

Impact of Nasoral Obstruction Deviation on Breathing and Quality of Life

Shermatov Quddusbek Rustamjon o'g'li

Kokand University, Andijan Branch,

Faculty of Medicine, Department of General Medicine

shermatovquddusbek@gmail.com

Abstract. Nose barrier deviation otolaryngological in practice wide widespread anatomical from changes one become, nose through breath to take disorder, chronic rhinosinusitis, headache and sleep of quality to decrease reason to be This is possible. The article describes septum deviation. etiology, pathogenesis, clinical signs and patients life to the quality impact modern scientific sources based on analysis Also, diagnostics and treatment current modern approaches is illuminated.

Keywords: Nose barrier deviation, nose breath life quality, rhinosinusitis, septoplasty, otorhinolaryngology.

Introduction

Nose barrier deviation etiology and Classification Nose barrier deviation nose the space for two separate standing osteochondral structure middle from the line deviation with is described. Etiological in terms of birth and acquired to forms divided. Congenital deviations embryonic development during face skeleton and nose structures uneven growth as a result to the surface comes. Added forms and often nose to the field delivered mechanic injuries, sports and household traumas with related Morphological in terms of nose barrier bevel C- shaped, S- shaped, edge and thorn in their appearances manifestation to be Pathogenesis and nose breath to receive disruption Mechanisms Nose barrier crookedness nose in the void air of the flow physiological movement breaks. Crooked on the side air of the passage mechanic obstruction, opposite on the side and compensator in a way nose of shells hypertrophy develops. As a result nose mucus on the floor blood rotation broken, mucociliary clearance decreases. This situation mucus floor swelling, secretion divorce increase and local immune of protection to weaken take This is coming. processes chronic inflammation diseases development for comfortable conditions creates.

Clinical Symptoms of Septum Deviation clinical appearances skew level and to the location related is the most main sign nose through breath to take Patients permanent or one one-sided nose ending, from the nose breath when receiving discomfort feeling about complaint they do. From this besides, often recurring rhinitis and rhinosinusitis, headache, loss of sense of smell decrease, from the nose blood departure and voice resonance change observation possible. Some in patients at night wheezing and sleep violation with passing situations Life is determined. to the quality Effect Nose through complete breath not getting the patient's general life to the quality noticeable negative impact shows. Chronic hypoxia in the background fast fatigue, work of activity decrease, attention and of memory weakening is observed. Current at the time of patients subjective status in evaluation special questionnaires used, they nose breath to receive violation daily to life the impact determination opportunity gives. This assessments treatment efficiency in determining important importance Diagnostics and treatment Approaches to Septum Deviation in determining rhinoscopy, endoscopic inspection and necessary in cases radiological methods is used. Treatment tactics when choosing clinical of symptoms weight and the patient's complaints main criterion is considered. Light in cases conservative treatment symptoms to reduce aimed at if, clinical in terms of significant in deviations surgery method the most effective

Surgery from the treatment after nose breath to receive recovered, the patient life quality noticeable at the level will improve.

Septum deviation joint pathologies with dependency

Nose barrier deviation often other ENT diseases with together. In particular, the lower nose of shells hypertrophy, allergic rhinitis and vasomotor rhinitis with in combination past observed. Anatomical barrier in the background nose in the void air exchange violation paranasal in the sinuses drainage function to weaken take. This situation is coming. chronic rhinosinusitis development and to relapse reason divider important from factors one. Also, the nose barrier deviation ear, nose and throat pathologies, including eustachian tube dysfunction and middle ear cold pathogenetic with to dependence. Septal deviation children and young people Importance of Children and teenagers at the age of nose barrier deviation separately clinical importance has. This in the period nose through breath to take violation face skeleton wrong development, mouth through breath to take to the formation and frequent respiratory infections with to get sick take arrival possible. Youth during detected septal deviation in the future chronic ENT diseases development prevent to take point of view from the point of view important. Septal deviation and sleep Nasal disorders through breath to take enough not to be sleep also negative for physiology impact shows. Septum deviation was in patients at night wheezing, frequent awakening and sleep deep phases violation observed. Nose resistance increase breath to take reflector to the disorders take come, daytime drowsiness and general weakness These situations the patient's social activity and labor fertility directly impact shows. Prevention and early diagnosis Issues with Septum Deviation early determination and control in ENT practice important preventive importance has. Nose from injuries then own on time expert from the point of view of transition, in children nose through breath to take assessment and chronic nose completion there is if, deepened inspection transfer recommendation Early diagnosis placed in cases right chosen treatment tactics application through complications development prevent to take Possible. Septal deviation pathophysiological Consequences Nose barrier crookedness as a result nose in the void aerodynamic balance The air is broken. of the flow uneven distribution mucus floor on the surface mechanic and thermal the effect strengthens.

This is epithelium of cells functional activity to decrease and secretary of activity to change take. It's coming. It's far. continue provider pathophysiological changes in the background nose mucus on the floor dystrophic processes develop and become inflamed tendency increases. As a result nose of the cavity protection mechanisms weakens. Immunological Aspects Nose mucus floor high at the level immunological active tissue is considered. Septal deviation with passing in cases local immunity factors, including secretary immunoglobulins and protection enzymes activity decreases. Local immune of the answer weakening pathogen microorganisms colonization facilitate, infectious and inflammation diseases often to relapse reason In case of septal deviation to hear and middle ear to the activity Effect. Nose in the void pathological changes also indirectly affects the function of the eustachian tube impact shows. Nose resistance increase and mucus floor swelling Eustachian tube ventilation to the violation take arrival possible.

As a result middle in the ear pressure balance hearing impaired decrease, in the ear fullness feeling and chronic middle ear inflammations tendency appearance Surgery from treatment next functional changes.

Septum deviation surgery way with correction nose in the void anatomical and functional balance to restore. Surgery from the treatment after air flow normalized, mucus floor physiological functions step by step recovered. From the operation next in the period nose breath to receive improvement with together, patients general condition, sleep quality and physical activity increases. Social and psychological Aspects Chronic nose completion and breath shortage the patient's psychological negative for the situation impact shows. Permanent discomfort, sleepiness violation and fatigue feeling emotional

tension and nervousness take arrival Septum deviation is possible. effective treatment the patient's not only somatic, maybe psychological improve the situation, social adaptation increases.

References

1. Qodirov A.Q. Otorinolaringologiya. Darslik. Toshkent: Abu Ali ibn Sino nomidagi tibbiyot nashriyoti.
2. Xudoyberganov R.X. Burun va yondosh bo'shliqlar kasalliklari. O'quv qo'llanma. Toshkent.
3. Ismoilov S.M. LOR kasalliklarining klinik diagnostikasi va davolash asoslari. Toshkent.
4. O'rionboyev A.O. Otorinolaringologiyada zamonaviy yondashuvlar. O'quv-uslubiy qo'llanma.