МИНИСТЕРСТВО ЗДРАВООХРАНЕНИЯ РЕСПУБЛИКИ УЗБЕКИСТАН

ТАШКЕНТСКИЙ ПЕДИАТРИЧЕСКИЙ МЕДИЦИНСКИЙ ИНСТИТУТ

СОВРЕМЕННАЯ ОТОРИНОЛАРИНГОЛОГИЯ: АКТУАЛЬНЫЕ ВОПРОСЫ И ПЕРСПЕКТИВЫ РАЗВИТИЯ

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location of only one middle cerebral artery does not allow a comprehensive assessment of cerebral blood flow. Thirdly, the technique requires the use of very expensive ultrasonic equipment.

Thus, the development of new methods for assessing cerebral blood flow during sleep in patients with OSAS is an urgent task of modern medicine. Clarification of the peculiarities of the pathogenesis of vascular disorders would make it possible to better understand the relationship between OSAS and vascular cerebral complications, as well as to determine possible ways of their correction. The prevalence of OSAS is unknown since most people do not undergo polysomnography.

However, obstructive sleep apnea syndrome is directly related to metabolic disorders, incl. diabetes mellitus, and abdominal obesity. OSAS significantly predominates in patients with arterial hypertension (AH), ischemic heart disease, and atrial fibrillation. In patients with OSAS, the risk of cerebral stroke or cardiovascular death is doubled.

Therefore, early diagnosis and treatment of this syndrome at the initial stages can reduce the risk of cardiovascular complications and improve the patient's quality of life. The criterion for obstructive sleep apnea is the absence of air flow for 10 s in the presence of active respiratory movements of the muscles of the chest and abdominal wall. Obstructive hypopnea is defined by more than 50% decrease in thoraco- abdominal movements for at least 10s, accompanied by a drop in blood saturation by 4% or more.

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THE CONDITION OF THE MUCOSA OF THE MAXILLARY SINUS AFTER ENDOSCOPIC MAXILLARY SINUSTOMY

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Improving the effectiveness of treatment of chronic rhinosinusitis (CRS) is a priority task of modern otorhinolaryngology, not only domestic, but also foreign. This interest in the problem is due to the widespread prevalence of this pathology. In different countries, the criteria for accounting for the incidence, algorithms for the diagnosis and treatment of

rhinosinusitis differ significantly, and for XPC these differences are more pronounced than for acute (EPOS, 2020).

Endoscopic examination of the nasal cavity was performed on day 3. Patients who underwent an operation in the volume of endoscopic infundibulotomy in the area of the enlarged natural anastomosis and the middle turbinate had hemorrhagic clots and fibrin deposits. On examination at 6 and 12 months in 70 (92.1%) cases, the mucous membrane of the maxillary sinus had a pink color, without signs of inflammation. The area of expanded natural anastomosis with clear contours is completely epithelialized. In two cases, there was a narrowing of the natural anastomosis due to the formed cicatricial membrane without signs of impaired aeration of the maxillary sinus. The mucous membrane of the maxillary sinus had a light pink color without pathological discharge. The transport capacity of the mucous membrane of the VSP 6 months after endoscopic infundibulotomy MCT - 32 ± 1.5 minutes, NPR - 5.7 ± 0.2 Hz. After 12 months - MCT - 25 ± 1.5 minutes, BPS - 6.9 ± 0.4 Hz. The transport capacity of the mucous membrane of the upper urinary tract 6 months after the operation for the upper urinary tract was the MCT - 49.2 ± 1.7 minutes, the BVD - 3.8 ± 0.4 Hz. After 12 months - MCT - 44.1 ± 1.7 minutes, BPS - 4.1 ± 0.4 Hz. As can be seen from the above results, in patients of this group, the PCP of the PCP did not recover after 1 year and T was significantly reduced in relation to the norm, both before and after the operation ($p < 0.05$), but in the postoperative period the difference in indicators between the three points remains , where the temperature formula was $p < t_2 > t_3$.

12 months after endoscopic infundibulotomy in 16 subgroup morphologically in 29 (100%) atrophy, detachment and deformation of the cilia of the multilayer single-layer columnar epithelium is determined, in 22 (75.8%) cases, fibrosis of the submucosal layer, in 7 (24.1%) cases hyperplasia of the own glands (goblet cells), hyperplasia of the ciliated epithelium in 26 (89.2%) cases, in 6 (20.6%) cases, an increased content of inflammatory cells (lymphocytes, leukocytes), which is characteristic of an exacerbation of a chronic inflammatory process. According to the computed tomography data in group 1 after endoscopic infundibulotomy, the HPP is airy, the thickness of the mucous membrane 12 months after surgery in an absolute number of patients, 83 (97.3%), was 3 mm or less, an expanded natural anastomosis is visualized, freely passable, in Thickening of the mucous membrane was noted in 3 (2.7%) patients, mainly in the area of the alveolar bay.

ОГЛАВЛЕНИЕ