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Clinic and Modern Endonasal Methods of Treatment of Chronic Etmoiditis

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Abstract: The latticed (Latin ethmoid) bone, also called the latticed labyrinth, got its name due to the fact that its complex structure is replete with through cells of different shapes and sizes. From the Latin name labyrinthus ethmoidalis, the diagnosis "ethmoiditis" is formed, meaning, again, inflammation of the mucous membrane of the ethmoid labyrinth. Like any other inflammatory process, ethmoiditis can occur in an acute or chronic type; like other sinusitis, it is more often detected in combination with inflammation of the adjacent paranasal sinuses (usually the maxillary sinuses of the upper jaw or the sphenoidal sinuses of the sphenoid bone located in the immediate vicinity – posteriorly from the ethmoid labyrinth). As a rule, treatment of chronic etmoiditis begins with conservative methods. After determining the drug sensitivity of the pathogen, etiotropic antibiotics or antimycotics, immunomodulators, anti-inflammatory drugs, vasodilators are prescribed (with great caution, since prolonged use can provoke an atrophic process in the mucous membranes), cuckoo washing and other measures according to indications. The article provides information on the clinical course of chronic etmoiditis, diagnosis and evaluation of the effectiveness эндоназальными of endonasal treatment.

Keywords: clinical course, chronic etmoiditis, endonasal treatment.

Purpose of the study. Development of tools to improve the safety of surgical treatment of chronic etmoiditis.

Research results. Based on the analysis of the results of endonasal treatment in 60 patients with chronic etmoiditis, it was found that in most cases (64.3%) the cells of the ethmoid labyrinth were affected. At the same time, combined damage to ethmoid bone cells (47.9%) is more common than isolated etmoiditis (16.4%), which once again determines the importance of ethmoid sinuses in the formation of the inflammatory process tasdiqlaydi.va its distribution. The second most common is the maxillary sinus, both in combination with inflammation of the ethmoid bone cells (34.4%), and without the phenomena of etmoiditis (19.05%). These findings further highlight the importance of performing ONP CT scans in patients with suspected sinusitis. When performing only general radiography of the Snp, it is rarely possible to distinguish the cells of the ethmoid labyrinth and determine the degree of their involvement in the inflammatory process. Therefore, in a large number of literature sources, the most common is inflammation of the maxillary sinus, and not cells of the ethmoid labyrinth. It should be noted that the inflammatory process in the latticed bone with bilateral isolation was almost 2 times more common (10.47%) than in the unilateral one (5.87%). Most likely, this is due to the complex architectonics of the lattice maze, in which most cells come into contact with each other, which leads to the spread of infection. This assumption is also confirmed by the fact that in the formation of bilateral ethmoiditis, the inflammatory process in other sinuses of the nose is

also often bilateral. We assume that this is due to the complex drainage system of the ONP, in which the trellis maze is the central connection, and most of the drainage function of the ONP is carried out through it. It should be noted that unilateral damage to the cells of the ethmoid bone is more common with unilateral damage to other SNPs. In this case, the inflammatory process can affect both SNPs on the same side, and vice versa. Perhaps, in this case, not only the features of the structure of the ethmoid labyrinth are important, but also the nasal cavity as a whole, thereby creating conditions for the spread of the inflammatory process in this direction.

Another fact confirming the central role of the ethmoid labyrinth in inflammatory processes is the predominance of the unilateral nature of the lesion of the SNP without involving cells of the ethmoid bone. At the same time, to determine the features of the structure of the side wall and the position of the nasal cap, it is necessary to assess the state of the SNP with mandatory endoscopic examination of the nasal cavity. During the analysis of the degree of involvement of cells of the ethmoid labyrinth in the inflammatory process, 5 main groups were identified: anterior ethmoiditis, posterior ethmoiditis, total ethmoiditis," mosaic " ethmoiditis and isolated cellular inflammation. The anterior cells of the ethmoid labyrinth were most involved in the inflammatory process. This may be due to the predominance of these cells in the quantitative composition over the rest of the cells of the ethmoid bone. If we considerthe 5 main forms of the structure depending on the position of the paper plates of the latticed bone, the rectangular shape with the previous etmoidite was excellent (43%), the second most common outer walls were symmetrical shapes, concave in the space of orbits (28.8%). The same pattern was observed in posterior ethmoiditis: a rectangular shape prevailed (52.6%). We believe that such a rectangular shape may be due to the most common one among the population. Conclusion. The proposed tools for endonasal operations on the sphenoid sinuses and posterior cells of the ethmoid labyrinth allow performing the operation quickly, efficiently and with minimal risk of damage to vital anatomical formations surrounding these sinuses, regardless of the anatomical and topographic variants of the ratio of the nasal cavity and SNP. Even with normal bleeding during surgery, when it is impossible to control the course of the operation visually or endoscopically, the destruction of the anterior wall of the sphenoid sinus is possible by touch, since the rotating cutter is fixed with a persistent bar and the destruction of bone tissue is carried out in a safe direction.

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