

Efficacy of Complex Application of Polydex after Surgical Treatment

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Abstract: When treating patients with vascular masses for which the nasal cavity is safe, against the background of conventional treatment, it is recommended to spray Polidexa preparation 3 times a day, one in each nostril for 10 days after surgical removal of the mass. The drug Polidexa is recommended to patients in the form of spray endonasally 5 times a day in the first 5 days of the postoperative period and 3 times a day in the following 5 days, in total, with a 10-day course of treatment.

Keywords: polydex preparation, essential oil, surgical treatment, nasal cavity.

Relevance. Against the background of the traditional treatment in the treatment of patients with non-malignant vascular formations of the nasal cavity, it is recommended to spray the drug polydexa once in each nasal Cell 3 times a day for 10 days after the removal of the derivative by jarrox. The drug polydexa is recommended for patients in spray form with an endonasal treatment 5 times a day for the first 5 days of the postoperative period and 3 times a day for the next 5 days, with a 10-day course of treatment in total. The purpose of the study: the effectiveness of the use of the drug polydexa after surgical treatment. In the period from 2014 to 2023, 73 patients with safe vascular derivatives of the nasal cavity who applied to the Otorhinolaryngology Department of the multidisciplinary clinic of Samarkand State Medical University were under our control. Conclusion: the tasks we proposed were aimed at improving the effectiveness of the treatment of patients with recorded safe vascular tumors of the nose

Among all safe derivatives found in humans, vascular derivatives are 1-7%. These derivatives take over from the head area in 60-80% of cases. For hemangiomas, while the unusual location position of the nasal cavity is considered, its share among all derivatives is 2-3%, and among safe derivatives - 7%. Hemangioma occurs in all age groups, in which several peaks can be distinguished separately: including children and adolescents, where women of reproductive age are more common, an equal distribution is observed in a group over 40 years of age. Hemangiomas can damage almost all organs and tissues of the body, but most often the mucous membranes of the skin, subcutaneous fat, mouth and nasal cavity are counted as the place of origin of angiomatous derivatives [1]. For a long time, the question of what is hemangioma itself has been widely discussed in scientific circles: that is, Is it a true derivative or a pathological congenital development of the vascular system? [3]. One of the first to try to solve this problem was Virkhov, who in 1863 promoted the "fissural theory" of the development of hemangioma. This theory was based on the fact that most hemangiomas cause more damage to the skin of the area around the natural pores of the face and the anterior neck area. This factor made it possible to calculate that vascular derivatives with such a location - develop as a result of an anomaly of embryogenesis.

Some mualifists write down hemangiomas on the nature of the derivative, noting that endothelial cell proliferation, typical of angiomas, differentiates these derivatives from varicose veins and aneurysms. These views are supported by a number of authors [7]. In the opinion of others, most of the hemangiomas are considered a developmental defect of the gamartoma type, and not so much are related to Real derivatives – blastomas, but the authors note that regardless of their origin in the angiomas, the state of formation of new branches can be observed by the growth of blood vessels and budding. The authors consider it difficult to strictly separate the actual derivatives originating from the blood vessels, from the derivative derivatives mentioned above, and propose to consider them together. Currently, it has been proven that the appearance of vascular tumors is associated with the

development of the vascular system in the embryonic period. It is known that embryonic angiogenesis goes through a number of successive stages:

- lacunar stage, begins in the Mesoblast (initially extra -, then intra-embryonic), in which vascular lacunae are formed by endothelial evolution of peripheral elements in the cell islands, while their central cells form primordial globules;
- reticular stage, which occurs with the onset of blood circulation and is accompanied by a functional difference between the arterial and venous sector, at this stage their morphological difference is not yet expressed;
- truncular stage, at this stage, parietal curtains are formed in various branches of the arterial, capillary, venous, and functional and morphological reorganization of the primary capillary network occurs with the formation of a single arterial-capillary-venular network that supplies blood to various tissues and organs.

In the Postnatal period, angiogenesis continues and is carried out by the formation of vascular murmur from the endothelium of the earlier capillaries. The angioperithelial complex is a complex of mesenchymal cells located around the capillaries and venules and capable of differentiation in different directions (pericytes, osteoblasts, fibroblasts, adipocytes, chondroblasts, smooth muscle cells, etc.) [5]. The process of vascular development and angiogenesis is complex, and several modulators of these processes are known. Modulators include receptor tyrosine kinases called angiopoietin (ang) and vascular endothelial growth factor (VEGF). Changes in this system, both at the molecular level and at the chromosome level, can lead to uncontrolled growth of blood vessels. Therefore, the rapid growth of tumors can be explained by the insufficient number of angiogenic inhibitors [4].

The purpose of the study: to determine the effectiveness of the complex use of the drug polydexa after surgical treatment.

Research materials and techniques. In the period from 2014 to 2023, 73 patients with safe vascular derivatives of the nasal cavity (BBXTH) who applied to the Otorhinolaryngology Department of the multidisciplinary clinic of Samarkand State Medical University were under our control. The tasks that we proposed were aimed at improving the effectiveness of the treatment of patients with a record of safe vascular tumors of the nose. The first manifestation of the disease is the accidental detection in a visualization - CT or MRI – in which the patient first applies for medical attention with complaints or during examination due to another disease, usually aimed at detecting neurological or otolaryngological pathology. Complaints of the patient at the time of hospitalization for surgical treatment.

Results of the study: when evaluating the patient's complaints before surgical treatment, one of the main complaints was headache, with 71 (97%) patients reporting this complaint. 71 patients (97%) had complained of bloody separation from the nose. 44 patients (61%) were found to have no medication and 65 patients had decreased sense of smell.

During the examination, the patient position is in a position lying on his back, with his head turned to the right. The preliminary examination was carried out using an endoscope with a visual angle of 00, without processing the nasal cavity, to assess the condition of the anterior and middle sections of the nasal cavity, the valve and the mucous membrane in the corridor area. Then, if necessary, a 10% solution of lidocaine was instilled into the nasal cavity to conduct the procedure painlessly. The condition of the nasal cap has been assessed in detail, continuing to move the endoscope along the lower wall of the nasal cavity towards the nasopharynx, simultaneously assessing the color and condition of the lower nasal shell and the lower structures of the nasal cavity, examining the presence and nature of divorces, the presence of tumors and other pathologies. The xoanas were examined, the condition of the back ends of the lower nasal shells, the navel tonsils, the opening of the NAI Ridge and auditory tubes, and the nasal mucosa were assessed.

According to rhinoscopy, all 65 patients in this group (69.5%) had a bright pink nasal mucosa, while 39 patients (41.8%) had mucus-purulent discharge in their nasal passages, and 65 patients (82.7%) had mucus discharge. The inefficiency of conservative treatment was an indication for surgical treatment.

In endoscopic rhinoscopy, special attention was paid to the structure of the nasal cavity, the chunonchi, ostiomeatal complex, the structure of the annular tumor of the nasal barrier, the location of the middle and lower nasal shells, the structure of the Xoan dome, and the analysis of the condition of the nasopharynx. The examination data was included in a questionnaire designed specifically for each patient.

It is worth noting that we did not note a clear connection between the side of the lesion and the location of the edge-shaped insulated slope of the nasal barrier. We only recorded in 3 patients the corresponding location of the parties in question. In order to determine the degree of Septal deformation, we have g.S. We used protasevich's (1979) classification [7]. Distribution of the data obtained 2.-presented in the table, it becomes clear from this table that in 2/3 of patients, the deformity of the nasal Colon is of the 2nd degree. Having carried out an endoscopic examination of the nasal cavity, we also noted the presence of pathological detachment. The result of this examination was one of the indirect signs in the complex assessment of the state of mucociliary transport of bb and OMK structures. Diagnosis patient complaints, Anamnesis and objective rhinoscopic tavsir data (anterior and posterior rhinoscopy, endoscopic examination of the nasal cavity), as well as diagnostic of the mucous membrane of the lower nasal shells

Conclusion: the nasal cavity is based on the use of the drug polydexa in the treatment of non-safe vascular derivatives. The positive effect of the use of the polydexa drug and fennel essential oil in combination with a conventional treatment on endotoxycosis has been found, which is manifested by increased catalase activity and OBK, as well as a decrease in MDA and IMM values to control indicators.

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