

**МИНИСТЕРСТВО ЗДРАВООХРАНЕНИЯ
РЕСПУБЛИКИ УЗБЕКИСТАН**

**ТАШКЕНТСКИЙ ПЕДИАТРИЧЕСКИЙ МЕДИЦИНСКИЙ
ИНСТИТУТ**



**СОВРЕМЕННАЯ ОТОРИНОЛАРИНГОЛОГИЯ:
АКТУАЛЬНЫЕ ВОПРОСЫ И ПЕРСПЕКТИВЫ
РАЗВИТИЯ**

**Сборник научных трудов, посвященный 50-летию организации
кафедры Оториноларингологии ТашПМИ и 80-летию д.м.н.,
проф. С.А. Хасанова**

ТАШКЕНТ – 2022

**MYCOLOGICAL CHARACTERISTICS OF FUNGAL
MIDDLE OTITIS**

Tashkent Medical Academy

In recent years, mycoses with their various localization and clinical manifestations have been studied in depth by doctors of various specialties. So, according to WHO, 20% of the world's population, i.e. every fifth inhabitant of the planet is affected by a fungal infection. The wide distribution of fungi in nature, their constant presence, both in the environment and in the body, determines the inevitability of contacts and their infection of a person. Currently, there is an increase in the number of patients with mycotic lesions of the ENT organs and, in particular, the outer and middle ear, including the postoperative cavity of the middle ear. The increase in the number of patients is due to both a significant increase in risk factors for the development of mycosis, and the haphazard uncontrolled use of local antibacterial drugs in the treatment of otitis media. In addition, there is a tendency towards the development of resistance of the fungus-causative agent of mycosis to specific antifungal drugs. An increase in the proportion of chronic fungal inflammation with frequent relapses that cannot be corrected by drugs has been noted, which, in turn, leads to an increase in the period of incapacity for work and disability of the population. This necessitated this study.

All patients, regardless of the type of fungal infection, underwent a set of laboratory tests. It was found that in fungal otitis media, yeast-like fungi of the genus *Candida* dominated, identified in 79.2% of cases, followed by filamentous fungi of the genus *Aspergillus* (20.8%). Among 57 patients in whom the causative agents of the fungal disease were yeast-like fungi of the genus *Candida*, the fungus *C. albicans* was in first place in terms of detection frequency (14 patients). Further, in descending order, follow *C. krusei* - (13 patients), *C. sake* (7 patients), *C. pseudotropicalis* (5 patients), *C. parapsilosis* (3 patients), *C. tropicalis* and *C. hellermanii* (2 patients each), *C. glabrata* and *C. famata* (1 patient each). Other non-*albicans* strains of *Candida* fungi were isolated from 9 patients. In 15 patients, the causative agent of otitis media was various mold fungi. The

bulk is represented by fungi of the *A. niger* species - 10 observations, in 2 more patients the fungus *A. fumigatus* was the causative agent of the inflammatory process, in 2 more patients other types of *Aspergillus* were identified. As a result of the study, a fungus of the *Misog* genus was revealed in 1 patient. Thus, we found that yeast-like fungi of the genus *Candida* (79.2%) are the predominant pathogens in patients with middle fungal otitis media (79.2%), while the proportion of molds is 20.8%. This is the main difference from fungal infection of the outer ear and postoperative middle ear cavities, which is very important to consider when carrying out treatment. Among the fungi of the genus *Candida*: share. *C. albicans* accounts for only 24.5% of all types of yeast-like fungi, and the proportion of non-*albicans* *Candida* strains is 75.5%. This fact must be taken into account when prescribing treatment, since many non-*albicans* *Candida* strains have natural resistance to fluconazole.

Kuryazova Sh. M., Oxunova M.J.

ERTA YOSHDAGI BOLALARDA BRONXOOSTRUKTIV SINDROMINI UCHRASH DARAJASI

Toshkent pediatriya tibbiyot instituti
Andijon davlat tibbiyot instituti

Mavzuning dolzarbligi: Erta yoshdagi bolalarda uchraydigan infeksiyon kasalliklar orasida nafas sistemasi kasalliklari birinchi o‘rinni egallaydi. (D.I. Ahmedova, E.G. Konoyurina, V.V. Zelenskaya, 2010) Bronxoobstruktiv sindromi (BOS) – bu turli patofiziologik mexanizmlarga ega bo‘lgan, kelib chiqishi turli bo‘lgan bronxial o‘tkazuvchanligiga asoslangan va bir xil klinik simptomlar majmuasi. Erta yoshdagi bolalarda bronxostruktiv sindromi haqida ko‘plab izlanishga qaramay, bu kasallikning ko‘payishi nafas olish yo‘llarining o‘tkir respirator virusli infeksiyalari (O‘RVI) bilan shuningdek, differensial diagnostika va bronxopulmanal tizimning ba’zi tug‘ma va irsiy kasalliklari bilan bog‘liq.

Tekshirish maqsadi: erta yoshdagi bolalarda bronxostruktiv sindromining uchrash darajasini o‘rganish.

ОГЛАВЛЕНИЕ

I. ОБОСНОВАНИЕ ПРОВЕДЕНИЯ КОНФЕРЕНЦИИ. УКАЗЫ И ПОСТАНОВЛЕНИЯ ПРЕЗИДЕНТА РЕСПУБЛИКИ УЗБЕКИСТАН. ПОСТАНОВЛЕНИЯ КАБИНЕТА МИНИСТРОВ РЕСПУБЛИКИ УЗБЕКИСТАН.....	3
II. ОБ ТАШКЕНТСКОМ ПЕДИАТРИЧЕСКОМ МЕДИЦИНСКОМ ИНСТИТУТЕ.....	5
III. ПОЗДРАВЛЕНИЯ ГОСТЕЙ.....	13
ТЕЗИСЫ, ПРЕДСТАВЛЕННЫЕ НА КОНФЕРЕНЦИЮ.....	27
Abdullaeva U.B., prof. Khodjibekov M.H. COMPUTED TOMOGRAPHY ASSESSMENT OF THE TUBOTIMPANIC ANGLE AND PRETIMPANEL DIAMETER OF THE EUSTACHIAN TUBE IN PATIENTS WITH CHRONIC OTITIS MEDIA.....	27
Maqsad G. Bobokhonov. THE CONSISTENT PATTERN BETWEEN THE SIZE OF THE NASAL CAVITY AND THE DEPTH OF THE HARD PALATE UNDER THE NARROWING OF THE UPPER JAW.....	29
Djuraev J.A., Fayozov Sh., Shaumarov A.Z., Botirov A.J., Akhundjanov N.A. WAYS OF SURGICAL TREATMENT OF PATIENTS WITH VARIOUS DEFORMATIONS OF THE EXTERNAL NOSE.....	30
Djuraev J.A., Khamidjanov Sh., Akhundjanov N.A. A MODERN LOOK AT DIAGNOSTICS AND TREATMENT OF OBSTRUCTIVE APNEA SYNDROME IN SLEEP.....	32
Djuraev J.A., Makhsitaliev B.I., Akhundjanov N.A. THE CONDITION OF THE MUCOSA OF THE MAXILLARY SINUS AFTER ENDOSCOPIC MAXILLARY SINUSTOMY	33
Khaidarova G.S., Jabborov N.N. CONDITION OF THE NOSE AND SUPPLEMENTARY SINUSES IN PATIENTS WITH VEGENER'S DISEASE.....	35
Khasanov U.S., Djuraev J.A., Nordjigitov F., Shaumarov A.Z., Akhundjanov N.A. MORPHOLOGICAL STUDIES OF VARIOUS FORMS OF CHRONIC TONSILLITIS.....	36
Khasanov U.S., Khodjanov Sh.Kh., Djuraev J.A. MYCOLOGICAL CHARACTERISTICS OF FUNGAL MIDDLE OTITIS	39
Kuryazova Sh. M., Oxunova M.J. ERTA YOSHDAGI BOLALARDA BRONXOOBSTRUKTIV SINDROMINI UCHRASH DARAJASI.....	40
Narzullaev N.U., Toshtemirov O.E. CLINICAL FEATURES OF RHINOSINUSITIS IN PATIENTS WITH TYPE 2 DIABETES MELLITUS.....	41
Sharipova A.U., Sharipov U.A., Agzamova G.S., O'rinboev A.T. XALQUM, XIQILDOQ VA BO'YINNING YALLIG'LANISH KASALLIKLARINI O'TKIR TIREOIDIT BILAN QIYOSIY TASHXISLASH.....	43
Sharipova A.U., Sharipov U.A., O'rinboev A.T. SURUNKALI TONZILLITLI BEMORLARDA ANTIMIKROB FOTODINAMIK TERAPIYANING SAMARADORLIGINI TAJRIBADA ASOSLAB BERISH.....	45