
PREVALENCE OF POLYPOSE PROCESS IN PATIENTS WITH CHRONIC POLYPOSE RHINOSINUSITIS

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ABSTRACT: Despite the large number of existing conservative treatment regimens for chronic polyposis rhinosinusitis (CPMS), the main and, in some cases, the only method of treatment is surgical (Darling P., 2006). Recently, endoscopic technique has been widely used in rhinosurgery, which allows to ensure the maximum functional effect (Bhattacharyya N., 2006). The choice of surgical treatment tactics should be based on the data of visual assessment and analysis of the results of additional methods for verifying the pathological process.

KEYWORDS: Chronic polyposis rhinosinusitis, paranasal sinuses, nose.

INTRODUCTION

Purpose of the study: studying the prevalence of the polyposis process and the choice of the method of surgical treatment in patients with chronic polyposis rhinosinusitis.

RESEARCH MATERIAL

We studied 125 patients with CPMS who were inpatient treatment in the ENT department of the 3 TMA clinic from 2018 to 2020. All patients underwent a general clinical examination of ENT organs, computed tomography of the paranasal sinuses (CT ONP).

Research results. Taking into account the CT data of SNP and the classification of chronic sinusitis proposed by S.Z. Piskunov and G.Z. Piskunov (1997), patients were divided into groups depending on the degree of prevalence of pathological changes: 1. Patients with chronic polyposis pansinusitis who had pathological changes in all SNPs - 6 people (4.8%). 2. Patients who had various combinations involved in the pathological process of SNP - polysinusitis - 53 people (42.4%). 3. Patients who had pathological changes only in the maxillary and ethmoid

sinuses, i.e. patients with maxillary ethmoiditis (singled out separately from the group of patients with polysinusitis) - 64 people (51.2%). 4. Patients with unilateral changes in the frontal, maxillary, ethmoid and basilar sinuses - hemisinusitis - 2 people (1.6%).

According to the form of the pathological process, the patients were distributed as follows: with polyposis form - 67 people (66.7%), including polyposis-purulent form - 32 people (31.4%) and with polyposis-cystic form - 26 people (33.3%). Of these, patients with choanal polyps - 8 people (55.2%), with signs of bone destruction of the walls of the SNP - 29 people (23.2%) were allocated to separate groups.

67 endoscopic operations (63.8%) were performed, and in 11 patients. (10.8%) - with total polypous degeneration of the mucous membrane of the maxillary sinuses. Combined operations were performed in 38 patients (36.1%). Among them - with the imposition of an additional fistula of the maxillary sinus with the lower nasal passage - in 7 patients (6.6%), with the expansion of only the natural fistula of the maxillary sinus during the endoscopic stage of the operation - in 31 patients (29.5%).

CONCLUSION

Based on the foregoing, it follows that when treating patients with CPMS, it is necessary to take into account the CT data of the OKP and carry out endoscopic surgical intervention in accordance with the prevalence of the polyposis process in order to lengthen the period of remission.

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