

Features of the Clinical Course of Purulent-Inflammatory Diseases of the ENT Organs in Patients with Diabetes Mellitus

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Abstract: We examined and treated 145 patients with purulent-inflammatory pathology of ENT organs on the background of DM (main group) and 55 patients with purulent-inflammatory diseases of ENT organs who do not suffer from DM (control group).

Purulent - inflammatory diseases of the ENT organs on the background of diabetes mellitus are characterized by a significantly longer (on average 1.5 times compared with patients without diabetes) course, as well as the development of purulent complications in 13% of cases against the background of irrational antibacterial and hypoglycemic therapy.

Keywords: diabetes mellitus, rhinosinusitis, chronic sinusitis.

Relevance: Despite the huge number of conservative and surgical methods of treatment, purulent-inflammatory diseases of the ENT organs often take a chronic, protracted course, contributing to the onset of systemic inflammation syndrome and the development of severe life-threatening complications [1]. The purulent-inflammatory pathology of the ENT organs acquires particular importance in conditions of comorbidity with severe somatic diseases, one of which is diabetes mellitus (DM). While a lot of studies have been devoted to the study of cardiovascular diseases, kidney and lower limb pathology in patients with diabetes, the state of the ENT organs in diabetes remains insufficiently studied [2,5].

In the structure of morbidity in ENT pathology, the leading place belongs to acute sinusitis (5–10%), which ranks fifth in the number of prescribed antibacterial drugs in the structure of general pyoinflammatory diseases [3,6]. Often, acute inflammatory diseases of the nose and paranasal sinuses become chronic and are characterized by a sluggish, prolonged course, which worsens the quality of life. This is due to both a change in the virulence and resistance of microflora, which is an etiological factor in the onset of sinusitis, and a decrease in the body's immunological reactivity. According to the American NHIS epidemiological study, the prevalence of chronic sinusitis among patients with diabetes mellitus (DM) aged 18-44 is 28.4% (34% in DM 1 and 25% in DM 2) compared with 18.4% among the rest population of the same age [4]. The problem of sinusitis is closely related to bronchopulmonary pathology, allergization of the body and changes in local and humoral immunity [3,7].

Especially severe rhinosinusitis occurs against the background of diabetes, patients have a significantly reduced ability to work and worsening quality of life, longer treatment periods, these patients are characterized by involvement in the inflammatory process of the orbit and cranial cavity, damage to the vessels of the mucous membrane of the paranasal sinuses [3,8].

The high prevalence of inflammatory diseases of the ENT organs and diabetes mellitus suggests the likelihood of a combination of these pathologies in patients being treated by an otolaryngologist and an endocrinologist. According to A.I. Muminov, pathology of ENT organs

occurs in 59% of patients with diabetes. This is confirmed by numerous publications of the last decade [2,9]. In this regard, it is not surprising that often the diagnosis of this disease is first established by an otorhinolaryngologist. In the domestic and foreign literature, information on the unusual course of rhinosinusitis in persons with diabetes is limited to the description of individual clinical cases [6, 7].

Purpose of the study. To study the features of the clinical course of purulent-inflammatory diseases of the ENT organs in patients with diabetes mellitus.

Materials and methods. We examined and treated 145 patients with purulent-inflammatory pathology of ENT organs on the background of DM (main group) and 55 patients with purulent-inflammatory diseases of ENT organs who do not suffer from DM (control group). All patients underwent a standard examination; clarification of complaints, collection of anamnesis of the disease and life X-ray or computed tomography of the paranasal sinuses, temporal bones, consultations with an endocrinologist and therapist. The examination of ENT organs included: palpation of regional lymph nodes, examination and palpation of the projection area of the paranasal sinuses, palpation of the exit sites of the trigeminal nerve, anterior rhinoscopy, oro- and mesopharyngoscopy, posterior rhinoscopy, indirect laryngoscopy, otoscopy and palpation of the ear region and the tragus, acumetry, audiological examination (tonal threshold audiometry, tympanometry).

Results of the study. We evaluated the clinical course of the disease in 145 patients with purulent-inflammatory pathology of ENT organs on the background of DM (main group) and 55 patients with purulent-inflammatory diseases of ENT organs who do not suffer from DM (control group). First of all, we compared the duration of treatment by estimating the number of hospital bed days. At the same time, patients of the main group had significantly longer hospital stay (on average 1.5 times) than patients with a similar purulent-inflammatory pathology, but not suffering from DM (control group). In addition, we assessed the degree of DM compensation for the patients of the main group. At the same time, it was characteristic that decompensation of DM was more often observed in diseases of the oropharynx and larynx.

The complicated course of purulent-inflammatory diseases of the ENT organs in patients of the main group was observed in 19 patients (13%), while in the control group, complications occurred in 2 people (3%), $p=0.03$. At the same time, complications most often occurred in patients with edematous-infiltrative laryngitis - in 67% of cases. It is characteristic that the majority of patients (69%) with a complicated course had a decompensated course of DM. It should be noted that 53% of patients with complications suffered from abdominal obesity (waist circumference was more than 100 cm), while in patients without complications abdominal obesity occurred only in 25% of cases ($p=0.04$). Evaluating the overall results of the clinical examination of patients, we can conclude that purulent - inflammatory diseases of the ENT organs on the background of DM are characterized by a significantly longer, on average 1.5 times compared with patients without diabetes, course, as well as the development of purulent complications in 13% of cases. We have established that decompensation of diabetes is significantly more often observed in inflammatory processes in the larynx, as well as in the complicated course of diseases of the ENT organs.

Conclusion. Purulent - inflammatory diseases of the ENT organs on the background of diabetes mellitus are characterized by a significantly longer (on average 1.5 times compared with patients without diabetes) course, as well as the development of purulent complications in 13% of cases against the background of irrational antibacterial and hypoglycemic therapy.

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