
RESULTS OF JOINT SURGICAL PROCEDURES IN NASAL CAVITY PATHOLOGIES

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ABSTRACT: Diseases of the nose and paranasal sinuses are the leading pathology of ENT organs, the causes of which are the widespread prevalence of viral respiratory tract injuries, the unfavorable environmental situation in many regions, a decrease in immunity, smoking, and the influence of harmful occupational factors. In addition, congenital or acquired anatomical changes, such as deformation of the nasal septum, hypertrophy of the nasal turbinates, polyps, adenoids, etc., play an important role in the pathogenesis of this pathology. Simultaneous operations (from English "simultaneous" - simultaneously) are complex surgical operations aimed at simultaneous surgical correction of two or more diseases of various organs in one or more anatomical areas. Simultaneous surgeries are particularly important in cases where there is a pathogenetic link between two surgical diseases.

KEYWORDS: Nasal septum, anamnesis, surgical diseases, rostrum sphenoidale, rostrum sphenoidale.

INTRODUCTION

The nasal septum, consisting of the anterior cartilage and posterior bone parts, occupies a central position in the nasal cavity. The cartilaginous part of the septum consists of a quadrilateral cartilage, consisting of a non-osseous part of the perpendicular plate of the ethmoid bone, and the bone part consists of a perpendicular plate of the ethmoid bone and the vomer..

In the absence of traumatic barrier injuries in the anamnesis, the most common are 5 types of deformation, which are formed in the area where the barrier connects the bone and cartilaginous portions and is in contact with the skull bones:

- 1) the protrusion of the rectangular cartilage margin from the premaxilla tendon, which leads to the development of varying degrees of nasal valve congestion;
- 2) Curvature or F-shaped thickening at the border of the perpendicular plate of the rectangular cartilage and ethmoid bone, which leads to congestion or closure of the structures forming the common nasal duct and ostiomeatal complex;
- 3) edges and spikes at the junction of the perpendicular plate and humerus;
- 4) spikes and deviations in the dorsal segments of the nasal septum, where "rostrum sphenoidale" connected to the perpendicular plate of the ethmoid bone;;
- 5) a combination of several variants of deformation

120 patients with nasal barrier deformities proposed by Mladina came under our observation.

Due to changes developing in the nasal cavity during barrier deformities, there is a need to perform a complex of surgical interventions simultaneously in the area of the lateral wall structures of the nasal cavity and natural pores of the paranasal sinuses during its surgical correction.

Therefore, with this careful approach, two goals were achieved simultaneously in the first type of nasal septum deformation: restoring the shape of the nasal valve and nasal breathing.

The degree of changes in the lateral wall structures of the nasal cavity depends on the patient's age: the older the patient, the more pronounced these changes develop, and the need arises for a larger volume of combined surgical interventions.

Rhinopneumometric parameters (before surgery): volumetric flow rate, on the right - 91 cm³/s, on the left - 274 cm³/s, resistance, on the right - 1.84 PA/ cm³/s, on the left - 0.59 PA/ cm³/s, UHF - 340 cm³/s, UV - 0.54 PA/ cm³/s.

Rhinopneumometric parameters (after surgery): volumetric flow rate, right - 204 cm³/s, left - 360 cm³/s, resistance, right - 0.74 PA/ cm³/s, left - 0.42 PA/ cm³/s, UHF - 564 cm³/s, UV - 0.27 PA/ cm³/s. The obtained data indicates improved ventilation function of the nasal cavity.

As age increases, the degree of changes in the middle nasal condyles increases, not only their mucous membrane is damaged, but the process of hypertrophy spreads to the bone base.

Conclusion. Therefore, for each type of barrier deformation, there are specific features of reconstruction of anatomical structures of the anterior lateral wall. In pathological processes associated with nasal septum deformation, combined endonasal surgeries should begin with the repair of the deformed part of the septum, followed by surgical operations on the structures of the lateral wall and natural pores of the paranasal sinuses.

Due to the fact that the operation was limited and performed only in the affected areas of the nasal cavity, it was not accompanied by significant bleeding. Therefore, gentle tamponade of the nasal cavity was performed without a hemostatic goal. The main task of the tamponade was to ensure the proper placement of the cavity structures.

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