World Health Organization, chronic sinusitis accounts for a significant proportion of respiratory diseases and is often associated with antibiotic-resistant microflora. Therefore, studying the clinical characteristics of the disease, its microbiological features, and effective therapeutic approaches is one of the most pressing areas of otolaryngology today [1,3,5].

The aim of the study was to investigate the clinical features of chronic purulent sinusitis.

Research materials and methods . To evaluate the results of clinical studies, 84 patients diagnosed with chronic sinusitis were examined in the ENT department of the Bukhara Regional Multidisciplinary Medical Center. These patients included 40 men and 44 women, aged 20 to 70 years.

Results. In our group, disease duration according to the anamnesis ranged from 6 months to 1 year in 5 patients, from 1 year to 3 years in 28 patients, from 3 to 5 years in 32 patients, and from 5 to 10 years in 11 patients. Eight patients could not recall the onset of the disease. Monosinusitis was observed in 25 patients (29.76%), polysinusitis in 59 patients (70.24%).

The data on the localization of the inflammatory process in the paranasal sinuses in patients of group I are presented, from which it is evident that the right-sided process was 38.10%, the left-sided process 32.14%, and 25 patients (29.76%) had bilateral sinusitis.

In the patients under observation, frontal pain was observed in 5 patients, parietal pain in 2 patients, pain in the maxillary region in 11 patients, and diffuse headache in 18 patients. Morning headache was observed in 14 patients, daytime headache in 5 patients, evening headache in 7 patients, and daytime pain in 12 patients.

Complaints of general weakness were noted in 31 patients (36.9%), anxiety - in 12 patients (14.29%), rapid fatigue - in 8 patients (9.5%), constant difficulty in nasal breathing - in 46 patients (54.76%), periodic disturbances of nasal breathing - in 18 patients (21.43%). At the same time, 48 patients (57.14%) complained of nasal discharge in the first half of the day. Hyposmia was observed in 8 patients (9.52%) and anosmia in 2 patients (2.38%).

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Anterior rhinoscopy revealed: pale pink nasal mucosa in 41 patients (48.8%), cyanotic nasal mucosa in 12 patients (14.3%), hyperemic and edematous nasal mucosa in 19 patients (22.6%), dryness and atrophy of the nasal mucosa in 12 patients (14.3%).
Difficulty breathing due to a deviated nasal septum on the patient's side was detected in 9 patients (10.7%), without difficulty breathing - in 8 patients (9.5%), hypertrophy of the inferior turbinate - in 13 patients (15.5%), hypertrophy of the middle turbinate - in 5 patients (5.9%), polyposis of the nasal passages - in 17 patients (20.2%).
The presence of purulent discharge in the middle nasal meatus was observed in 23 patients (27.4%), in the superior nasal meatus - in 9 patients (10.7%). In 15 patients (17.6%), purulent discharge was observed in the inferior nasal meatus. In 10 patients (11.9%), purulent discharge was observed from the posterior pharyngeal wall.
During the X-ray examination, the horizontal fluid level in the maxillary sinus was detected in 6 patients, bilateral - in 5 patients, frontal sinus - in 3 patients, unilateral decrease in homogeneous pneumatization of the maxillary sinus - in 3 patients, frontal sinus - in 1 patient, ethmoid sinus - in 12 patients, bilateral decrease in homogeneous pneumatization of the maxillary sinus - in 2 patients, ethmoid sinus - in 7 patients, unilateral decrease in homogeneous pneumatization of the maxillary and ethmoid sinuses - in 15 patients, bilateral - in 7 patients, unilateral intense decrease in pneumatization of all sinuses - in 19 patients and intense decrease in pneumatization of all sinuses on both sides - in 4 patients.
To rule out the presence of polyps in the paranasal sinuses, contrast radiography with iodolipol or urografin was performed. The radiographic contrast image of the paranasal sinuses provided information not only on pathological processes in the mucosa, but also on productive inflammatory changes in the mucosa, its effective inflammation, polyp formation, and its shape, size, and number.

Taking this into account, since polyps belong to the category of attacking formations, changes indicating their presence turned out to be the most characteristic for this form of pathology.

In addition, hemispherical and oval-shaped filling defects were detected in the radiopaque cavity. The presence of a space-occupying lesion was also indicated by several finger-shaped depressions (Fig. 1), which were depicted in the shadow of the radiopaque agent with non-marginal full lumens, as truncated shadows repeating the contours of the polyps .

From both sides, a double-sided illumination of the shadow located on the lateral wall is visible; one on the lateral wall of the sinus, the other on the entire lateral wall of the alveolar notch.

On the right, in the shadow of the radiopaque agent, round defects are outlined as "finger pits."
Conclusion . A detailed analysis of patient histories revealed that 17 patients had received conservative treatment one to three times after diagnosis of chronic purulent rhinosinusitis, without success. Of these, four patients experienced progression, i.e., exacerbation of their chronic purulent rhinosinusitis, following conservative therapy (sinus puncture), possibly due to its inappropriateness and inadequacy. The remaining 67 patients (79.76%) had not previously received treatment for this condition. The use of computed tomography has significantly expanded the capabilities of radiological diagnostics for purulent-inflammatory diseases of the paranasal sinuses.
Computed tomography contains more information than all known studies of the paranasal sinuses, including radiocontrast studies.

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