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# Adenoid Therapy in Children

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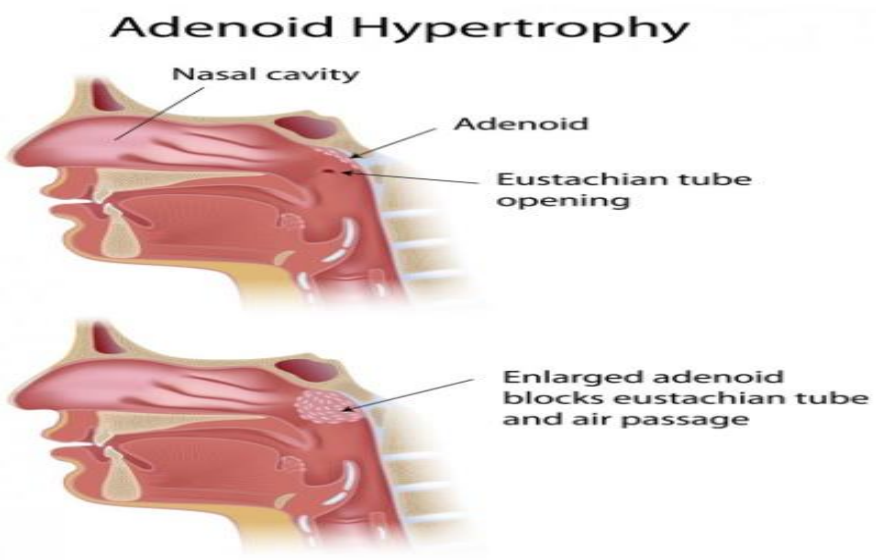
**Abstract:** Acute inflammation of the upper respiratory tract in children is now a cause of complicated adenoiditis and is becoming a worrying issue. Detection of the disease in the early stages, early diagnosis allows to prevent the disease from accelerating. This article highlights the importance of understanding the pathology of adenoid glands in predisposed children and emphasizes the need for effective diagnostic, treatment, and prevention strategies to reduce their health and developmental milestones.

**Keywords:** Adenoid, allergic rhinitis, physiotherapy, antihistamine drugs, glucocorticosteroids.

Adenoid nasopharynx is mainly a thickening of the lymph nodes. Healthy growth of children requires special care. However, although sometimes this work is approached responsibly, they often catch colds or flu. Especially in the cold days of winter, this situation is often repeated, which worries parents. Doctors say that in young children, this condition often recurs due to adenoid disease.




Adenoids (Yun. aden-gland and Eidos — similar)-nasal-larynx, mainly due to the growth and thickening of the murtak lymph nodes. It often occurs in children. As a result of adenoids, chronic tumorigenesis, dimogic speaking, inability to sleep peacefully, improper growth of teeth, blockage of the Eustachian flute sometimes result in deafness, loss of mind and memory. Infections are often added to adenoids, in which bronchitis, pneumonia and others appear. Adenoids are surgically removed. Adenoids and tonsils are primary lymphoid organs in children that are responsible for immunity by presenting an antigen. Simply put, these organs are the gateway to the original immune system. Tissues are present in all children from birth, and adequate immunity is formed throughout the years of childhood. Adenoids are located in the nasopharynx or behind the nasal cavity (nose) and are hidden from simple examination and visualization. The main function of the tonsils is protection. It is the first to interfere with bacteria and viruses that enter the body. To fight infection, it begins to produce many immune cells and grows in size. It is common for children. The infection returns to normal with loss. If the child is often sick, adenoids will always be in an inflamed state and will not have time to shrink, but will grow larger. As a result, the nasal passage becomes blocked and complete breathing becomes impossible. Causes: frequent colds; weak immunity; predisposition to allergies; unfavorable conditions

of the living area – dust, waste, gases, become wet with signs similar to allergic rhinitis. Many pre-formed and newly synthesized inflammatory mediators, such as histamine and peptide leukotrienes in response to an "antigen" reaction in the tissue, trigger sensitive nerve endings and vascular receptors of the nasal mucosa and cause sneezing and rhinorrhea. a flow of cytokines from mast cells such as H, TNF-a, il-3, il-4 interleukins occurs, cytokines, in turn, facilitate the infiltration of eosinophils, t-lymphocytes and basophils into the nasal mucosa. Leukotrienes, which are secreted from infiltrating inflammatory cells, especially eosinophils, play a major role. But that's not all. An allergic reaction also leads to an increase in immunoglobulin E - IgE (antibodies) and agronulocytes, which in turn can cause inflammation with symptoms in various organs and systems (lungs, skin, eyes and nose). Characteristic symptoms of allergic rhinitis include persistent sneezing, runny nose, runny nose, itchy nose and throat, and sometimes hyposmia (decreased sense of smell).

Adenoids are usually a childhood disease. Most often, adenoids occur in children from 3 to 10 years old. This is because at an early age, the nasopharyngeal amygdala only forms. And from the age of twelve, lymphoid tissue begins to die, and in adults it is completely atrophied. However, exceptions are also possible. There are three levels of the disease. Grade I: adenoids in a child are small. At the same time, during the day, the child breathes freely, difficulty breathing is felt at night, in a horizontal position. The child often sleeps with his mouth open. Grade II: adenoids in a child are significantly enlarged. The child is constantly forced to breathe through his mouth.

Grade III: adenoids in the child completely or almost completely cover the nasopharynx. The child does not sleep well at night. He is constantly forced to keep his mouth open, as a result of which facial features change. The nasal cavity stops ventilation, chronic runny nose develops. The voice turns into the nose, the speech becomes ambiguous.Symptoms of the disease and manifestations of complaints.


Symptoms: breathing through the nose becomes difficult or impossible, the child breathes with his mouth, his ability to smell decreases; problems with swallowing – it becomes as if something is standing in the throat; change in pronunciation, snoring when sleeping, restless sleep; the head often hurts, attention decreases, mastering subjects at school decreases. Symptoms: difficulty breathing naturally in the respiratory system, nose. Oral access of untreated and undiluted air causes children to experience respiratory diseases more often. In the cavities around the nose, there will be a basis for the spread of infection, as a result of which diseases of gaimoritis, ethmoiditis, frontitis are caused. Inflammation of the ear paths reduces hearing loss, causes purulent otitis.The face is a misshapen of the skull. Due to the fact that a person breathes in the mouth for a long time, the muscles of the face are in constant tension. Because of this, the skeleton of the face and head changes, the nasopharyngeal folds are flattened, the lively facial expression disappears. The palate narrows, begins to cross each other due to the lack of space for the location of the teeth. The bite changes, defects in sound pronunciation appear, as well as constant breathing through the mouth causing caries in the teeth. In the cardiovascular system, the saturation of blood to oxygen decreases, the rhythm of the heartbeat is disturbed, toxins secreted from the infection cause diseases in the heart. Damage to the central nervous system. Due to lack of oxygen and exposure to toxins, headaches, attention subsides, sleep worsens, fear at night, in some cases enuresis disease appear. Treatment the disease is treated with medication

and surgically. First of all, it is treated with drugs, in which antibiotics, vitamins, antihistamine drugs are given in order to reduce the allergic state of the body. The nose is rinsed with antiseptic agents, physiotherapy procedures are carried out. If treatment does not help, the disease continues to develop, it is treated surgically, with the help of a special device, the infected adenoids are removed. The main reasons for the high occurrence of adenoids are three: chronic bacterial inflammation caused by frequent contact with infection gaimoritis, rhinitis,frontitis,tonsillitis, pharyngitis, loringitis. Adenoid tissue intensively produces antibodies against bacteria. As a result of this, it also causes the development of allergic conditions in children. Adenoid tissue intensively produces antibodies against allergens. Pseudoallergic conditions, such as helminthic invasions (parasitic lesions), where the percussive organ may be enlarged adenoids to produce antibodies to the parasites. Short-term hypertrophy of adenoids during any acute infection is not dangerous,it is natural. In this case, after recovery, adenoid tissue rarely returns to the physiological norm. But if the inflammation is delayed, the adenoids become larger, the risk of developing complications becomes very kata: exudative otitis (accumulation of fluid in the middle ear cavity, which can lead to hearing loss and scar adhesion in the tympanic cavity). Sinusitis (sinusitis, ethmoiditis) is inflammation of the paranasal sinuses. The development of chronic hypoxia (lack of oxygen), diffuse attention, difficulty concentrating, memory impairment, manifests itself up to a delay in neuromuscular development. Changes in the skeleton of the face, biting, dental problems. Frequent angina, chronic tonsillitis formation, development of apnoe syndrome. First of all, it is necessary to consult a specialized doctor for an endoscopic examination of the nasopharynx to examine adenoids using a video camera, determine their size, the presence of inflammation, the formation of mucus, tympanometry (examination of the middle ear) and ultrasound of the paranasal sinuses are performed. To determine the cause of hypertrophy and inflammation of adenoids, it is necessary to carry out at least the following: a detailed blood test, a nasal swab for cytology for differential diagnosis of bacterial and allergic inflammation, as well as a stool analysis for worm eggs.

If signs of allergies are detected, treatment with a doctor is carried out, and during the period of remission, a consultation with an allergist-immunologist and a specific allergological examination are carried out. There are modern methods of treating chronic adenoiditis. Drug therapy alone is not sufficient to treat chronic inflammation of the Adenoid gland. Physiotherapy is performed using lidase , potassium iodide. Phototherapy, magnetotherapy are also effective. With the help of a combination of individually selected methods of treatment by a specialist otolaryngologist, a significant reduction in the size of adenoids and relaxation of inflammation is achieved, and most importantly, it helps to maintain this important body of immune defense, avoiding adenotomy (removal of adenoids). Modern treatments with proven effectiveness include intranasal glucocorticosteroids (ICS): mometazone furoate (Nazonex , Mamate rhino and analogs), fluticazone furoate ( Avamis and analogs), beclometazone dipropionate (Nasobec ) . Nasal sprays are created on the basis of a person's own hormones, have no side effects, are safe for children, do not cause inflammation - the active ingredients are absorbed into the nasal mucosa by only 20%.these are prescribed in an individual dose-from 6 weeks to 6 months sometimes. Additional recommendations are given: lifestyle, washing the nasal cavity at home (Aquomarine , 0.9% of sodium chloride), etc. Systemic hormonal drugs. We do not recommend using drops containing hormones (dexamethasone and hydrocortisone) – the risk of side effects does not give the expected benefit in the treatment of the disease (using a herbal solution, a salt solution, a solution with essential oils, etc.) is also not effective. They do not relieve inflammation, do not affect the size of the pharyngeal tonsils. Regular doctor's follow-up monitoring treatment after 1.5 months, the doctor will focus on decreased or complete cessation of complaints and control size changes using flexible endoscopy. There are three levels of the disease. Grade I: adenoids in a child are small. At the same time, during the day, the child breathes freely, difficulty breathing is felt at night, in a horizontal position. The child often sleeps with his mouth open. Grade II: adenoids in a child are significantly enlarged. The child is constantly forced to breathe through his mouth.

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features change. The nasal cavity stops ventilation, chronic runny nose develops. The voice turns into the nose, the speech becomes ambiguous.Symptoms of the disease and manifestations of complaints. For example, a 60% occlusion of the inner nostril can be of the 3rd degree, and from complaints the child only experiences a runny nose at night and often. In this case, it makes no sense to perform an operation to remove the pharyngeal tonsils, you can prescribe drugs. Or it can be 3 degrees: 90-95% overlap, the child does not breathe, snores, gnusavit, there is inflammation of the lymphoid tissue, stopping breathing in a dream means that it is necessary to undergo surgery. Therefore, determining only the degree of the disease cannot be a separate indication for the operation. The doctor always focuses on clinical manifestations. Operative treatment is used when conservative treatment does not give effect. Taking into account the fact that complications can be observed after the operation , it is very important to prevent adenoid ,conservative treatment for early periods.

The removal of adenoids is carried out as planned. Preoperative examination includes: general blood analysis, Rh factor, and blood group determination blood clotting test, biochemical blood test, urine analysis, chest X-ray, infection tests: HIV, hepatitis, syphilis, ECG, chest X-ray. Parents should tell doctors in advance what joint diseases the child suffers from, whether he is taking any medications or does not have an allergic reaction. If the child has symptoms of acute viral diseases, it will be necessary to postpone the operation. Adenoids can only be removed after the acute infectious process has completely subsided. Since the intervention is carried out under general anesthesia, you should not eat or drink anything a few hours before it. Detailed recommendations are given by the Attending Physician. On average, the removal of adenoids in children does not exceed 30-45 minutes. It is carried out under general anesthesia. Often, such an intervention can be carried out for a day: parents bring the child to the clinic in the morning, wait for the end of the operation, and then take him home after waking up on the same day. This intervention is very simple and safe. There are two main types of adenoidectomy: Classic. Previously, it was the only method available, now it is rarely used. The doctor will inject a special tool called an adenotome into the child's mouth and almost blindly cut off the tonsils.

Endoscopic. This is a modern gold standard. The doctor will insert a thin endoscope into the child's mouth, which will ensure a good appearance. Adenoids are released using a microdebrider shaver. This allows you to carefully, very accurately cut the fabric and immediately absorb it. When the Amigdale is removed, the surgeon will once again examine the results of his work through the endoscope to make sure that nothing else interferes with the flow of air, and then carefully produce hemostasis - cauterization of vascular sites. After adenotomy, the child may be disturbed by some symptoms, you should not be afraid of them: sore throat can last from 7 to 10 days. It is usually light. If it causes discomfort and interferes with nutrition, a doctor should be consulted, who will prescribe pain relievers. Even a slight increase in temperature can take several days. A doctor should be consulted if the body temperature rises to 39° C and above, accompanied by nausea, vomiting, lethargy, decreased urine levels, headache, tension of the occipital muscles. Breathing and snoring through the mouth at night can last another 7 days due to swelling of the throat tissue. If breathing is very difficult, a doctor should be consulted. Fibrin plaque in the mouth. They are white in color and form where the Amigdale is cut. The raids are gradually cut into small pieces and can leave within 10 days. In this case, an unpleasant smell may appear from the mouth. At this time, the child should not be allowed to put his hands in his mouth and pick there. If bright red blood comes out of the nose or mouth, you should immediately consult a doctor. This indicates that the wounds have come out too early. The result of surgery and the possible complications are usually the operation is carried out without complications, the child quickly recovers, returns to his usual life, and the symptoms of adenoid hypertrophy do not bother him. The main risks and unpleasant phenomena associated with surgical treatment: sometimes adenoids begin to grow again later, and they need to be removed again severe bleeding, including in the postoperative period, is a constant change in voice due to the fact that the dry wound plaque has gone out prematurely .Modern endoscopic operations have significantly reduced the risk of some complications. Adenoid hypertrophy refers to a self-limiting disease. Usually, symptoms disappear during adolescence, as lymphoid tissue in the throat gradually atrophy. However, before a child grows

up, an enlarged amygdala can significantly reduce his quality of life and cause serious complications. In such cases, it is better to immediately remove adenoids. Prevention there is no special Prevention: there are no measures that can reliably prevent the disease. But it is known that often the development of adenoid hypertrophy is facilitated by inflammatory pathogens. Therefore, the risk can be reduced by teaching the child preventive measures: washing your hands thoroughly after visiting the street, public places , not touching the face with unclean hands, avoiding crowds during seasonal flu and cold epidemics, excluding contact with sick people, early and complete treatment in colds accompanied by inflammation is required. Preventive measures: it is recommended to Chin, strengthen the immune system, regularly consume vitamin-rich foods, timely treatment of infectious diseases of the nose and respiratory tract, consult a doctor at the first signs of the disease,and not use huda Vanity nasal drops.

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