

## ACCEPTABLE TREATMENT EFFECTIVENESS WHEN ALLERGIC RHINITIS IN CHILDREN IS ACCOMPANIED BY ADENOIDITIS

*Jahonov O.O.*

*Bukhara State Medical Institute*

**Annotation.** Between 2020 and 2022, scientific research was carried out on 60 children who applied to the LOR-Department of the Bukhara region children's Multidisciplinary Medical Center. The first group included 30 patients: allergic rhinitis, persisting form. Adenoiditis. Hypertrophy of the pharyngeal tonsil has been the subject of a traditional conservative treatment with Grade II-III diagnosis. Patients of the second group: allergic rhinitis, persistivating form. Adenoiditis. Endonasal flutynex spray was adopted as the traditional treatment with hypertrophy of the pharyngeal tonsil Grade II - III diagnosis did not benefit.

Complex stepwise conservative treatment of children with adenoiditis and allergic rhinitis, including the use of topical corticosteroids and cephalosporins of the second generation, demonstrated a high therapeutic effect in 55.9% of patients, which was confirmed by reliable improvements in the indicators of anterior active rhinomanometry and endoscopic picture and allowed to cancel the adenotomy.

**Key words:** allergic rhinitis, adenoiditis, hypertrophy of the pharyngeal tonsil.

**Relevance.** The data presented in the literature indicate that the tactics of treating children with taxed allergic rhinitis and adenoiditis remain open until now, in this direction, the opinions of the authors are against each other. So far, the effectiveness of adenotomy in children with allergic rhinitis has not been proven, there is no single opinion about conducting adenotomy in children with atopia, therefore, indications and contraindications for the appointment of adenotomy surgery in boas with allergic rhinitis and bronchial asthma have not been developed. It is also not known whether adenotomy affects the development of bronchial asthma, or whether this condition is an "atopic step" even in boas where adenotomy has not been performed. On the other hand, eosinophilic infiltration of the mucous membrane in the early and late phases of allergic inflammation, the production of mediators leads to the development of hypertrophy of the pharyngeal tonsil and deepens the course of allergic rhinitis [1,11,15,26]..



Violation of the aerodynamics of the nasal cavity leads to an exacerbation of infectious complication – adenoiditis, most authors count adenoiditis as a reliable factor in the development of bronchial asthma [2,10,25].

For this reason, most authors recommend the inclusion of adenotomy in complex treatment measures for chronic adenoiditis, in children over 7 years of age with allergic rhinitis, since it is catamnistically proven and considered appropriate that high clinical efficacy can be achieved through this [3,12,22,24]. On the other hand, most authors put forward the idea that even despite hypertrophy of the palate murtacus, AR is individually considered a factor for the development of bronchial asthma [4,7,13,23]. According to various authors, bronchial asthma is observed in 20-50% of patients with rhinitis, while in 80% of patients with bronchial asthma, rhinitis is diagnosed [5,8,19]. A.I. Muminov analyzed the correlation between cases of allergic rhinitis and recurrence of bronchial asthma and examined the presence of eosinophilia in the nasal detachment [7,14,20,21].

The presence of atopia in patients with upper and lower respiratory tract allergic inflammatory process in one whole case has been proven through a series of examinations [6,9,17]. In children with AR, a conservative course of treatment should be carried out, which includes intranasal corticosteroid agents and/or a new generation of antihistamine agents, at the birth of an operative treatment overdose, of course in the preoperative period.

Operative treatment is required to be carried out during the period of non-escalation of AR [8,10,16,18]. It is worth noting that according to the size of the adenoid vegetasia, the age of the child, the duration of the disease and how much the inflammation of the larynx is repeated, the adenoid itself can also cause difficulty breathing through the nose and various disorders in the child. In some patients, even large-sized adenoids do not cause a pronounced respiratory disorder, while in some patients, an imperceptible enlargement of the pharyngeal tonsil causes raw oral breathing. A large number of courses of antibacterial agents do not always lead to an improvement in the child's condition, but can lead to serious complications and worsening of the outcome of the disease.

**The aim of the study.** Therapeutic effect of fluticasone propionate nasal spray in the treatment of AR, which is complicated by adenoiditis in children.

**Materials and methods.** Between 2022 and 2023, scientific research was carried out on 60 children who applied to the LOR-Department of the Bukhara region children's Multidisciplinary Medical Center. The first group included 30 patients: allergic rhinitis, persisting form. Adenoiditis. Hypertrophy of the pharyngeal tonsil has been the subject of a traditional conservative treatment with Grade II-III diagnosis. Patients of the second group: allergic rhinitis, persistivating form. Adenoiditis. Endonasal fluty nex spray was adopted as the traditional treatment with hypertrophy of the pharyngeal tonsil Grade II - III diagnosis did not benefit.

**Results and their discussion.** Table No.1 presents a comparative characteristic of the effectiveness of therapy in the first and second groups of patients with AR suffering from adenoiditis, based on the sum of the scores of symptoms before and after therapy.



Table No.1

**Effect of conservative therapy in patients with AR and adenoiditis**

Patient group	Symptom score M±a (points)		The content of eosinophils in the rhinocytogram M±o(%)	
	Before treatment	After treatment	Before treatment	After treatment
Group 1	6,42±1,98	2,68±1,98*	19,7 ±13.7	8.3±6.8
Group 2	6,51±2,20	4,71±1,87*	23,5± 11.4	11,5±9,6
Confidence indicator	p=0.82	p<0.01	p=0.52	p =0.67

\*p<0.01 (between before and after treatment in the group)

In patients of the first group who received a course of conservative treatment, a significant decrease in the main clinical symptoms of AR was observed. This is especially important for the symptoms of nasal obstruction, for which the sick children were actually referred for an adenotomy. Thus, an excellent and good therapeutic effect of combination therapy, which had an effect on the relief of nasal congestion, was registered in 60.8% of patients suffering from allergic rhinitis and adenoiditis. That is, the need for surgical intervention in 27 children of the first group was eliminated. In addition, a significant decrease in the intensity of rhinorrhea was observed in 29 children of the first and 16 of the second groups. None of the children during the course had any complaints from hearing or pain in the ears. Moreover, parents noted an improvement in the hearing condition in the overwhelming number of patients.

Table No. 2 presents data on the relief of symptoms of allergic rhinitis against the background of a course of therapy.



Table No. 2

**Dynamics of clinical symptoms in patients with AR during treatment with fluticasone propionate nasal spray**

The symptom	Group 1 Points (M±W)		Group 2 Points (M±W)	
	Before treatment	After treatment	Before treatment	After treatment
Nasal congestion	1,65 ±0,01	0,49 ±0,01*	2,83 ±0,03	1,92 ±0,01*
Sneezing attacks	1,83 ±0,05	0,56 ±0,01	0,65 ±0,01	0,49 ±0,01
Rhinorrhea	2,19 ±0,02	0,73 ±0,01*	2,21 ±0,01	1,83 ±0,01*
Itching of the wings of the nose	1,23 ±0,03	0,25 ±0,01	0,94 ±0,01	0,05 ±0,01
Confidence indicator	* p<0,05			

The percentage of eosinophils in nasal secretions also underwent a positive trend after a course of combination therapy. So, if before treatment the average values of eosinophilia in the nasal secretion were 19.7% and 23.5%, in the first and second groups, respectively, then after treatment they decreased almost twice in patients of both groups. The decrease in the content of eosinophils in nasal secretions was directly dependent on the decrease in the severity of rhinitis symptoms.

**Conclusion.** Complex stepwise conservative treatment of children with adenoiditis and allergic rhinitis, including the use of topical corticosteroids and cephalosporins of the second generation, demonstrated a high therapeutic effect in 55.9% of patients, which was confirmed by reliable improvements in the indicators of anterior active rhinomanometry and endoscopic picture and allowed to cancel the adenotomy.

**References:**

1. Nurov U. I., Arifov S. S. Content of phagocytic activity of monocytes and neutrophils in twin children with inflammatory diseases of the paranasal sinuses //International Journal of Pharmaceutical Research. – 2020. – Т. 12. – №. 3. – С. 4905-4910.
2. Firangiz Suleymanovna Ikramova (2022). IMPORTANCE OF IMMUNOLOGICAL PARAMETERS IN THE CLINICAL COURSE OF PURULENT OTITIS MEDIA. Scientific progress, 3 (1), 151-156.
3. Обиджон Олимжонович Жахонов (2022). БОЛАЛАРДА АЛЛЕРГИК РИНИТ БИЛАН БИРГА КЕЧУВЧИ АДЕНОИДИТНИНГ КЛИНИК КЕЧИШ ХУСУСИЯТЛАРИ. Scientific progress, 3 (2), 1037-1042.



4. F. S. Ikramova (2022). ETIOLOGICAL FACTORS OF RECURRENCE OF CHRONIC PURULENT OTITIS MEDIA IN CHILDREN. *Scientific progress*, 3 (1), 722-727.
5. Хайруллаева Дильнора Хислатовна. (2023). ДИАГНОСТИЧЕСКОЕ ЗНАЧЕНИЕ ПОЛИМОРФИЗМА ГЕНА В ТЕЧЕНИИ ВИРУСНОГО ГЕПАТИТА С. *INTERNATIONAL BULLETIN OF APPLIED SCIENCE AND TECHNOLOGY*, 3(4), 969–972.
6. Yuldasheva D.H., Xayrullayeva D.X. (2022). DIAGNOSTIC SIGNIFICANCE OF GENE POLYMORPHISM IN THE COURSE OF VIRAL HEPATITIS B AND C (LITERATURE REVIEW AND OWN DATA). *INTERNATIONAL BULLETIN OF MEDICAL SCIENCES AND CLINICAL RESEARCH*, 2(11), 29–31. <https://doi.org/10.5281/zenodo>.
7. Nurov U. I., Ikramova F. S., Alimova S. A. Immunological Aspects of Chronic and Recurrent Acute Rhinosinusitis in Children // *Central Asian Journal of Medical and Natural Science*. – 2022. – Т. 3. – №. 3. – С. 31-35.
8. Nurov U. I., Nurova G. U., Rashidov D. R. THE INCIDENCE OF RHINOSINUSITIS AMONG ENT DISEASES IN SCHOOL-AGE CHILDREN // *Scientific progress*. – 2022. – Т. 3. – №. 4. – С. 28-31.
9. Obidjon Olimjonovich Jahonov (2022). IMMUNOLOGICAL ASPECTS OF TRANSMITTED ADENOIDITIS IN CHILDREN WITH ALLERGIC RHINITIS. *Scientific progress*, 3 (4), 48-51.
10. Nurov U. I., Ikramova F. S. Features Of Non-Specific Protection Factors And Cytokine Status In Inflammatory Diseases Of The Paranasal Sinuses In Twin Children // *The american journal of medical sciences and pharmaceutical research*. – 2021. – Т. 3. – №. 02. – С. 118-126.
11. Ikramova F.S., & Toyirov M.M. (2022). THE PREVALENCE OF CHRONIC RHINOSINUSITIS AMONG ENT PATHOLOGIES IN PRESCHOOL AND SCHOOL-AGE CHILDREN AT THE HOSPITAL STAGE OF MEDICAL CARE. *Conferencea*, 463–466.
12. Nurov U. I., Ikramova , F. S., & Alimova , S. A. (2022). Immunological Aspects of Chronic and Recurrent Acute Rhinosinusitis in Children. *Central Asian Journal of Medical and Natural Science*, 3(3), 31-35.
13. F. S., I., & Sh. A., A. (2023). Clinicofunctional Efficacy of Complex Treatment of Chronic Adenoiditis Using Phototherapy. *European Journal of Medical Genetics and Clinical Biology*, 1(1), 53–56.
14. F.S., I., & Sh.A., A. (2023). Complex Treatment of Chronic Adenoiditis Using Phototherapy. *European Journal of Medical Genetics and Clinical Biology*, 1(1), 36–38.
15. F. S., I. (2022). The Significance of Diseases of the Gastrointestinal Tract in the Clinical Course of Allergic Rhinitis. *Miasto Przyszłości*, 28, 97–98.
16. F. S. Ikramova, & M. M. Toyirov (2022). THE PREVALENCE OF CHRONIC SINUSITIS IN THE PEDIATRIC POPULATION. *Scientific progress*, 3 (4), 38-41.
17. Ikramova, F. S. "Barakatov IB Allergicheskiy rinit i funktsionalnoe sostoyanie pecheni." *Molodej-prakticheskomu zdravooxraneniyu-2018*.-S: 440-441.
18. U. I. Nurov, F. S. Ikramova, Sh. A. Alimova Functional status of immune status in inflammatory diseases of the paranasal sinuses in twin children // *Academic research in educational sciences*. 2021. №5.
19. Shahnoza Azamatovna Alimova The incidence and clinical features of otitis media in patients with hiv infection // *Scientific progress*. 2021. №5.
20. Ulugbek Nuridinovich Vokhidov, Khusniddin Noriddinovich Nuriddinov Analysis of the frequency of distribution and treatment methods for polypous rhinosinusitis *Journal of Biomedicine and Practice* Volume 4 Issue 5. 2020



21. Nurova, G. U., and U. I. Nurov. "The current state of study of vasomotor rhinitis modern diagnostic and therapeutic methods" American journal of medicine and medical sciences-USA 10.4 (2020).
22. Шукуруллаева Г.Ж., Рахимов З.К.. СОВЕРШЕНСТВОВАНИЕ МЕТОДОВ ЛЕЧЕНИЯ СОЧЕТАННЫХ ПЕРЕЛОМОВ СКУЛОВОЙ КОСТИ, СТЕНКИ ГЛАЗНИЦЫ И ВЕРХНЕЙ ЧЕЛЮСТИ// НОВЫЙ ДЕНЬ В МЕДИЦИНЕ 2020, С. - 350-352.
23. Шукуруллаева Г. Ж.. ЁНОҚ-КЎЗ ВА ЮҚОРИ ЖАҒ БЎШЛИҒИ ДЕВОРИ СИНИШЛАРИ БИЛАН ЖАРОҒАТЛАНГАН БЕМОРЛАРДА ТРАВМА ХАРАКТЕРИ ВА ЛОКАЛИЗАЦИЯСИ // Journal of Advanced Research and Stability Volume: 02 Issue // 2022, P.- 196-200.
24. Shukrullayeva G. J.. Analysis of Investigations in Trauma Patients with Cheek-Eye and Maxillary Wall Fractures // Research Journal of Trauma and Disability Studies // 2022, P. – 20-24.
25. Shukrullayeva G. J.. APPLICATION OF TITANIUM MINI-PLATES AND CATHETER FOLEYA IN OSTEOSYNTHESIS OF CHEEK-EYE AND MAXILLARY WALL // Web of Scientist: International Scientific Research Journal // 2022, P. – 661-663.
26. Shukrullayeva G. J.. EVALUATION OF EXAMINATIONS IN PATIENTS WITH CHEEK EYE AND OROFACIAL CLEFT FRACTURES // Horizon: Journal of Humanity and Artificial Intelligence // 2023, P. – 575-578

