



SURGICAL TREATMENT OF POLYPOUS ETHMOIDITIS

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ANNOTATION

A method of treating chronic recurrent polypous ethmoiditis involves removing polyps and polypous mucous membranes with nasal polyp forceps under the control of endoscopes, opening the cells of the ethmoidal labyrinth and packing the nasal cavity for a day. Vasotomy is performed varicose vessels of the nasal cavity in the area of the sphenoethmoidal recess and middle turbinate in the early postoperative period, followed by sparing packing the nasal cavity for a day

KEY WORDS: *chronic sinusitis, functional endoscopic rhinosinus surgery, paranasal sinuses.*

RELEVANCE

Every year, about 15% of the world's adult population suffers from rhinosinusitis. The most common form of rhinosinusitis is ethmoiditis, that is, inflammation of the mucous membrane of the cells of the ethmoidal labyrinth. Chronic sinusitis is one of the most common diseases in the pathology of the upper respiratory tract. Symptoms of sinusitis significantly reduce the quality of life of patients. Complaints such as difficulty in nasal breathing, nasal discharge, headaches appear, the sense of smell changes, sleep is disturbed, and the ability to work decreases.

In the last decade, the proportion of patients with diseases of the nose and paranasal sinuses has increased annually by 1.5-2% and reached 52.7% (1). The relevance of studying the problem is also due to the fact that the increase in the number of rhinosinusitis is accompanied by an increase in the incidence of bronchitis and bronchial asthma, and this trend cannot be broken, the process of which sometimes involves the periosteum and bone walls [1,5].

The most gentle from the point of view of the physiology of the nose and paranasal sinuses is functional endoscopic rhinosinus surgery (FESS). Operations on the paranasal sinuses are performed in one stage with reconstruction of the septum and conchae [6].

Endoscopic rhinosinus surgery (ERSS) makes it possible to atraumatically and gently open all affected paranasal sinuses, remove the altered mucous membrane from them, while simultaneously restoring conditions for adequate drainage and aeration. The patient's recovery depends both on the quality of the surgical intervention performed and on the management of the postoperative period [3].

Patients with polyposis ethmoiditis make up a significant portion of the ENT hospitals. Nasal polypotomy is still one of the main methods of surgical care for such patients. Since 2018, it began to be used in the ENT department of the clinic at the ASMI - produced nasal polypotomy [2]. Over the course of a year of work, doctors appreciated the advantages of its use in comparison with polypotomy performed using a nasal loop. Shaver can be used to remove large masses of polyps. Through the internal channel of the shaver nozzle, blood and pieces of tissue are constantly sucked out, freeing the surgical field for viewing. Only the suctioned tissue is cut off, the mucous membrane of the nasal passages is practically not injured, and thereby blood loss is significantly reduced, there is no need or the time for tamponade of the nasal cavity is significantly reduced.

After polypotomy with a loop, tamponade is carried out within a day, and sometimes two, and when using a shaver, within two to three hours. Rotating the handpiece right/left without moving the handle allows for optimal visibility of the surgical field throughout the entire operation [9]. Different diameters of nozzles allow you to remove polyps in both the general and middle nasal passages. But, since the shaver knife cuts the polyp tissue in small pieces, we have come to the conclusion from work experience that it is more convenient to remove large polyps that obstruct the common nasal passage with a loop, and then use a shaver to remove polyps from the middle nasal passage.



We also noted a reduction in the postoperative period after polypotomy using a shaver to two days, which is two times shorter than when using a polyp loop.

Thanks to these possibilities, polypotomy using a shaver makes it possible to delay the recurrence of polyposis and improve the quality of life of patients compared to previously used methods of surgical treatment. After polypotomy with a loop, some patients noted difficulty in nasal breathing after 5-6 months, while all patients examined 8-12 months after surgery using a shaver had free nasal breathing.

Patients who have had a history of nasal polypotomy note the absence or reduction of pain.

Here are some examples from practice:

Patient T., 29 years old. After loop polypotomy, nasal polyposis relapsed after 5 months. Using a shaver, polyps were removed from the common and middle nasal passages. When examined after 8 months, the nasal passages are free. Breathing through the nose is not difficult.

Patient T., 43 years old. On examination: breathing through the nose is severely difficult. The common nasal passages are obstructed by polyps. First, large polyps were removed with a loop, then small polyps in the middle nasal meatus were removed with a shaver. After 2 months - the moves are free.

Patient S., 45 years old. There was a history of multiple nasal polypotomies. On examination: breathing through the nose is difficult, there are fibrous polyps in both halves of the nose. Produced polypotomy shaver with virtually no bleeding. When re-examined after 3 months, the passages are free.

Patient S., 70 years old. Complaints of difficulty in nasal breathing for 3 months. She was treated on an outpatient basis (endonasal blockades) without positive dynamics. On examination: the common nasal passage on the left in the posterior third is obstructed by polyps, the nasal septum spine is in the bony part on the left. During polypotomy with a loop, the septal thorn prevents the complete removal of polyps. With polypotomy The shaver used a nozzle of the smallest diameter (Zmm), with the help of which it was possible to remove polyps in the common and middle nasal passages on the left.

CONCLUSIONS

Thus, analysis of the results of using a shaver for polypous rhinosinusitis indicates a number of advantages: blood loss is significantly reduced; there is no need for long-term tamponade; the operation time and postoperative period are reduced; the frequency of relapses is reduced; good tolerance of the method.

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