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CHRONIC SINUSITIS ENDOSCOPY FEATURES OF THERAPEUTIC TREATMENT AFTER OPERAS

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ABSTARCT

About 2 million Greeks suffer from at least one infection of the paranasal sinuses (acute sinusitis) every year. Many people suffer several episodes of the disease during the year, resorting to the use of antibiotics. Treatment of each case of infection lasts up to 3-4 weeks, and so several times a year.

Along with allergies, infections of the paranasal sinuses affect people's social life, interfering with their work and learning.

Especially often infections of the paranasal sinuses occur with a decrease in immunity, especially in the spring, when allergic symptoms join, further weakening the body. Today, new and more effective medical and surgical methods for the treatment of exacerbations of chronic sinusitis have appeared.

Keywords: chronic rhinosinusitis, endoscopic surgery, long-term results.

INTRODUCTION

The term "minimally invasive" refers to surgery with minor injuries in order to recover quickly after the procedure. The surgeon uses an endoscope to reach the problem area through the nostrils. With the help of special surgical instruments, bottlenecks are expanded, inflamed mucous membrane or formations, such as nasal polyps, are removed [3].

Thus, sufficient ventilation and effective drainage of secretions in the sinuses should be restored so that the mucous membrane can heal[3,4]. At the same time, the curved nasal septum can also be corrected endoscopically.

Inflammatory diseases of the paranasal sinuses still occupy one of the leading positions in the structure of pathology of ENT organs, which is due to the high incidence and frequent recurrence of sinusitis with the transition of inflammation to a chronic form. This cannot but affect the increase in the number of patients requiring surgical treatment [2].

Among the numerous causes of the development and recurrence of chronic inflammation in the paranasal sinuses, the violation of the architectonics of the nasal cavity is the most significant, since it leads to an imbalance of the ventilation and drainage functions of the paranasal sinuses [1].

In the absence of positive dynamics against the background of conservative therapy, surgical intervention is usually resorted to. The Caldwell–Luke surgery, proposed in 1887, has long been considered the gold standard of surgical treatment of chronic maxillary sinusitis. However, in recent years, rhinosurgeons have preferred functional endoscopic rhinosurgery [5], including minimally invasive surgical methods, which include balloon sinusoplasty.

The principal difference of balloon sinusoplasty is the complete preservation of the architectonics of the nasal cavity, namely the structures of the ostiomeatal complex, which does not violate the aerodynamics of the nasal cavity in the postoperative period and contributes to the restoration of the function of mucociliary transport [6].

THE PURPOSE OF THE STUDY

To conduct a comprehensive assessment of the effectiveness of endoscopic operations on the paranasal sinuses in chronic rhinosinusitis in the long-term postoperative period.

MATERIALS AND METHODS OF RESEARCH

We examined 76 patients suffering from chronic rhinosinusitis in order to fulfill the task assigned to us and to comprehensively assess the effectiveness of endoscopic operations in the long-term period after surgery.

THE RESULTS OF THE STUDY

Modern objective research methods: endoscopy of the nasal cavity, computed tomography of the paranasal sinuses, assessment of the functions of the nasal cavity using anterior active rhinomanometry, polymer colored films, supplemented by the method of assessing the quality of life of patients in total make it possible to reliably assess the long-term results of treatment. The main criteria for the effectiveness of surgical treatment of patients with chronic purulent maxillary sinusitis were an endoscopic picture of the nasal cavity, evaluation of computed tomography (CT) data of the paranasal sinuses, determination of the transport function of the atrial fibrillation.

Criteria for a comprehensive assessment:

"unsatisfactory": relapse of the disease, the presence of undesirable results of surgical treatment (edema, hematoma of the soft tissues of the face and /or impaired sensitivity), lack of positive dynamics according to CT results, increased rehabilitation time after surgery;

"satisfactory": the presence of undesirable results of surgical intervention, improvement of CT indicators, an increase in the duration of rehabilitation after surgery;

"good": absence of undesirable results of surgical treatment, relapse of the disease, significant positive dynamics according to CT data, reduction of the patient's stay in the hospital (reduction of rehabilitation).

Criteria for endoscopic evaluation:

"unsatisfactory": synechiae in the nasal cavity, stenosis of the anastomosis and/or cicatricial deformation of the maxillary sinus;

"satisfactory": the presence of reactive postoperative changes, preservation of the "open" natural anastomosis of the maxillary sinus, approximation of transport function indicators to normal values or the first degree of mucociliary clearance violation;

"good": absence of reactive postoperative changes, functioning maxillary sinus junction, normalization of mucociliary transport indicators.

A good result was recorded in 92.5% of patients of the main group, in 60% of patients of the first comparison group and 73.3% of patients of the second comparison group. A satisfactory result was shown by 7.5% of patients in the main group, 26.7 and 16.7% of patients in the first and

second comparison groups, respectively. Unsatisfactory results were obtained in both comparison groups – 13.3% in the first and 10% in the second.

During endoscopic evaluation (Table. 2) a good result was observed in 87.5% of patients of the main group, 60% of patients of the first comparison group and 70% of the second comparison group. A satisfactory result was obtained in 7.5% of patients of the main group, 23.3 and 20% of patients of the first and second comparison groups, respectively. Unsatisfactory results were recorded in 5% of patients of the main group, 16.7 and 10% of patients of the first and second comparison groups, respectively.

Thus, good and satisfactory results prevailed in the main group of patients. The percentage of unsatisfactory results in the main group was also less (5%) than in the first and second comparison groups (16.7 and 10%, respectively).

A detailed analysis showed that unsatisfactory results in the main group were associated with significant stenosis of the natural anastomosis of the maxillary sinus in one patient and narrowing of the natural anastomosis to 0.3 cm with signs of a sluggish inflammatory process, but in the absence of obvious clinical symptoms and complaints in the other.

Patients of the first and second comparison groups were also diagnosed with unsatisfactory results in the long-term postoperative period in five (16.7%) and three (10%) cases, respectively. Such results are due to cicatricial changes in the area of the middle nasal passage (between the medial wall of the nose and the middle nasal concha, between the middle nasal concha and the nasal septum) and the large size of the natural anastomosis (up to 1 cm).

Indicators of transport function in the main group in the long-term postoperative period were significantly lower than in the comparison groups, which indicated the restoration of the ciliated epithelium, and consequently, a higher functional result after balloon sinusoplasty.

Based on the examination complex used, it was shown that endoscopic functional rhinosinus surgery allows obtaining good and satisfactory long-term results in 89.8% of patients with polypous rhinosinusitis and in 97.7% of cases in patients with chronic purulent rhinosinusitis.

Unsatisfactory results in the treatment of patients with chronic rhinosinusitis (6.8% of patients) are due to a number of factors, in particular: the presence of concomitant common diseases (bronchial asthma); underestimation of the existing changes in the nasal structures (curvature of the nasal septum, hypertrophy of the nasal shells); insufficient treatment in the postoperative period with dynamic monitoring of the patient.

In patients with chronic rhinosinusitis, the main representatives of the microflora were staphylococci (60.9%). The presence of pathogenic microflora requires appropriate antibacterial therapy in the postoperative period.

The integral indicator of quality of life in patients after endoscopic surgery (125.7) is higher than before surgery (116.4), but does not reach the level of healthy individuals (140.4).

CONCLUSION

The conducted work allowed to scientifically substantiate the expediency of using rhinomanometric, endoscopic, functional methods of research, as well as the method of computed tomography in the examination of patients with chronic rhinosinusitis in the long-term postoperative period.

The developed complex of examination allowed to improve the tactics of management of patients in the long-term postoperative period, which contributes to the prevention of recurrence of the disease and improvement of the patient's quality of life.

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