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**ТАШКЕНТСКИЙ ПЕДИАТРИЧЕСКИЙ МЕДИЦИНСКИЙ
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**СОВРЕМЕННАЯ ОТОРИНОЛАРИНГОЛОГИЯ:
АКТУАЛЬНЫЕ ВОПРОСЫ И ПЕРСПЕКТИВЫ
РАЗВИТИЯ**

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tympanic cavity - in 7 (21.2%). The average time from the onset of the disease to the diagnosis and initiation of treatment was 17.2 ± 24.5 months. At the time of the examination, the average duration of GPA in years was 3.1 ± 2.8 (in months 63.4 ± 50.6). In 22 out of 50 patients, a local form of HPA (damage to the upper respiratory tract) was detected. The local form was diagnosed in 7 men and 15 women aged 18 to 60 years (median age 47.6 years). In 32 patients (11 men and 21 women) aged 25 to 80 years, 2 or more points on the BVAS scale were determined, which was regarded as an exacerbation of the disease. The average age of this group of patients was 50.84 ± 14.07 years, the median age was 51.5 years. GPA remission was diagnosed in 28 patients (10 men and 18 women) aged 18 to 77 years. The average age in this group of patients is 46.71 ± 17.27 years, the median for age is 49.5 years. Of the 50 examined patients with GPA, the most frequently determined lesions of the nose and paranasal sinuses. More than half of the examined patients had lung damage (58.3%), 46.7% of patients with GPA had kidney damage within the framework of vasculitis. The incidence of damage to the nose and paranasal sinuses in the examined patients was 94.0% (n = 47). The most common cases were ulcerative necrotizing rhinitis (n = 42), lesions of the paranasal sinuses in the form of thickening of the sinus mucosa (n = 40), less often - perforation of the nasal septum (n = 10) and destructive sinusitis (n = 11).

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MORPHOLOGICAL STUDIES OF VARIOUS FORMS OF CHRONIC TONSILLITIS

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Today, the prevalence of chronic tonsillitis (CT) has increased several times and reaches 5-10% in adults and 12-15% in children. According to some authors, the prevalence of chronic tonsillitis can reach 37% in adults and 63% in children. In the structure of ENT pathology, CT occupies one of the leading places and accounts for 13-35%. This, in turn,

indicates that the CT problem has not yet been resolved. Despite the fact that chronic pathology of the palatine tonsils (PT) is mainly characteristic of childhood, it is also significantly common among the adult working-age population.

A total of 60 people were examined. In accordance with the objectives of the study, all patients included in the study were divided into 2 groups: Group 1 - patients with uncomplicated (simple) form of chronic tonsillitis (31 patients); Group 2 - patients with complicated (toxic-allergic grade 1-2) chronic tonsillitis (29 patients). Group I included patients with only local signs of CT: - congestive hyperemia of the anterior palatine arches (sign of Giese); - edema of the upper edges of the anterior and posterior palatine arches (sign of Zak); - roll-like thickening of the edges of the anterior arches (sign of Preobrazhensky); - Fusion and adhesions of the tonsils with the arches and a triangular fold; - loosened surface of the palatine tonsils; - liquid pus or caseous-purulent plugs in the lacunae. Group II included patients who, in addition to complaints from the pharynx, presented general complaints: -Periodic functional disorders of cardiac activity, -Heartbeat, abnormal heart rhythms, pain in the region of the heart without exacerbation; -Pain in the joints without exacerbation; -Prolonged low-grade fever.

Patients with toxic-allergic form of CT after tonsillectomy underwent a morphological examination of the tissue of the removed tonsils to confirm the diagnosis and identify changes in the tissue during CT. The results of histological examination of 60 palatine tonsils were analyzed. When analyzing the data obtained, it was revealed that in most patients with toxic-allergic form of CT, infiltration of the epithelium of the walls of the lacunae of the palatine tonsils was observed ($85.96 \pm 3.25\%$). This is due to the fact that the main changes in chronic tonsillitis occur precisely from the side of the epithelial cover. These changes are usually expressed in lacunae. More than half of the patients had detritus in the lacunae ($72.81 \pm 4.17\%$), which can also be a sign of chronic inflammation in the palatine tonsils due to excessive desquamation of the lacunae epithelium. A frequent sign of an inflammatory process in the tonsils is reactive hyperplasia of the lymphoid follicles and interfollicular space ($61.7 \pm 4.1\%$), as well as widening of the lacunae ($61.7 \pm 4.1\%$). During ultrasound examination, these signs can be identified as pronounced hypoechogenicity in patients with toxic-allergic CT. However, it is difficult

to characterize the histological picture of CT, mainly because in the palatine tonsils the border between norm and pathology is relatively expressed. This is due to the fact that the tissue of the tonsils itself consists of lymphocytes - cells involved in inflammation, in this regard, it is difficult to establish which changes are associated with the normal functional activity of the tonsils as a lymphoid organ, and which can be attributed to a pathological inflammatory process. According to the classification of morphological changes occurring in the palatine tonsils during CT, there is, in particular, lacunar - parenchymal (total) CT, in which PT take the form of a so-called "sponge", the stroma of which is connective tissue, and the contents are pus, detritus and caseous masses. With ultrasound examination, such pronounced inflammatory and destructive changes in the tonsils may be accompanied by the presence of hypoechoic areas of lymphadenoid tissue. As the results of the study showed, in patients with a simple form of chronic tonsillitis, tonsils with hyperechoic areas predominated ($72.13 \pm 5.74\%$), in contrast to patients with toxic-allergic form of chronic tonsillitis ($40.7 \pm 5.3\%$), which are characterized by PT with hypoechoic areas, which corresponded to morphological picture.

Thus, it should also be taken into account that the morphological examination of the tonsils is an invasive method and can only be used to confirm the diagnosis after tonsillectomy, and not as a routine examination of patients with CT. Morphological changes in PT during CT are represented by the proliferation of connective tissue in the thickness of the lymphoid tissue, the presence of necrotic foci, damage to the walls of capillary vessels, and disturbances in the crypt epithelium. In the case of the toxic-allergic form of chemotherapy, the process of inflammation in the PT proceeds more actively than in the simple form of CT.

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